



**RECONSTRUCTING WELLNESS AMONG
AUSTRALIAN FAMILIES TRANSITIONING THROUGH
THE COVID-19 PANDEMIC**

**Submitted in fulfilment of the requirements of the Degree of Doctor of
Philosophy in Health Sciences
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ABSTRACT

There is a general understanding that wellness is a holistic, multidimensional concept, encompassing various aspects of human life, which complement one another. Studies have found different key dimensions that make up wellness. However, this study limited itself to the following eight dimensions - occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual at the interface of Australian families transitioning through the COVID-19 pandemic. These eight usually surface in many other studies.

Given the lack of empirical research related to family well-being, the study sought to explore how family wellness was affected in a multidimensional way within the COVID-19 pandemic and tried to understand how family life may be reconstructed in light of the stressors relating to the wellness dimensions that have been brought to bear upon these families. Hence, a qualitative approach was deployed as the study became inquiry grounded. Thus, it was conducted through semi-structured interviews in which the researcher interrogated the lived experiences and perspectives of families based in Melbourne, Australia. A non-probability/convenience sampling approach was used to recruit 12 families until saturation was reached. The collected data was analysed by classifying the identical narratives through thematic analysis and the results showed that COVID-19 negatively impacted all eight wellness dimensions used to assess family wellness during the pandemic. The key findings show that some of families suffered job losses and business shutdown, while many families experienced heightened psychological and mental effects. Equally, the closure of religious centres contributed to feelings of hopelessness and loss of direction, while household domestic waste increased due to families working and schooling from home. Families experienced financial instability; and physical activities were disrupted which contributed to weight gain. In addition, the families experienced social isolation, while their intellectual wellness was compromised due to limited access to learning materials.

Nevertheless, the families managed to create pathways to circumvent the constraints imposed by the lockdown among which included maintaining connections with family friends and colleagues; working from home; controlling expenditure; managing work-life balance; engaging in indoor exercises and outdoor activities within the social isolation mandates; observing conservation practices, showing altruistic behaviour, and playing games/online reading and viewing. The pathways of wellness pursued by families illustrated the connectivity between the wellness dimensions and the moderating influence of wellness support programmes. The critical finding of this study revealed that the support structure provided by families has a major effect on how the families reconstructed and maintained their wellness during the pandemic, and thus the family-centric support system was recommended in this study. Based on the analysed information, the study put forth a wellness framework for consideration.

This study will contribute to the growing research on the COVID-19 pandemic, by exploring its influence (COVID-19) on family wellness, as well as contribute to the awareness and understanding of pandemics and their effect on family wellness. The study is also expected to contribute both locally and globally in shaping strategies and policies to mitigate the negative effects of the pandemic in relation to wellness and ensure that family life is restored and preserved immediately afterwards. Furthermore, the research highlighted diverse holistic approaches as alternative methodologies in preserving and reconstructing family life regarding wellness across the eight dimensions. These were considered in a recommended wellness framework.

DECLARATION

I JIRUSHLAN DORASAMY, hereby declare that this thesis, titled “Reconstructing wellness among Australian families transitioning through the COVID-19 pandemic” is my original work and has not previously been submitted either in part, or in its entirety, for a degree at any other university. This thesis is submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy in Health Sciences in the Faculty of Health Sciences. I further declare that this work does not violate or infringe the rights of others, as all the sources quoted or cited are acknowledged in the text and in a comprehensive list of references.

9/11/2022

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DEDICATION

I dedicate my research to my late grandma, Mrs Molly Naicker, my mother Prof N. Dorasamy, and dad Mr George Chetty who offered support, comfort and encouragement throughout my years of study.

A special feeling of gratitude to my other family members and friends, whose words of motivation and push for tenacity ring in my ears. I also dedicate this thesis to God Almighty my creator; my pillar of strength; and my source of wisdom and inspiration.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The COVID-19 pandemic has resulted in much disruption, affecting every aspect of human existence (The Organisation for Economic Co-operation and Development - OECD 2020a). To minimise the spread of this virus, governments have had to implement strict measures such as lockdowns and social distancing. By implication, such confinement often induced psychological stress (Welsh Government 2020). Furthermore, the pandemic has impacted every individual in varying degrees (UN 2020a). Judging by the number of recent surveys and studies, the effect of the COVID-19 pandemic was usually more severe among the minority groups, the less privileged and undocumented migrants (McGinty *et al.* 2020; WHO 2020). The Organisation for Economic Co-operation and Development (OECD) (2020b) also noted that the COVID-19 pandemic has impacted the vulnerable, more disproportionately and is more likely to create severe stress and anxiety. Existing studies relative to the subject matter have equally noted that intersecting identity factors such as socio-economic factors; physical or intellectual disability; ethnicity; race; gender and sex have exacerbated the disproportionality of the COVID-19 impact (Queral-Basse 2020; OECD 2020a). The devastating impact of the COVID-19 pandemic may not be justly captured by the daily number of infections or deaths, although the daily statistics rendered by health authorities across nations may seem revealing and informative (Park and Quising 2020). Of concern to this study is that the underlying factors such as wellness, well-being and mental state of mind are often neglected or at times overlooked (Dokov, Milkova and Stamenkov 2020).

In context of the above, this study sought to take advantage of Swarbrick and Yudof's (2015) eight health dimensions (occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual) to examine how these could be used to rebuild wellness amongst Australian families transitioning

through the COVID-19 pandemic. Wellness is currently receiving considerable attention, specifically regarding treatment programmes to assist in the adoption of positive life behaviours (Gao *et al.* 2020; Chaney and Whitman 2020; Doyle *et al.* 2017). Since wellness is generally regarded to be multidimensional, this study chose to use the eight wellness dimensions because of their interconnectivity to human life. For example, when we really feel monetarily stressed out (e.g. loss of revenue due to COVID-19; increasing financial debt, etc.), we experience emotional stress and anxiety (anxiousness), in some cases leading to physical troubles (illness), inefficiency at our jobs (work), even questioning our significance and purpose in life (spiritual) (Swarbrick and Yudof 2015). If we are not working (occupational), we may lose several of our opportunities to connect with others (social), may not get the high-quality foods and medical care we require to remain well (physical), and may need to relocate to a place which potentially feels risk-free and protected (environmental).

The COVID-19 effects of stress and anxiety, dependency, injury, dissatisfaction, and loss of loved ones impacted the health and the equilibrium of many lives. Wellness requires that this unsteadiness is stabilised through employment, play and recuperating with healing, living life fully and building excellent wellness routines (Carr 2022; Simoila *et al.* 2019). Australia was selected for the study because the researcher was based in the country, and this enabled the ease of data collection. In addition, Australia had experienced considerable hardship of ruining bushfires and floods before the COVID-19 pandemic. Thus, a study was considered appropriate to aid family wellness reconstruction. Furthermore, given the lack of empirical research related to family well-being, this study sought to explore how family wellness was affected in a multidimensional way during the COVID-19 pandemic and to understand how family life could be reconstructed in the light of the stressors relating to the wellness dimensions that have been brought to bear upon these families.

The effect of COVID-19 is universal. It may stay for some time or disappear faster than expected. Yet, it does not mean that people are immune or free from such pandemics in the future. Whatever is the case, the aim of restoring life as

a fundamental human right should be the absolute resolute for all governments in the world over, and above all, the lessons learnt from studies like this research should be preserved to help fight future occurrences impacting wellness.

1.2 BACKGROUND

The COVID-19 pandemic has created detrimental effects on wellness across every region of the globe. The uncertainty about the future; financial difficulty; fear of getting infected with the virus; mandatory isolation or quarantining; and fear of losing a relative or friend have all taken a heavy toll on the wellness of people (McGinty *et al.* 2020). It is for these reasons that wellness or well-being is gaining attention. According to the Global Wellness Institute cited in Park and Quising (2020: 49), “wellness is the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health”. Wellness in the real sense is conceptually distinct from well-being or happiness. Well-being means a subjective condition, being happy or rather, where an individual is in a situation of well-being. Wellness, on the other hand, is attributed to a process of actively making decisions or choices which result in optimal well-being and optimal health (Dokov *et al.* 2020).

Wellness is usually associated with, but distinct from the medical paradigm (Oliver, Baldwin and Datta 2019). The two terms, wellness and well-being may at times imply nearly the same meaning when referral is made to preventive health care with regards to well-being. This often pertains to treating of an illness or curing a sick patient. On the other hand, the term ‘wellness’ implies moving from a state of neutral to optimal health (Oliver *et al.* 2019). Wellness is also said to be a holistic and multidimensional concept.

Despite the increased focus on health as well as wellness programmes, there are uncertainties still prevalent which prevent the efficient and effective execution of wellness. Since there is a lack of consensus regarding what wellness is, often studies argue that a wellness focus is commonly difficult to separate from research studies that concern health, well-being and Quality of

life (QOL) (Mapepa 2017). Secondly, research and programmes on wellness utilise various end result procedures that perhaps better reflect wellness, health, as well as QOL. Therefore, it is thought about as being multidimensional. Thirdly, health care seems to have taken on a minimal understanding of health and has concentrated on physical wellness to the hindrance of other possibly much more effective domains relating to wellness, such as meditation, spiritual health, balanced diets and regular exercise (Mapepa 2017). These were some of the approaches used in this study to argue for attaining wellness. Essentially, there are ongoing debates regarding distinctions between health, QOL, wellness, and well-being (McGinty *et al.* 2020). Consequently, this study was meant to prove useful in this regard. For example, before the onset of the pandemic, the demand for wellness programmes among developed nations were on the rise. This surge in demand is associated with structural factors such as non-communicable diseases, aging population and higher incomes (McGinty *et al.* 2020). Hence, this study highlighted that the public are beginning to learn that wellness contributes to sustainability in all spheres of life and can improve one's physical and emotional health among other wellness dimensions (Mapepa 2017).

As a result of the confusion surrounding wellness definitions, this study has considered to use only Swarbrick and Yudof's (2015) eight dimensions of wellness as its conceptual model. Even then, this study wants to be very clear, and therefore begs for the following question: "So, what is the difference between health, quality of life, well-being and wellness?" In the subsequent discussion, this study provides interpretations of health, quality of life, well-being as well as wellness, to establish some common explanations as its working definitions.

1.2.1 Health

Generally, wellness has been conceptualised and reviewed from a health viewpoint (Doyle *et al.* 2017). When an individual has good health, it usually assumed that the individual is not experiencing any type of recognisable

disease (Dokov *et al.* 2020). This will be the standpoint of this study because once any individual's life is not threatened beyond that which can cause them to be disturbed, they have minimal reasons to pursue wellness. Thus, the pathological focus on health and wellness is most likely developed from the premise that the primary health problems afflicting society, and particularly medication, is to overcome transmittable conditions (Doyle *et al.* 2017). This approach has been considered efficient in the improvement of medical scientific research; stopping and healing illnesses; and extending life (Oliver *et al.* 2019; Bao *et al.* 2020; Nelson *et al.* 2020). Nevertheless, it should be made clear that this does not enable optimum functioning despite the absence of disease during one's life. The health and wellness viewpoint only slants in the direction of optimum performance of a good standard of living at a particular time of evaluation (e.g. during the period of COVID-19 pandemic).

1.2.2 Quality of life

QoL has been defined as indefinable, welcoming at unpredictable degrees of oversimplification from the valuation of social or neighbourhood wellness, to the specific examination of the scenarios of individuals or teams (Widyawati *et al.* 2021; Savari, Naseri and Savari 2021; Gómez *et al.* 2020). Both QoL and health related quality of life (HRQoL) have obtained greater appeal in current times, due to their application in measuring the standard of living of a person, specifically in health care settings (Widyawati *et al.* 2021). This is also linked to quality-adjusted life years (QALYs) which is used in medical care financial examination, with determined HRQoL weightings for state of health (0-1 range) being made use of to readjust survival times (Vanda 2020; Roberts, Tsevat and Yu 2017). This is considered appropriate for this study because traditionally, the QoL construct was measured from the standard of the residential place of persons in society, the type of car they drive, to their earnable incomes. Since these actions are also endorsed by the governments of countries to determine how much contribution one is expected to make toward the national burden of development, for now it will remain so until this study deems it otherwise.

1.2.3 Wellbeing

Two standpoints of well-being have been differentiated: eudaimonic and hedonic (Ryan and Deci 2001). These standpoints are similar but, originated on dissimilar philosophical locations relating to human requirements and desires. The hedonic viewpoint is that well-being includes enjoyment or joy and views these sentiments as important objectives of social life (Jia *et al.* 2021; Ryff 2018). Health is accomplished by boosting happiness, pursuing pleasant moments and approaching stimulations that raise positive affect (Lundqvist 2021; Schary and Lundqvist 2021). On the other hand, the eudaimonic tradition takes into consideration well-being as the level to which a specific entity creates prospective congruence with worth as well as activities (Jia *et al.* 2021; Ryff 2018).

These typical views of wellness are based on unique observations of the nature of humans and the composition of a decent humanity. The interpretations question exactly how developing social processes associate with well-being and recommend various methods to the venture of living (Lundqvist 2021; Jia *et al.* 2021). Nevertheless, proof from a variety of studies have well-being as most possibly the finest developed construct of a multidimensional sensation consisting of both hedonic and eudaimonic features and perceptions (Lundqvist 2021; Schary and Lundqvist 2021; Jia *et al.* 2021). Likewise, only a decade ago, there has emerged support for an inordinate concentration on partnerships and achievement, together with positive feeling, engagement and significant relevance (Noferesti and Gangi 2021; Goodman *et al.* 2018; Smith and Diekmann 2017).

Just like QoL, the term well-being is in some cases further considered to mean psychological health and subjective health. Psychological well-being is considered a construct with various dimensions including six end results: freedom, personal development, self-acceptance, proficiency, life purpose, and optimistic empathy (Goodman *et al.* 2018). These six dimensions define emotional health both in theory and operation. Therefore, it is recommended

that top-level emotional as well as physical wellness are achieved through the accomplishment of these six results (Jia *et al.* 2021).

It is important to remember that the hedonic viewpoint of well-being includes enjoyment or joy (Jia *et al.* 2021), hence, it makes sense to maintain that the construct should be seen in the six broader dimensions, thus hoping that they will yield results for both the eudaimonic and hedonic viewpoints. Nonetheless, this could be subjective. Subjective well-being includes life contentment, the visibility of optimistic attitude and life without an unfavourable state of mind, overall referred to as happiness (Schary and Lundqvist 2021; Jia *et al.* 2021). This study wishes to state that the word 'well-being' sounds synonymous to happiness without any trouble. Therefore, it accepts the position of Schary and Lundqvist (2021) and Jia *et al.* (2021), though it will limit the theoretical support and usage (of subjective wellness) to the hedonic context. There has been extensive debate relating to the validity of various measures of subjective well-being to specify emotional health (Jia *et al.* 2021). However, three possible measures can be determined:

- 1) the hedonic view as well as subjective well-being could be used as an indicator of well-being;
- 2) subjective well-being could be an operational interpretation of well-being, while still recommending the eudaimonic view of what promotes subjective well-being; and
- 3) the procedure of subjective wellness as an indicator of wellness could be turned down, while refuting hedonic concepts as the pathway to create health (Schary and Lundqvist 2021; Jia *et al.* 2021).

In considering the various points of views, well-being is thus seen as an end result measure. Hence, there is minimal room for process or independent

variables, where certain measurements may be manipulated to influence whole specific adjustments.

1.2.4 Wellness

In this study, it is considered that “wellness is the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health” (Global Wellness Institute n. d.). Wellness in the real sense is conceptually distinct from well-being or happiness. Well-being means a subjective condition, being happy or rather where an individual is in a situation of well-being. On the contrary, wellness is attributed to a process of making choices which result in optimal well-being and optimal health (Goodman *et al.* 2018).

Wellness is usually associated with, but distinct from the medical paradigm. Regarding well-being, this often pertains to the treating of an illness or curing a sick patient, whereas ‘wellness’ implies moving toward optimal health with regard to all the wellness dimensions (Oliver *et al.* 2019). Wellness is also meant to be holistic and multidimensional in nature such as social, spiritual, environmental, occupational, financial, emotional, intellectual and physical (Swarbrick and Yudof 2015). Meditating, eating a balanced diet, and regular exercise are some of the approaches to attaining wellness in individuals and families.

Prior to the onslaught of the COVID-19 pandemic, there was a marked rise in the demand for wellness programmes among developed nations (Oliver *et al.* 2019). This surge in demand was associated with structural factors such as non-communicable diseases, aging population and higher income (Kourtiti *et al.* 2021). Hence, the public are beginning to learn that wellness contributes to sustainability in all spheres of life and can improve one’s physical and emotional health (Ali-Knight and Ensor 2017).

In this study, wellness will also mean physical health without any serious illness, enhanced spiritual, social, emotional, financial, occupational, and intellectual

wellness, as well as environmental wellness (Swarbrick and Yudof 2015) due to adequate interaction with/from family and friends for quality time. Thus, in this study, wellness will consist of Swarbrick and Yudof's (2015) eight wellness dimensions. However, having shown from the analysis, these can be interconnected and confusing, but the current study will concentrate on wellness that focuses on health, QoL, as well as the development of lifestyle behaviours of family members which promote the achievement of optimum fulfilment and performance. To this end, this study will endeavour to reconstruct wellness among Australian families transitioning through the current COVID-19 pandemic by making use of Swarbrick and Yudof's (2015) eight wellness dimensions. From this perspective, health promotions intended to identify and help individuals within the family setting move from poor health to an optimal state of well-being will contribute toward supporting wellness. This can be illustrated as part of a wellness continuum.

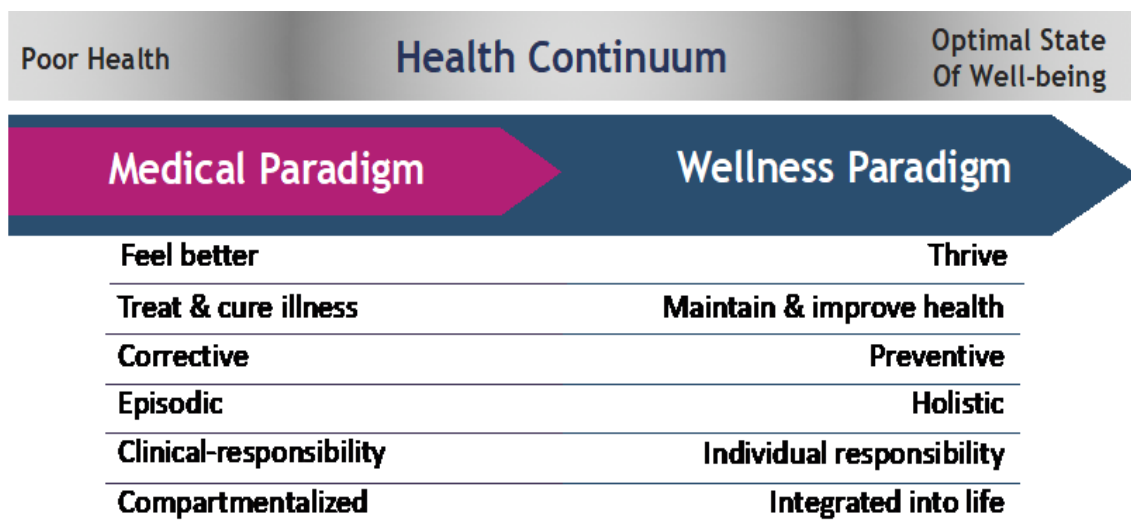
1.2.4.1 The wellness continuum

Thus far, this study has shown that one of the approaches to understanding wellness is to view health as a continuum which extends from a state of illness to a state of optimal wellbeing. At one end of the continuum, patients with poor health engage with medical paradigms to treat illnesses; they interact episodically and reactively with clinicians and medical doctors to provide support and care. On the other end, individuals proactively focus on prevention and optimising their vitality. They adopt lifestyle and attitudes which mitigate disease, enhance their health, and improve their sense of wellbeing and quality of life. This is what this study intends to demonstrate.

Reconstructing wellness from poor health caused by COVID-19 to an optimal state of hope and well-being is the intended outcome of the study. In other words, wellness approaches should be preventive, proactive, and pursued by self-responsibility. From the medical paradigm of feeling better; treating and curing illnesses; taking corrective action and behaviour; episodic clinical-responsibility and managing mental states to a corresponding wellness

paradigm of thriving, maintaining and improving health; taking preventive action and behaviour; holistic and individual responsibility; and integrated lifestyles is an all-encompassing approach for optimal wellness. The wellness concept and the growth in wellness lifestyles should be the extension of core family values and worldviews.

Figure 1.1: The wellness continuum



Source: Adapted from Global Wellness Institute (n. d.)

In the following section this study reviews all eight dimensions previously mentioned as the conceptual framework of this study.

1.3 CONCEPTUAL FRAMEWORK

According to Lewis, Saunders and Thornhill (2009), a conceptual framework is used in research to visualise and demonstrate the correlation or relationship among various variables, themes or concepts, such as COVID-19 and it is correlation with the dimensions of wellness. In choosing a conceptual framework, a researcher must ensure that it relates with the problem statement; it is easy to grasp by readers and provides a logical understanding to the problem at hand (Lewis *et al.* 2009). The identified concepts in this study are

associated with the variables, which includes, the independent and dependent variables. The identified independent variable in this study is COVID-19, while the dependent variables are the eight wellness dimensions which were empirically explored through a qualitative means.

A critical realist approach posits that research is not independent of the perspective of the researchers, but rather there is a reality which needs to be observed and described (Braun and Clarke 2019: 590; Willig and Rogers 2017). In drawing from this approach, a descriptive, theoretical framework based on Swarbrick and Yudof's (2015) eight wellness dimension framework (occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual) was used to understand the experiences of families in Australia during and post COVID-19. Swarbrick and Yudof's (2015) model pools the numerous facets of family wellness and helped the study achieve its aim (Arcuri 2018). A comprehensive summary and analysis of the experiences of the participants based on the framework, rather than merely interpreting their data guided the study's basic model (Kim, Sefcik and Bradway 2017: 30). From a practical perspective, this approach was considered an appropriate match to the 'thin' nature of the data from the interviews (12 families). Families who were potentially stressed by the COVID-19 pandemic and used wellness reconstruction strategies were interviewed on an eight-model survey. Furthermore, it was reasoned that a comprehensive summary of these families' experiences was required, given that COVID-19 is an unprecedented pandemic, severely disrupting society. Therefore, the approach was exploratory, in that participants' interpretations, experiences, and meanings were given priority over a-priori theoretical frameworks or the own interpretations of the researcher.

1.3.1 Wellness dimensions

There is a common understanding that wellness is a multidimensional and holistic concept, incorporating multiple aspects of human life, which are interconnected and complement one another. Several studies on wellness have

synthesised ten key wellness dimensions which include: career, physical, psychological, spiritual, social, economic/financial, culture, intellectual, climate, and environment (Oliver *et al.* 2019; Miller and Foster 2010: 202). However, when scrutinised, there is connectivity among the dimensions. For instance, if a person is laid-off, then his/her occupation wellness is affected, which may also affect other dimensions such as social, financial, and psychological. These dimensions are interconnected, thereby making interaction with each other inevitable. Thus, when one dimension is compromised in any situation, then interference with other dimensions becomes highly probable (Sibi and Abraham 2017; Cooke, Melchert and Connor 2016). Interconnectivity and interaction between the various wellness dimensions are the dynamic nature of wellness, based on the changes that one experiences throughout life (Cooke *et al.* 2016; Plagnol 2010). Therefore, this study limited itself to the eight wellness dimensions (occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual). These cover the core objectives of the study.

The underlying eight wellness dimensions that promote wellness are briefly analysed as follows:

Emotional wellness has to do with enjoying life; expressing feelings; coping with stress and traumatic life experiences; and adjusting to emotional challenges. Emotional wellness plays an important role in maintaining positive mental health. It improves decision-making skills, controls health-seeking behaviour, enhances interpersonal communication, and helps in recovering from illnesses and stressful situations. Thus, emotional wellness plays a crucial role in the overall wellness of an individual (Thimmapuram *et al.* 2017). The extensive outbreak of pandemics, such as COVID-19, have been associated with symptoms of mental illnesses and psychological distress. For example, some people have lost their full time/part-time jobs as local businesses closed (Bao *et al.* 2020). Additionally, graduates in their final year in many countries have become distressed about the job markets they will soon enter, and this has negatively impacted their families (Bao *et al.* 2020). Thus, this study will

examine the reconstruction of wellness among Australian families transitioning through the COVID-19 pandemic.

Financial wellness includes the ability to have financial resources to fulfil practical needs and having a sense of knowledge and control about personal finances. Unfortunately, the outbreak of COVID-19 created a devastating impact on the financial wellness of many people. Lockdowns and travel bans by many governments have negatively impacted businesses and employees, with many of them turning to depend on government support in the form of economic stimulus packages and financial aid to maintain some level of financial wellness. Several governments have implemented innumerable stimulus packages in response to the economic impact of COVID-19, ranging from loans to small businesses, tax deferment, wage subsidies, and cash payments for the unemployment (Allan 2020). These stimulus packages and financial aid offer relief in terms of job losses, financial well-being, and health-care-related benefits, especially for employees to sustain their continued mental and physical well-being. How these stimulus packages and the related issues offer financial wellness among Australian families remains an objective of this study.

Spiritual wellness comprises having purpose and meaning; and a sense of peace and balance. Many scholars have widely and variedly defined spirituality as a way of expression in which an individual seeks a meaningful relationship with the self, society and the divine (Rider *et al.* 2018). Potgieter (2018: 14) defined spirituality as a "relational process through which human beings relate to God", and this resonates well with the rationale of this study because, as argued already, the universal human desire is to be well and have a good life, and this desire results in a search for the sacred (Pargament 2013). Within Pargament's definition, the word 'sacred' is contextualised to include not only the notion of God, but anything in the life of an individual that generates meaning and peace (Pargament 2013).

Social wellness refers to having relationships with family, friends, and the community; including having a concern for and an interest in humankind and

the needs of others. However, in times of global outbreaks like COVID-19, the relationships are curtailed, except those accessed in the homes and through social media. Thus, the claim by Kim, Sin and Tsai (2014) of social media and social wellbeing parities for instance, was investigated to understand their relationship among Australian families transitioning through the COVID-19 pandemic. This will show Australian families social media behaviour and its potential impact on psychological well-being during these trying times. To this end, the social wellness section of the study highlighted the importance of friends, family, the community and others in the life of Australian families and how this affected their social wellness.

Occupational wellness entails participating in activities that provide purpose and meaning, especially from an employment perspective. The well-being of an employee is not only a matter of personal fitness, but also an organisational concern. Grounded in the universal human desire to be well and have a good life, people seek work opportunities to realise this desire. Nevertheless, during COVID-19, this right to work was controlled, and the confinement indoors created many health issues. In a study to describe occupational wellness priorities, some participants wanted to work part-time for wages (Strout *et al.* 2018). This is steeped in the desire to be well. A study by Sivris and Leka (2015) revealed that employees at work considered stress management programmes as the favoured option (85%), followed by programmes on exercise and fitness (84%), education on health insurance (82%), seminars on disease management (80%), seminars on nutrition (70%), and seminars on smoking cessation (67%) being least appealing. These again underpin the fundamental desire people attach to occupational wellness, which has been affected by COVID-19.

Physical wellness encompasses observing good physical health habits and appropriate health care; maintaining a healthy body; and following good nutrition and exercise regime. Thus, wellness is an individual's ability to function optimally in day-to-day responsibilities and roles; and utilise spare time productively. According to the World Health Organisation (2010 cited in Islami 2015), poor physical wellness is a key hazardous factor for non-communicable

diseases. It is well known that while the young ones have more spare time and energy to focus on how they look, the older generation generally spend their time productively to conserve energy and be occupied with their family responsibilities. Whatever the concentration is, it affects the family in one way or the other, especially during the transitioning period of the COVID-19 pandemic. This study focused on investigating this concern among Australian families during the pandemic, when these dynamics may have been negatively or positively impacted.

Intellectual wellness implies application of knowledge learned, sharing of knowledge, and lifelong learning. It promotes innovation, mental activity, mental creativity and exercise. People who have a high level of mental wellness have a practical mind to keep learning. It is also essential to maintain intellectual rigour with present occurrences and participate in mind-raising operations. Intellectual wellness has a significant and positive association with functioning in our daily lives (Syed *et al.* 2017). This means that an optimal amount of stimulating intellectual and internal activity energises people, who may then engage in intellectual pursuits such as watching informative TV programmes, reading, and engaging in intellectually stimulating and knowledgeable conversations with others. These activities can be pursued when lockdowns are imposed to control the spread of COVID-19. How intellectual wellness was managed during lockdowns to reconstruct wellness among Australian families transitioning through the COVID-19 pandemic was of interest to this study.

Environmental wellness includes feeling and being physically safe; living in clean surroundings; accessing clean water and air; and eating healthy food. It also includes both our microenvironment (the places where we work, live, learn, etc.) and our macro-environment (our communities, country, and the entire planet). According to the World Health Organisation, a holistic definition of health encompasses a "state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (2010 cited in Tangcharoensathien *et al.* 2018: 41). In 2016, the World Health Organisation conducted a meta-analysis of 60 studies from Canada, United States, Europe,

Australia, and New Zealand, and concluded that green space is associated with reduced obesity (Tangcharoensathien *et al.* 2018: 41). Therefore, wellness is associated with the environment. It is worrying when people are restricted from their environment. Thus, this study endeavoured to reconstruct wellness among Australian families to reconnect them to their environment.

1.4 MULTI-DIMENSIONALITY OF WELLNESS

A universal human desire is to be well and have a good life. Notwithstanding this, most contemporary literature as seen in Casmini, Fitri and Muaddibi (2020), believes that Dunn (1977), Hettler (1980) and Ardell (1985) are the scholars behind the re-emergence of the concept of wellness, particularly in the West. Thus, many scholars have followed suit and postulated about wellness without a consensus on a single definition. This has become complicated due to the variety of terminologies used for wellness (Parker and Fleming 2020: 401). The concept has become multidimensional, holistic and can go beyond just symptom management, making it difficult to define (Sibi and Abraham 2017: 50). The extant literature review conducted on the definition and description of wellness highlights that most authors defined wellness as an integrated concept, which attempts to combine various dimensions of human life (Arcuri 2018). These include the physical, social, career, psychological, spiritual, intellectual, economic/financial, culture, climate, and environment (Miller and Foster 2010: 212). As such, one's culture and environment can have some impact on one's financial disposition. For example, in an environment where some jobs are considered the exclusive domain of men, women can be disadvantaged of the prospects that emanate from such jobs. Thus, active individual participation is needed to overcome this disassociation, because wellness is the individual's responsibility (Duffy *et al.* 2016: 127; Seligman and Csikszentmihalyi 2014: 282). Additionally, if a person intends to achieve wellness, then he/she ought to direct some effort toward achieving such wellness. This argument is reinforced by self-acceptance and personal development to achieve autonomy and self-potential, even though this may

differ due to individual and other factors impacting on wellness (Seligman and Csikszentmihalyi 2014: 284).

The broad definition of the concept wellness may be attributed to the WHO's statement that wellness does not focus on just disease, but also on mental, physical and social aspects (Petrillo *et al.* 2015: 299). Although there is a lack of consensus on the concept of wellness, reference has been made to several related concepts in previous studies such as happiness, pleasure, self-actualisation, success, economic prosperity, quality of life and satisfaction of life (Brunzell, Stokes and Waters 2016; Lopez, Pedrotti and Snyder 2018). The study believes wellness is bound to vary due to individual factors identified in the wellness wheel (Plagnol 2010: 754).

1.4.1 Wellness and COVID-19

Nations consist of societies, and societies are made up of families. Ensuring the wellness of families is important, as they are the foundation of communities and play a critical role in the wellness of all family members. Thus, ensuring the collective wellness of families significantly impacts all spheres in society. Wellness is a life-long process with both positive and negative experiences. For example, sometimes, a person may be ambitious about life and healthy, but at other times sick or depressed. In times of global pandemics like COVID-19, it is likely that people will be down and helpless. Similarly, research showed that 41% of participants experienced burnout from struggling with their lives, which was altered by the COVID-19 pandemic, while others felt immense pressure due to threats to their job security, benefits and pay (SHRM Covid-19 Research 2020). Additionally, a study by Waite and Creswell (2020) which identified top stressors of families during the present COVID-19 problem as work, children, family and friend's well-being is further evidence of the impact COVID-19 is having on wellness. Moreover, findings by the OECD (2020) survey indicated the negative psychological effects of quarantining and social distancing. This is affirmed by studies in the United Kingdom and United States, with those

participating in the surveys reporting loneliness, anxiety and stress (Etheridge and Spanting 2020; McGinty *et al.* 2020; WHO 2020).

More specifically, many Aboriginal and Torres Strait Islanders in Australia who frequently travel between communities for funerals and grieving is a case in point (Australian Department of Health 2020a). They are struggling to reconcile COVID-19 restrictions with their cultural obligations of mourning in the current COVID-19 lockdown and social distancing impositions, which directly impacts their wellness (Power *et al.* 2020). Additionally, vaccines for the public to attain herd immunity (70% of the population) are bound to take time. Nevertheless, due to the variants in the virus, the vaccines do not necessarily promise 100% success rates (Lee 2020). Therefore, the governments' approach to controlling the COVID-19 pandemic will continue to be isolation, quarantine, physical distancing, and frequent hand washing. When implemented and prolonged at the same time, some of these measures can have consequences on wellness, which can manifest in mental and emotional disorders. In such instances, access to in-person health care facilities, including those for mental health and other co morbidities, are being given lesser attention all over the world with the focus on COVID-19 patients. Public health care centres are under pressure to cope with the emergencies of COVID-19 patients, the number one priority worldwide. This calls for some coping mechanisms or models to cushion the hardship among Australians. Therefore, it is vital to explore alternative home-based mechanisms to reconstruct wellness during these periods to complement other government initiatives. Wellness home-based mechanisms that promote resilience in pandemics are limited to date, narrowing the knowledge base on this subject. This study aims to create a more personal response to wellness among Australian families to fill this gap.

1.4.2 Imperatives for wellness

Emerging literature on clinical medicine regarding COVID-19 strongly argues that the COVID-19 pandemic will negatively affect the well-being and happiness of people (Brooks *et al.* 2020, Lee 2020; Tan *et al.* 2020). Given the

unprecedented emergence of COVID-19, which has caused havoc on global economic and health systems, it will possibly leave a long-lasting effect on the well-being of mankind. The COVID-19 pandemic strengthens arguments in favour of wellness, or the imperative to pursue choices, lifestyles and activities which promote wellness for several factual justifications.

Firstly, COVID-19 highlights the importance of being physically healthy and fit, which is needed for strong immune systems as a form of protection against diseases. Although the virus associated with COVID-19 infects people from all age groups (Tan *et al.* 2020). According to the WHO (2020), those over 60 years old and those with underlying medical conditions such as diabetes, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are more vulnerable. This vulnerable group need to adopt wellness strategies to mitigate the fatal effects of the pandemic.

Secondly, although quarantines and lockdowns are curtailing the spread of the pandemic, the restrictions are encouraging greater reliance on canned and processed food; and physical inactivity which may increase the risk of metabolic diseases in the population (Darvishi *et al.* 2015). Being confined to home disrupts social rhythms; and deprives people of their social-coping mechanisms associated with stress, depression, and loneliness, which may likely lead to the erosion of optimal mental functioning. Leading theories on suicide emphasise the vital role that social connections play in preventing suicide (Tan *et al.* 2020). Individuals having suicidal thoughts often lack connections to other people and often disconnect from others (Darvishi *et al.* 2015). Therefore, the restrictions on physical contact is a source of concern. Thus, adopting wellness and coping strategies during lockdown is important for overall well-being.

Thirdly, wellness activities play a crucial role in boosting the immune system to ward off the pandemic. Good nutrition, proper hygiene, adequate sleep, regular exercise, meditation, and a positive attitude may likely decrease stress and boost the body's resistance against illnesses and infections. Health professionals have also issued warnings against alcohol consumption,

smoking, and vaping (Nelson *et al.* 2020). Such unhealthy activities damage the lungs and may lead to pneumonia, a serious red flag for the coronavirus. Similarly, consuming alcohol damages the liver and decreases the presence of 15 white blood cells and other needed microorganisms in the body, which are crucial for fighting off infections (Park and Quising 2020).

Fourthly, when the pandemic does recede, post COVID-19 care will emerge as a major priority (Lee 2020). Thus, those who survived the virus ought to engage in wellness activities to support full recovery and functioning under the 'new normal'. Additionally, apart from focusing on patients, there is also a need to pay attention to health care providers who may be emotionally, physically, and mentally exhausted. Another social issue which must be addressed is the social discrimination and stigmatisation of infected people and their families (Simon, Helter and White 2021; Lee 2020).

Lastly, the threat of burnouts induced by COVID-19 cannot be ruled out. When people are compelled to stay at home and work from home, the lines between work and home; and between the professional and personal become blurred. In addition, there has been an accentuation in the pressure to be more productive since working from home implies more time. Somehow, being busy has become a coping mechanism (Park and Quising 2020). However, since many employees are working remotely, in the comfort of their home, the tendency to overwork is more significant, with the risk of burnout increasing (Simon *et al.* 2021). Thus, people may overwork in the comfort of their homes without realising it (Park and Quising 2020). The aforementioned discussion offers suggestions for individuals and families to adopt wellness strategies as a coping mechanism during the COVID-19 pandemic and beyond.

1.5 FOCUS OF THE RESEARCH

This research focused on all eight wellness dimensions (Swarbrick and Yudof 2015) directed at reducing anxiety, depression, psychological distress, feelings of hopelessness, and overall symptom severity improvement which are

fundamental for individual and family wellness. These paved the way for the consideration of alternative or holistic activities such as listening to music; exercise; yoga; nature therapy; spiritually based activities such as prayer; and any other wellness mechanisms connected to family wellness, restoration and preservation. These activities emerging from the study were considered within the context of the new model that emerged. Demographically, the study included only families in Melbourne, Australia. The selected families were based on typical representativity of Australian families comprising of Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants, retirees, and opened to all races to ensure diversity in recruitment of the overall population.

1.6 RESEARCH PROBLEM AND AIM

1.6.1 Research problem

The Australian government implemented a strict regime of social isolation or distancing measures to mitigate the spread of the COVID-19 pandemic. These restrictions were introduced much earlier in comparison to other countries. These measures presented a variety of risks to the population, apart from the health threat associated with COVID-19. Some of the significant risks included compromised family relationships; diminished mental health; loss of jobs; and weakened overall well-being (Holmes *et al.* 2020). In addition to the mental and physical health burdens associated with COVID-19, Australians were unfortunately already undergoing significant hardships associated with the devastating floods and bushfires before the pandemic. Cases of mental health issues among people globally at the time of the COVID-19 pandemic increased in comparison to historical norms (Nelson *et al.* 2020), and in some countries this has been exacerbated. Australia is no exception. Families living through the pandemic were faced with major challenges, which together presented a constellation of risks which needed immediate wellness mechanisms (Holmes *et al.* 2020).

Recent research identified the top stressors faced by parents, families and carers during COVID-19 included work, family wellness, their children's wellness, and the wellness of friends outside their households (Waite and Creswell 2020). Therefore, it is crucial to understand the specific responses of Australian families, given that their psychological, emotional and financial resources may have already been compromised before the emergence of the pandemic. This needs to be tested in the Australian context given that there has been limited research related to this, particularly the lack of a holistic approach to guide the reconstruction of wellness amongst Australian families. The practical implications include opportunities for further research on wellness in different contexts; use by health professionals when considering wellness approaches in therapy; and families and individuals using the findings and recommendations to improve their wellness coping strategies.

1.6.2 Aim of the study

The aim of the study is to explore how wellness can be reconstructed amongst Australian families during and post COVID-19, through an understanding of how family wellness was affected during COVID-19.

1.6.2.1 Research objectives and questions

The objectives are:

- To inquire how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic;
- To explore how families created pathways of wellness within the context of the COVID-19 pandemic;
- To explore the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic;
- To inquire about the holistic wellness approaches used by families to support themselves and other families during the pandemic;

- To understand the various holistic approaches underpinning wellness models to guide the development of a model for families affected during the pandemic; and
- To recommend strategies to reconstruct family wellness during the pandemic.

The main research questions which were aligned to the research objectives formed the basis for the interview guide (Bryman and Bell 2017) as follows:

- How the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic?
- How families created pathways of wellness within the context of the COVID-19 pandemic?
- What were the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic?
- What holistic wellness approaches were used by families to support themselves and other families during the pandemic?
- What are the various holistic approaches underpinning wellness models to guide the development of a model for families affected during the pandemic?
- What recommended strategies can be offered to reconstruct family wellness during the pandemic?

1.6.3 Development of guidelines for wellness

The wellness outcomes examined included Swarbrick and Yudof's (2015) eight wellness dimensions directed at reducing anxiety, depression, psychological distress, feelings of hopelessness, and overall symptom severity improvement which are fundamental for individual and family wellness. These have led to various holistic wellness approaches connected to family wellness which are discussed in Chapters 6, 7 and 8.

1.7 RESEARCH METHODOLOGY

The study adopted a qualitative approach of epistemological assumptions that deal with qualitative design. It is inquiry grounded, whereby the researcher utilised in-depth interviews to interrogate the lived experiences and perspectives of individuals and families about the phenomenon under review through direct interaction with the participants (Lobiondo-Wood and Haber 2017). A qualitative method was employed in this study, as it enabled a detailed and thorough understanding of complex and interconnected wellness issues (Rahi 2017). These details were elicited through direct interaction with the participants, who in unencumbered ways, shared their experiences as they transitioned through the pandemic.

1.7.1 Research design

The nature of this research influenced the researcher to select the exploratory research design. A fundamental benefit of exploratory research is that it provides insights into enquiries or problems that were not well researched in different contexts (Babbie and Mouton 2001).

1.7.2 Population and target population

The population for the study were families living in Australia during and post COVID-19 and affected by the pandemic in various ways. The 12 families as a target population were more refined, compared to the general population on the basis of the target population having no attribute which controverts a research goal, assumption, or context (Yin 2013).

1.7.3 Sampling method

The non-probability sampling strategy was used, whereby a convenience sampling technique targeted participants within the reach of the researcher. Since there was no accessible sampling frame for the population from which the

sample was drawn, convenience sampling was a feasible approach for this study (Bryman and Bell 2017).

1.7.4 Recruitment

Since a convenience sampling method was used, referrals from the manager of a local NGO were first approached as various types of family units generally constitute their stakeholder population. The manager was approached to grant permission to recruit participants until saturation was reached. They were personally approached face-to-face, emailed or telephoned to inform them about the purpose of the study. If they consented, they were given the letter of information and consent to complete.

1.8 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria focused on families who were representative of the Australian society; above the age of 18; and opened to Australian families with diverse ancestral backgrounds. Exclusion criteria focused on non-residents/non-permanent or undocumented citizens in Melbourne, Australia; those below 18 years of age; and individuals with intersecting identity factors such as mental or intellectual disability.

1.9 DATA COLLECTION INSTRUMENT

Semi structured interviews were used during this study, as the open-ended questions were effective to collect qualitative and open-ended data; to explore the feelings, thoughts, and beliefs of participants about COVID-19 and the effect on wellness; and to delve deeply into wellness issues (Struwig and Stead 2015).

1.10 METHOD OF DATA COLLECTION

The semi structured interview approach was used, by the researcher, as a data collection method. Participants were subjected to open ended questions

through semi-structured interviews conducted by the researcher. The interviews were conducted by the researcher either face-to-face, or through a Zoom Video call, following ethical research and COVID-19 protocols.

1.11 DATA ANALYSIS

Using thematic analysis, each interview was evaluated for emerging subthemes based on the research objectives.

1.12 PILOT STUDY

A pilot study of the interview guide was conducted among five families based in Melbourne, Australia, who were not included in the original sample.

1.13 DELIMITATIONS/SCOPE

The scope of the study were the residents of Melbourne in Australia, who were willing to share their experiences relating to wellness during the lockdown and their views regarding holistic wellness strategies that enabled them to cope and may enable others to cope.

1.14 LIMITATIONS

The limitations encountered during the study included interviews with 12 Australian families; the size of the participants may not reveal the popular view of the Australians at large; research participants may not have provided detailed or honest answers; time to complete the study was a limitation; and resource availability was also a limitation (Sekaran and Bougie 2013).

1.15 VALIDITY, RELIABILITY AND TRUSTWORTHINESS

Bryman and Bell (2017) explain validity as the degree to which a measurement, concept, or conclusion corresponds with the real world and is well founded; while reliability refers to the degree to which the information collected during a research is truthful; and the extent to which the results are replicable. Trustworthiness focuses on the integrity and true value of the research (Bryman and Bell 2017). Validity, reliability and trustworthiness (credibility, transferability, dependability and confirmability) were achieved in the study via appropriate means.

1.16 ETHICAL CONSIDERATIONS

Ethics is of paramount importance in any study, and the ethical considerations for this study included letters of information and consent shared with all participants ensuring no harm accrued to participants; maintained anonymity and confidentiality; and obtained ethical clearance from Institutional Research Ethics Committee (IREC) of the Durban University of Technology.

1.17 POTENTIAL OUTPUTS

The potential outputs include publications, presentations at conferences, discussions at relevant forums and the development of a wellness framework.

1.18 STRUCTURE OF CHAPTERS

The chapters of this thesis are structured as follows:

Chapter 1: Overview of the study

Chapter one provides the introduction of the study. This chapter provided direction to the study. It presented a general overview which included a background to the research; research problem; aim of the study; objectives of

the study; significance of the study; an espousal of the literature review; a brief description of the study; and delimitations and limitations of the study.

Chapter 2: Theoretical framework: Wellness dimensions

Chapter two unpacks the theoretical framework which relates to the eight dimensions of wellness.

Chapter 3: Global perspectives: Experiences of constraints and pathways of wellness used during COVID-19.

Chapter three extensively discusses existing literature on the nature of constraints experienced by families and individuals during COVID-19 and some of the pathways of wellness used toward reconstructing their wellness.

Chapter 4: Global interventions supporting wellness during the COVID-19 pandemic.

Chapter four provides a discussion on global interventions to support wellness during the pandemic. In discussing the impact of the pandemic, insight will be provided on the appropriateness of various global interventions to support wellness across various spheres of society.

Chapter 5: Research methodology

Chapter five provides a detailed description of the research methodology and the rationale for the chosen methodology. This chapter also discusses data collection, sampling strategy, population, sampling population, data analysis, reliability, validity, pilot study and ethical considerations.

Chapter 6: Data analysis and findings

Chapter six presents the data analysis and interpretation of findings. The chapter details the data analysis, discussion and interpretation of results and findings obtained from the 12 families who participated in this research.

Chapter 7: Proposed wellness framework

Chapter seven proposes a framework on wellness. It introduces and discusses the designed framework for this study. It justifies the relevance and the practicality of the framework as a coping mechanism during the COVID-19 pandemic. While designing this framework, thoughtful consideration was given to relevant and existing theories and models on wellness. Hence, the proposed framework in this research was designed to bridge the shortfalls and knowledge gaps in contemporary operational frameworks/models.

Chapter 8: Conclusions and recommendations

Conclusions and recommendations emanating from the data analysis and complemented by literature reviewed are provided in this chapter. This chapter provides guidelines for future studies in the field of health and wellness.

1.19 CONCLUSION

This chapter provided an overview of the study with a discussion on the background of the study and introduction of themes exploring different perspectives of wellness. It also stated the aim and objectives of the study and introduced the methodology that was used in this study. In addition, it provided a brief description of the conceptual framework, the expected contributions of the study, and the outline of the thesis. The next chapter is the beginning of series of the literature reviews that form the basis of the study.

CHAPTER 2

THEORETICAL FRAMEWORK: WELLNESS DIMENSIONS

2.1 INTRODUCTION

There are times that governments must take drastic actions to control the movement of people, goods and services to deal with emergencies. Such actions and confinement often induce psychological stress and can lead to other problems. Nonetheless, there is a verified programme that is normally used to provide relief during times like these, and it is known as wellness. This chapter introduces wellness as the theoretical framework for the current study, by carefully examining it to have a clearer understanding of the concept. It does so by first looking at the foundation of the phenomenon of wellness as well as the historical context in the form of a brief background to decipher between health, quality of life, well-being and wellness which are usually used interchangeably. This chapter examines the eight distinct dimensions of wellness as the theoretical framework for this research.

2.2 FOUNDATIONAL STUDY OF WELLNESS

Globally, the serious intense respiratory condition 2 (SARS) virus, dubbed the COVID-19 pandemic resulted in disruption, affecting every aspect of human existence (OECD 2020). To minimise the spread of this virus, governments had to implement strict measures such as lockdowns and social distancing. Wellness programmes have had to be used to provide relief to people and have shown to be accessible programmes where individuals can learn and practise healthy living (Spanoudi *et al.* 2018; Rachele *et al.* 2013). Wellness has received significant interest, specifically pertaining to intervention programmes created to assist with the fostering of positive lifestyle behaviours (Baldwin *et al.* 2017; Watson 2017). Currently, the global pandemic has made this topic even more pressing and relevant in alleviating the suffering of people who have become victims of it. While wellness is typically viewed to be multidimensional (Spanoudi *et al.* 2018), just as in the case of this current study's eight

dimensions, generally organisational programmes have stressed physical health, and tasks such as physical fitness, nutrition, health, weight administration, anxiety monitoring, and musculoskeletal conditioning (Morrison *et al.* 2017). Thus, it can be suggested that such programmes, some of which are in the eight adopted dimensions for the current study, have considerable health and wellness benefits for employees and people in general (Roche *et al.* 2021).

Relatedly, studies conducted over an eight-year period have shown that Body Mass Index (BMI), high blood pressure, and cholesterol can be better managed with wellness programmes; and there are major effects from an administration point of view from such programmes (Magnavita and Garbarino 2017). The organisational benefits are mirrored in decreased healthcare costs, lower absenteeism and improved work efficiency (Mancl 2019; Unsal *et al.* 2021; Reif *et al.* 2020; Morrison *et al.* 2017; Baicker, Cutler and Song 2010). Mancl (2019) in a meta-analysis discovered that for every dollar invested in a wellness programme, there was \$3.27 reduction in clinical costs and \$2.73 reduction in absenteeism costs. Additionally, recent research has approximated the typical financial savings in annual clinical prices within organisations with regard to wellness programmes to be as much as 18.4% (Bolnick *et al.* 2020). The cases are cited to illustrate the importance of wellness programmes, especially in times of pandemics such as the current conditions the world is facing. Thus, it calls for a review on the need for wellness programmes, not only at the organisational level but within family circles to ensure that lives that are negatively impacted by COVID-19 are reconstructed with such programmes.

Wellness programmes that yield good results at the organisational level (Unsal *et al.* 2021; Reif *et al.* 2020; Mancl 2019; Morrison *et al.* 2017), can be used to garner salient lessons that can be replicated among the families. The difference in approaches could be that, while the family settings may be smaller than the organisation and, therefore, a smaller scale of operations required, effective workplace wellness programmes are qualified by two crucial features: Firstly, the programmes must start with a standard health and wellness risk analysis

(Reif *et al.* 2020; Morrison *et al.* 2017). These valuations should be a prerequisite and may be validated throughout follow-up assessments to establish the extent of the effect of the programme. The outcome from such evaluations can assist in identifying possible threat variables that may discourage programme participants to accomplish behaviour adjustment (Magnavita and Garbarino 2017; Machen *et al.* 2010) under similar circumstances. Secondly, most of the programmes include an enlightening element which may include self-help instruction; self-study learning materials; individual coaching and therapy; team seminars; courses, or a combination of these (Magnavita and Garbarino 2017; Machen *et al.* 2010; Tanigoshi, Kontos and Remley 2007). These should not be too difficult for the families to accomplish as well.

Furthermore, it was reported that a collection of health counselling sessions to effectively raise health amongst law enforcement personnel as opposed to a control group was undertaken with wellness programmes (Rooney and McNicholas 2020; Antony *et al.* 2020). In another study, wellness examples were included in the curriculum of a first-year university training programme, as a framework to resolve trainee needs (Bejarano, Cushing and Crick 2019), while a group therapy treatment was developed to advertise wellness amongst teen girls at risk of delinquency under the auspices of a wellness programme (Watson 2017). Generally, outcomes were encouraging in various meta-analysis studies on the effectiveness of wellness programmes (Oliver, Baldwin and Datta 2019; Bart *et al.* 2018). Therefore, there is no reason to believe that, if similar applications are used in family settings, they will not work. As established, attributes such as multiple evaluation factors and the presence of an informative element (using a variety of devices) occurred throughout many programmes across a variety of settings, and similarly for the families' experiment.

In short, programmes developed to boost wellness in an organisational environment are significantly increasing in value. As such, this is illustrated in the United States 'Federal Grants to Small Companies for Comprehensive

Wellness Programs' Section 10408 of the Patient Defence'; as well as the Affordable Treatment Act, titled 'Grants for Small Companies to Provide Comprehensive Workplace Wellness Programs,' which sanctioned appropriations of \$200 million from 2011 to 2015 to offer grants to support small businesses to execute extensive wellness programmes (Oliver *et al.* 2019; Rachele *et al.* 2013; O'Donnell 2010). Notwithstanding the aforementioned support to boost concentration on health as well as on wellness programmes, there are a variety of uncertainties which obstruct the reliable implementation of quality wellness care.

Firstly, there is still no agreement regarding 'what wellness is' from the extant literature. Hence, research studies that presume a wellness emphasis are repeatedly difficult to set apart from research studies that relate to well-being, health, and quality of life (QoL). Secondly, wellness researchers and agendas employ diverse result steps that perhaps show much better health and well-being, as well as QoL. Thirdly, wellness plans appear to have taken on a minimal appreciation of wellness and have concentrated on physical health to the hindrance of various other potentially more effective wellness-related purviews (Oliver *et al.* 2019; Rachele *et al.* 2013). The lack of focus on spiritual health can be cited to be an example under this third point (Bart *et al.* 2018; Nair 2018; Rachele *et al.* 2013). Essentially, there are complications in the extant literature concerning the distinctions between wellness, well-being, health, and QoL. In practice, little effort to move beyond enhancing physical health and wellness is evident (Nair 2018). Accordingly, there is little consensus on the accurate acceptance of the meaning of wellness (Oliver *et al.* 2019). This is a matter of concern for this study.

This study will therefore endeavour to show the distinction, especially in relation to family settings and leadership. The duty of leadership monitoring of a wellness programme within the family environment is significant, because of their centralised obligations within the family, and the probable welfare benefits from well organised and planned; and well executed programmes. Leaders have a fundamental role to play in guaranteeing wellness programmes for

families. Ensuring that they are successfully carried out and that organisations and employees gain from such curriculums and leadership styles are important to the followers' health (Oliver *et al.* 2019; Nair 2018). Evidence from empirical studies acclaims that within the organisation settings, for example, leaders and their followers are not independent, because leaders impact employees' health and their wellness (Montano *et al.* 2017). Subsequently, in the family setting, whoever assumes the role of leadership must be mindful that the rest of the family members' wellness depends on him/her. The countenance, utterances and behaviour particularly during the times of the COVID-19 pandemic are crucial, if other members of the family are to be well and enjoy positive wellness. In the instance of a member dying from COVID-19, the family may become negatively affected, particularly if the demise is of a leader or a bread winner of the family. Therefore, from the assertion of Montano *et al.* (2017), the family leader does not only have a moral obligation to safeguard the wellness of the rest of the family, but also organisational responsibility to ensure that programmes are recommended for wellness benefits.

The leader, by virtue of his/her position has the capability to involve followers and to produce a wellness culture among people (Maykrantz *et al.* 2021). Similarly, the family head can take advantage of his/her influence over the family members to direct the type of lifestyle, social activities and the sort of spirituality or religion that is practiced in the family. These activities, when properly orchestrated can contribute to the wellness agenda for the family. Nevertheless, to increase the benefits of wellness, it is essential that both researchers and leaders agree on the meaning of the concept to promote contrast of research outcomes, programme assessment and programme applications (Spanoudi *et al.* 2018). For example, consensus can help with an agreed-upon intellectual version, such as examining COVID-19, against which wellness measures/instruments may be validated to provide a clear understanding for the evaluation of wellness programmes as well as treatments. In this study, the literature presents a comprehensive discussion of wellness concepts by contrasting the construct to QoL, well-being and health; and recommends how families can best use this understanding to develop reliable wellness.

2.3 BRIEF BACKGROUND OF WELLNESS

The modern viewpoints in research studies on wellness started with the positive health movement, which occurred due to modifications to the World Health Organisation's (WHO) meaning of what health is about (Nair 2018). In 1946, the WHO transformed the meaning of health to ensure that it reflected not simply the lack of condition, but also physical, emotional, a social health (WHO 1946). Currently, there are copious concepts and versions representing wellness, nonetheless, they are all linked to concentrate on lifestyle measurements (Gorgenyi-Hegyes, Nathan and Fekete-Farkas 2021; Gamby, Burns and Forristal 2021; Varga *et al.* 2021; Ednie *et al.* 2020; Archer *et al.* 2018; Zimmerman *et al.* 2018; Baur 2018; Beauchemin, Gibbs and Granello 2018; Bart *et al.* 2018; Robinson-Wood 2016).

The traditional views of wellness by Dunn (1959), one of the pioneers of the concept, first defined it as a vibrant process increasing an individual's possibility of wellness. In addition, Hettler (1980) specified that wellness can be an energetic process of which the secluded familiarises himself as well as chooses toward an extra successful presence. This was followed by Smith, Tang and Nutbeam (2006: 344), who on behalf of the WHO, renewed the definition to the following statement "Wellness is the optimum state of health of individuals and groups". This definition connects health to something greater than the physical state of the body to embrace one's own view (Meiselman 2016: 102) and this makes it unique. When the above two are contrasted with that of the WHO, which specifies wellness as: the optimum state of wellness of people and teams, one can immediately notice two focal concerns: (1) understanding the optimal capacity of a person physically, emotionally, socially, mentally, and financially, and (2) the attainment of one's functional expectations within the family, community, workplace, worship place, and in other settings (Smith *et al.* 2006). Following this, Roscoe (2009) explained the wellness construct from a scientific point of view and suggested the following: a) wellness studies had minimal empirical expedition of structure and magnitudes; b) wellness studies were principally notified by theoretical untried concepts; and c) wellness studies did

not explore the ambiance of wellness, instead they discovered characteristics of the instruments. Roscoe (2009) thus suggested an incorporated characterisation of the construct, focusing on theories of wellness to include related dimensions (Gorgenyi-Hegyes *et al.* 2021; Ednie *et al.* 2020; Archer *et al.* 2018; Hettler 1980; Baur 2018; Bart *et al.* 2018; Robinson-Wood 2016). These dimensions are physical, occupational, social, psychological, intellectual, emotional, environmental and spiritual wellness (Roscoe 2009). Additionally, the psychological construct consists of mental and emotional wellness dimensions (Gorgenyi-Hegyes *et al.* 2021). Some of the models by prominent scholars such as Hettler (1980), Robinson-Wood (2016), Bart *et al.* (2018) and Baur (2018) consist of measurements where the singular person is considered as operating within a particular prominent context such as work-related (Baur 2018; Robinson-Wood, 2016) and environmental wellness (Bart *et al.* 2018).

On the other hand, numerous wellness versions position specific relevance on spirituality and utilise this dimension as their main version (Blount *et al.* 2020). In an attempt to manoeuvre this interrelated, but salient concept of the wellness, spirituality was included as the first of five significant responsibilities in life, coupled with self-direction, employment, recreation and love (Blount *et al.* 2020). Blount *et al.* (2020) posited that spirituality is the attribute of a person's individual ideas and worth. Life responsibilities are considered to be unswervingly amendable through treatments. The authors specify spirituality as an understanding of a being or potency that goes beyond the physical facets of life as well as provides a profound feeling of integrity or connectedness to a deeper space (Blount *et al.* 2020). Just how this spirituality relates to the wellness context bears a resemblance to its mentioned presence within influential leaders (both family and organisation) and the community (Blount *et al.* 2020). This study argues that the aforementioned explanations provide the uniqueness of spirituality to wellness models, and the recommended inter-relationships and inter-connectedness concerning elements that make up these representations, is most likely treatments using spirituality to encourage the general wellness of individuals.

The extant scholastic literary works by this study's evaluation discloses complication, as philosophers regularly make use of a variety of clinical terms to explain each other. In a similar way, research studies professing to explore one construct of wellness commonly make use of tools developed by others to gauge one more construct. Wellness design, for instance, is claimed to have a recognised or well-known experimental relationship to improved QoL and good health (Gamby *et al.* 2021). In a similar way, findings from the health examination of way of life survey, declared wellness to epitomise a way of living preoccupied with optimum healthy lifestyle and wellness, and well-being (Beauchemin *et al.* 2018). Thus, wellness is claimed to personify a method of living made to enhance QoL (Bart *et al.* 2018); a lifestyle oriented in the direction of well-being (Branco and Patton-Scott 2020); and lastly, highly consonant with subjective well-being, life fulfilment, as well as developing possessions (Zimmerman *et al.* 2018).

In brief, health and wellness has been specified in comparable terms. As an example, this study cites the WHO, which explains health and wellness as total physical, emotional and social well-being (WHO 1946). Well-being and health have been strongly linked to each other (Laliberte and Varcoe 2021). Contrary, others have seen the two as a person's peculiar understanding of what constitutes their own well-being, and thus as representation of their QoL (Kourtiti, Nijkamp and Östh 2021). QoL and well-being have also been used as descriptors of wellness (Morris and Jenkins 2018). Again, health-related lifestyle is claimed to refer to practical health and well-being (Singleton *et al.* 2019). So far, from the aforementioned analysis, it can clearly be seen that wellness theories have created inconsistencies, and it appears that despite the juggling of words they appear to mean the same. Thus, given the lack of empirical research related to family wellness, particularly in Australia, this study sought to explore how family wellness was affected in multidimensional ways during the COVID-19 pandemic; and to understand how family life may be reconstructed in the light of the stressors relating to the wellness dimensions that have been brought to bear upon these families. In light of this, this study will be based on Swarbrick and Yudof's (2015) eight wellness dimensions directed to reducing

anxiety, depression, psychological distress, feelings of hopelessness, and overall symptom severity improvement which are fundamental for the individual and the family as a whole (Arcuri 2018). The Swarbrick and Yudof (2015) eight dimensional model pools the numerous facets of family wellness and can help the study achieve its aim of reconstructing wellness among Australian families.

From the extant literature review conducted, this study maintains that the absence of a single interpretation of the concept under investigation - wellness, has made evidence-based functional submissions of wellness programmes challenging to launch and sustain based on research results (O'Donnell 2010; Nair 2018; Rachele *et al.* 2013). The previously mentioned funds for work environment wellness programmes in the United States attests to this (O'Donnell 2010). The unequivocal confusion surrounding wellness definitions is a key reason for this study considering the use of only Swarbrick and Yudof's (2015) eight dimensions of wellness as its conceptual model. However, this study foregrounds the following question: "So, what is the difference between wellness, well-being, health, and quality of life?" In the following section, this study provides interpretations of health, quality of life, well-being as well as wellness, to establish some of the common sympathetic explanations as its working definition.

2.4 HEALTH

Generally, wellness implies an individual being in good health (Fries 2020) and it usually means that the individual is not dealing with any type of recognisable disease (Teare *et al.* 2021). This will be the standpoint of this study because once any individual's life is not threatened beyond that which can cause them to be disturbed, they have minimal reasons to pursue wellness. Thus, Fries' (2020) pathological focus on health and wellness is most likely developed from the reality that the primary health problems facing society, and particularly medication, is to overcome transmittable conditions. This version has been highly efficient in the improvement of medical scientific research; stopping and healing illness; and extending life (Oliver *et al.* 2019; Bart *et al.* 2018; Nair *et al.*

2018). Nevertheless, it should be made clear that this does not enable optimum functioning despite the absence of disease during one's life. The health and wellness viewpoint only slants in the direction of optimum performance of a good standard of living at a particular time of evaluation (during the time of the COVID-19 pandemic).

2.5 QUALITY OF LIFE

Quality of life (QoL) has been defined as indefinable, welcoming at unpredictable degrees of oversimplification from the valuation of social or neighbourhood wellness, to the specific examination of the scenarios of individuals or teams (Widyawati *et al.* 2021; Savari, Naseri and Savari 2021; Gómez *et al.* 2020). Both QoL and health related quality of life (HRQoL) have obtained greater appeal in current times, due to their application in measuring the standard of living of a person, specifically in health care settings (Widyawati *et al.* 2021). This is linked to quality-adjusted life years (QALYs) which is used in medical care financial examination, with determined HRQoL measurements for health states (on a 0-1 range) made use of to readjust survival times (Vanda 2020; Roberts, Tsevat and Yu 2017). This is appropriate for this study because traditionally, the QoL construct has been measured from the standard of the residential place of persons in society, the type of car they drive, to their earnable incomes. Since these actions are endorsed by the governments of countries to determine how much contribution one is expected to make toward the national burden of development, for now it will remain so until this study deems it otherwise.

2.6 WELLBEING

Two standpoints of well-being have been differentiated: eudaimonic and hedonic (Ryan and Deci 2001). These standpoints are similar but, originated on dissimilar philosophical locations relating to human requirements and desires. The hedonic viewpoint is that well-being includes enjoyment or joy and views these sentiments as important objectives of social life (Jia *et al.* 2021; Ryff

2018). Health is accomplished by boosting happiness, pursuing pleasant moments and approaching stimulations that raise positive affect (Lundqvist 2021; Schary and Lundqvist 2021). On the other hand, the eudaimonic tradition takes into consideration well-being as the level to which a specific entity creates prospective congruence with worth as well as activities (Jia *et al.* 2021; Ryff 2018).

These typical views of wellness are premised on unique observations of human nature and the composition of a decent humanity. The interpretations question exactly how developing social processes associate with well-being and recommend various methods to the venture of living (Lundqvist 2021; Jia *et al.* 2021). Nevertheless, proof from a variety of studies have well-being as most possibly the finest developed construct of a multidimensional sensation consisting of both hedonic and eudaimonic features and perceptions (Lundqvist 2021; Schary and Lundqvist 2021; Jia *et al.* 2021). Likewise, only a decade ago support for an inordinate concentration on partnerships and achievement emerged, together with positive feeling, engagement and significant relevance (Noferesti and Gangi 2021; Goodman *et al.* 2018; Smith and Diekmann 2017).

Just like QoL, the term well-being is in some cases further certified, to mean psychological health and subjective health. Psychological well-being is considered a construct with multiple dimensions including six end results: freedom, personal development, life-purpose, self-acceptance, proficiency, and optimistic empathy (Goodman *et al.* 2018). These six dimensions define emotional health both in theory and operation. Therefore, it is recommended that top-level emotional as well as physical wellness are achieved through the accomplishment of these six results (Jia *et al.* 2021).

This argument is sufficed by considering that the hedonic viewpoint of well-being includes enjoyment or joy (Jia *et al.* 2021), hence, it makes sense to maintain that the construct should be seen in the six broader dimensions, thus hoping that they will yield results for both the eudaimonic and hedonic viewpoints. Nonetheless, this could be subjective. Subjective well-being

includes life contentment, the visibility of optimistic attitude and life without an unfavourable state of mind, overall referred to as happiness (Schary and Lundqvist 2021; Jia *et al.* 2021). Here, this study proposes that the word well-being sounds synonymous to happiness. Therefore, it accepts the position of Schary and Lundqvist (2021) and Jia *et al.* (2021), though it will limit these theoretical support and usage (of subjective wellness) to the hedonic context.

Furthermore, there has been much debate regarding the validity of measurements of subjective well-being to specify emotional health (Jia *et al.* 2021). As such, three possibilities can be determined: 1) the hedonic view as well as subjective well-being could be used as indicators of well-being; 2) subjective well-being may be an operational interpretation of well-being, while still recommending the eudaimonic perspective of what promotes subjective well-being; and 3) the procedure of subjective wellness as an indicator of wellness could be turned down, while refuting hedonic concepts as the pathway to create health (Schary and Lundqvist 2021; Jia *et al.* 2021). However, in considering all the points of view, well-being is thought about a measure of the end-result. There is minimal room for process or independent variables, whereby manipulation of certain measurements can influence whole specific adjustments.

2.7 WELLNESS

In this study, wellness is considered as the “active pursuit of activities, choices, and lifestyles that lead to a state of holistic health: (Global Wellness Institute n. d.: 12). This will be so with this study, so that it will distinguish it from well-being. Wellness in the real sense is conceptually distinct from well-being or happiness. Well-being means a subjective condition, being happy or rather where an individual is in a situation of well-being. On the other hand, wellness is attributed to a state of making active choices, which result in optimal well-being and optimal health (Goodman *et al.* 2018). Wellness is usually associated with, but distinct from the medical paradigm. Regarding well-being, this often pertains to the treating of an illness or curing a sick patient, whereas ‘wellness’ implies

moving from a state of neutral to optimal health (Oliver *et al.* 2019). Wellness is also meant to be a holistic and multidimensional such as social, spiritual, environmental, occupational, financial, emotional, intellectual and physical (Swarbrick and Yudof 2015). Meditating, eating a balanced diet, and regular exercises are some of the approaches to attaining wellness in individuals and families. Before the onslaught of the COVID-19 pandemic, there was an increased demand for wellness programmes among developed nations. This surge in demand was associated with structural factors such as non-communicable diseases, aging population and higher incomes (Kourtiti *et al.* 2021). Hence, the public are beginning to learn that wellness contributes to sustainability in all spheres of life and can improve one's physical and emotional health (Ali-Knight and Ensor 2017).

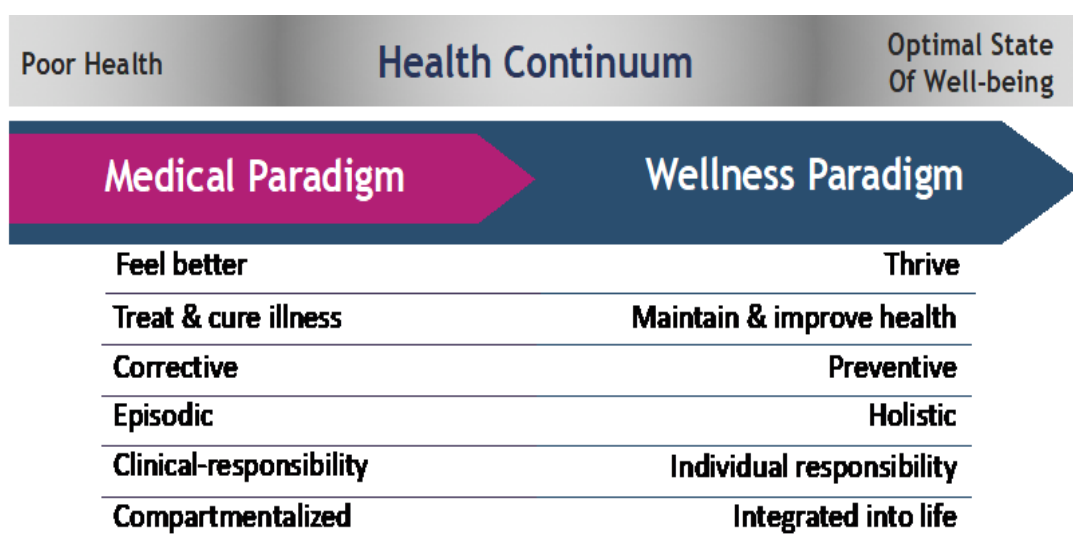
Therefore, in this study wellness will also mean physical health without any serious illness, enhanced spiritual, social, emotional, financial, occupational, and intellectual wellness, as well as environmental wellness (Swarbrick and Yudof 2015) due to adequate interaction with/from family and friends for quality time. Thus, wellness in this study will consist of Swarbrick and Yudof's (2015) eight dimensions. However, having shown from the analysis, these can be interconnected and confusing, but the current study will concentrate on wellness that focuses on health, QoL as well as the development of the lifestyle behaviours of family members, which promote the achievement of optimal performance and fulfilment. To this end, the study will endeavour to reconstruct wellness among Australian families transitioning through the current COVID-19 pandemic by making use of Swarbrick and Yudof's (2015) eight dimensions. From this perspective, health promotions intended to identify and help individuals within the family setting move from poor health to an optimal state of well-being will mean wellness.

2.8 THE WELLNESS CONTINUUM

Thus far, this study has shown that one of the approaches to understanding wellness is to view health as a continuum which extends from a state of illness

to a state of optimal wellbeing. At one end of the continuum, patients with poor health engage with medical paradigms to treat illnesses; they interact episodically and reactively with clinicians and medical doctors to provide support and care. On the other end, individuals proactively focus on prevention and optimising their vitality. They adopt lifestyle and attitudes which mitigate disease, enhance their health, and improve their sense of wellbeing and quality of life. This is what this study intends to demonstrate. Reconstructing wellness from poor health caused by COVID-19 to an optimal state of hope and well-being is the intended outcome of the study. In other words, wellness approaches should be preventive, proactive, and pursued by self-responsibility. From the medical paradigm of feeling better; treating and curing illnesses; taking corrective action and behaviour; episodic clinical-responsibility and managing mental states to a corresponding wellness paradigm of thriving, maintaining and improving health; taking preventive action and behaviour; holistic and individual responsibility; and integrated lifestyles is an all-encompassing approach for optimal wellness. The wellness concept and the growth in wellness lifestyles should be the extension of core family values and worldviews.

Figure 2.1: The wellness continuum



Source: Adapted from Global Wellness Institute (n. d.)

With this meaning of wellness in mind, this study now turns to review all the eight dimensions previously mentioned as the conceptual framework of this study, before discussing extensively existing literature on global wellness approaches adopted during COVID-19 in the next chapter.

2.9 WELLNESS IN EIGHT DIMENSIONS

The Swarbrick and Yudof's (2015) wellness framework in eight dimensions is mainly about being aware of ourselves as whole people, consisting of a feeling of equilibrium as well as contentment. It highlight that we have meaningful connections; a sense of definition; and objective (Swarbrick and Yudof 2015). We may have obstacles, or experience anxiety or stress, yet we may be resistant to varying degrees, have strength, material resources, and the assistance of others (family members) to grow and make it through. Thus, assisting people to enhance their personal wellness, as they define it or see it, should be seen as an essential and God directed mandate (Swarbrick and Yudof 2015). Health integrates with all eight dimensions, as postulated by Swarbrick and Yudof (2015) with each dimension affecting the general quality of life, because wellness directly relates to how long we live, and how well people live (lifestyle). People find health in the valued duties that they select, and engage as friends, employees, volunteers, students, moms and dads, spouses, and neighbourhood members (Kourtiti *et al.* 2021; Ali-Knight and Ensor 2017; Swarbrick and Yudof 2015) and Australian families are no exception. These roles provide people with an identity, drive routine tasks, and ignite passion in what we do (Ali-Knight and Ensor 2017).

The eight dimension design of Swarbrick and Yudof (2015) shows that all eight measurements are inter-connected. For example, when families feel monetarily stressed (e.g. raising debt), they experience psychological tension (anxiety), occasionally resulting in physical problems (illness), possible decreased productivity at their workplaces (work), and even questioning their purpose and significance in life (spiritual). Moreover, when they are not working (work-related), they lose opportunities to interact with others (social), cannot get good

quality food and healthcare needed to remain well (physical), and might need to transfer to a place where they are protected and risk-free (environmental).

Additionally, stress, loss, addiction, frustration and trauma may likely affect the health of families and the balance in their lives (Jeffrey 2021). Wellness requires that families balance work with play, enjoy rest, and get time for recovery, recuperation and healing so that they live their lives completely and successfully (Nair 2018). Therefore, the desire for rapid adjustment after the COVID-19 pandemic with the recognised performance of slow-moving changes to build excellent habits should be encouraged by all. Families' practices influence what they do, how they feel, how they function, exactly how they sustain their bodies as well as minds, and how they conserve or invest in the aftermath of this stressful period (Noferesti and Gangi 2021). In other words, the reconstruction of life during and after this COVID-19 period needs to be done with care and expertise to reinstate life to the way it was, if not, better. Furthermore, unhealthy routines (excessive alcohol; dangerous medicines and chemicals; usage of energy beverages, sugar and fat packed foods) may have to be changed because they may have prompt or long-term unfavourable results on mental, physical, and social wellness (Noferesti and Gangi 2021; OECD 2020). Thus, any reconstruction will have to function purposely to preserve or develop good practices that add to families' wellness, valued duties, and their individual goals (Noferesti and Gangi 2021).

In brief, the wellness in eight dimensions entail a sense of empowerment, with better each day choices (Swarbrick and Yudof 2015). Thus, empowerment goes together with taking collective or individual responsibility for everybody every day (MetLife 2021). This is what this study intends to achieve. It is anticipated that this will aid Australian families to think of their very own wellness; what they are doing currently (their daily routines, habits, valued life functions, compulsory tasks); what further can be done; what new lifestyle behaviours can be discovered and adopted; and what type of support they need to focus on their wellness and lifestyle balance by making use of Figure 2.2. Many people find useful help from wellness in each of the eight dimensions in Figure 2.2 and this

study believes the families within this study will do the same (OECD 2020; Swarbrick and Yudof 2015).

Figure 2.2: Wellness in eight dimensions



Source: Adapted from Swarbrick and Yudof (2015)

2.9.1 Emotional wellness

Many people deal with extreme agitations as they face unexpected and overwhelming events that causes uncertainty. However, when it comes to emotional wellness, the facts speak for itself. For example, the WHO announced a worldwide pandemic and provided guidelines to prevent the COVID-19 virus from spreading. They also included a prevailing sense of anxiety (Euro.who.int. 2020). Their pronouncements created room for many questions and interpretations that could result in emotional illness instead of wellness. For instance, telling families to vaccinate, and keep away from each other by socially distancing can be emotionally draining. It is common knowledge that, where COVID-19 is at its peak and is constantly evolving, it is easy to feel indoctrinated when the science opens itself for doubts. People cannot be engaged in their daily activities such as working out in the gym; going to a bakery for a snack; going to church or other religious services; and watching their children's sports games in school even in the open. Emotional wellness

involves the ability to enjoy life, express feelings, adjust to emotional challenges, and cope with traumatic life experiences and stress (Swarbrick and Yudof 2015). Therefore, the lack of such regular yet calming activities can and has created anxiety and depression among many families.

This exclusion of daily interaction with friends, acquaintances, and neighbours is hugely confining, and it can drain a person's emotional wellness (Khan *et al.* 2020). Therefore, it is crucial to harmonise emotional wellness through family interactions throughout this period of sudden changes in people's lives. One might feel that it is more reliable to surrender to their anxiety or be frightfully linked to the news all day, but concentration on keeping one's emotional health sane will assist immensely in this disruption, and this can help them to be emotionally available for their friends and family at the time of need (Huston 2021).

It is difficult to maintain a healthy lifestyle while being in the middle of a crisis like COVID-19. The questions and worries linked to expenses, childcare, taking care of parents, and job preservation interrupt people's habits, way of living, and especially emotional wellness or health (Hanmer *et al.* 2021; Panchal *et al.* 2020). The unassuming of one's future, the endless piles of terrible news regarding the COVID-19 and death of people, and toxic social media posts can increase one's sense of depression or anxiety. Stress is a normal response to this news or these circumstances, but there is a slight difference between stress and anxiety (Hanmer *et al.* 2021; Swarbrick and Yudof 2015). People under stress face problems like anger, fatigue, and sleep difficulty, but anxiety is explained by determining tension that does not go away in the truancy of a stressor (Well Being Trust 2021). Extreme stress or anxiety can lead a person to seek substance use, alcohol, and drugs (Huston 2021). Therefore, one should not ignore these aspects and should seek professional help, including reading this thesis as a first aid. It is highly crucial to maintain a healthy lifestyle and this study endeavours to assist in this regard (Hanmer *et al.* 2021). Abraham Harold Maslow (1943) created the hierarchy of needs in Figure 2.3 to

describe what people need in life, and the lack of which can cause a great deal of emotional problems.

Figure 2.3: A theory of human motivation



Source: Adapted from Maslow (1943)

Maslow is still needed in the twenty-first century, as emotional wellness can be affected by the non-fulfilment of our needs (Abulof 2017). As shown in Figure 2.3, from the bottom is the basic needs of the people to the more prestigious ones at the top. When people's primary needs such as food, warmth, water and rest (i.e. physiological needs) are fulfilled, they become stable emotionally. They then turn their attention to the next need (safety) to feel more secure and safer. Once they feel more safe and secure, they are not driven to build personal relationships, but want society to feel they are needed more than they need the society which makes their performance feel fitting with their social groups or friend circles. In this time of COVID-19, there have been occasions when people have undergone food deficiencies. This can cause emotional imbalance in their lives. People have also noticed that there has been a deficiency in their emotional life (Jeffrey 2021; Allan 2020). In other words, their essential requirements were not being fulfilled. Consequently, they uniquely concentrated on guaranteeing that they possessed food, while not being able to drive to their

jobs or other extra activities did not appear as significant as defending their essential food requirements (Jeffrey 2021; Allan 2020; Maslow 1943). Furthermore, several people are now afraid of COVID-19, and although their essential requirements are fulfilled as food deficits decrease, they still feel uncertain. The impression of drowning, as described earlier, or weakness to concentrate on businesses is produced by their feeling of uncertainty in their work. In extension, people believe they have more molecular authority in their life as they do not know when this pandemic will end (Business Gateway 2018).

2.9.1.1 Reasons for poor emotional wellness

Emotional wellness difficulties can have many underlying causes. Furthermore, people may face a complex combination of circumstances that contribute to their emotional wellness. For example, the death rate of people in the USA has declined as compared to the mid-2020, when the pandemic was at its peak. After March 2020, the pervasiveness of depression, stress, and anxiety increased, and in few countries, it has even doubled (Corporate Wellness Magazine 2021; Panchal *et al.* 2020).

The maximum rate of emotional stress was recorded with the duration of rising COVID-19 deaths and restricted quarantine measures (Panchal *et al.* 2020; The Economic Times 2020). Young adults have gone through many COVID-19 consequences, for example the closure of universities, and loss of income or salary may have caused poor emotional wellness (Zhao and Zhou 2020; Panchal *et al.* 2020). A higher than ordinary share of young adults aged between 18-24 have reported anxiety and depressive disorder (56%) during COVID-19 (Panchal *et al.* 2020; Rothe and Pumariega 2020). When comparing adults to younger adults, the age group which has higher chances to report substance use is younger adults and they have 25% higher chances of using drugs than adults do (Panchal *et al.* 2020). They have 26% higher chances of having suicidal thoughts (Panchal *et al.* 2020). Even before the pandemic, young adults were previously in danger of poor emotional wellness and drug

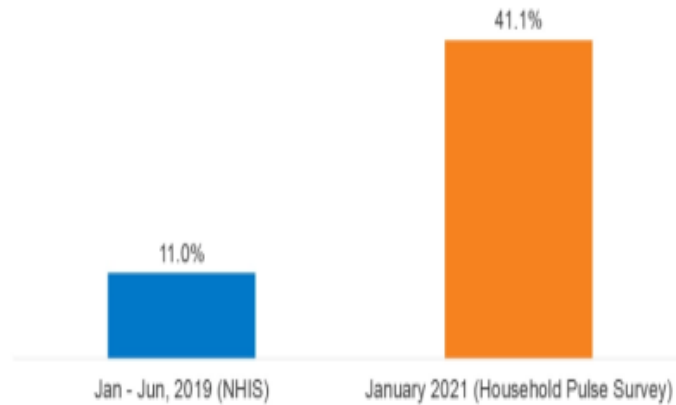
use dysfunction, and many of them did not receive appropriate medication and therapy (Panchal *et al.* 2020).

To get a clearer picture of the degree of emotional damage suffered due to family impairments by Australians during COVID-19, it will be appropriate to ask the following questions as suggested by Swarbrick and Yudof (2015): Whether Australians accept responsibility for their actions; whether they see change and challenges as opportunities for growth; whether they believe that they have significant control over their lives during these times; whether they are able to laugh at themselves and life, whether they feel good about themselves; whether they are able to appropriately cope with tension and stress; and whether they make time for leisure activities and are able to recognise personal weaknesses and learn from their mistakes (Swarbrick and Yudof 2015). For instance, if they are able to recognise and express their feelings, and enjoy each day as suggested by Swarbrick and Yudof (2015), then one will be able to assess the emotional wellness with regard to their job satisfaction.

Analysis from previous financial downturns reveals that job loss relates to more sadness, stress, anxiety, and low self-esteem, pointing to more significant drug use, disease and self-destruction movements (Rothe and Pumariega 2020; Panchal *et al.* 2020). These are some of the problems this study intends to prevent by making the appropriate recommendations.

Throughout epidemics, grown-ups in families with job injury or lower earnings record higher emotional illness manifestations than those without a job or revenue failure (53% vs. 32%) (Substance Abuse and Mental Health Services Administration 2021). Additionally, Figure 2.4 illustrates the manifestations of mental health issues prior to and during the COVID-19 pandemic. As it were, it shows that people suffered emotional distress due to job loss in 2021 (41 %). However, even before this period, 11 percent have had similar problems, but at a lower level.

Figure 2.4: Average Share of Adults Reporting Manifestations of Anxiety Disorder and/or Depressive Disorder from January-June 2019 vs. January 2021 for job loss



Source: Adapted from KFF Health Tracking Poll data in Panchal *et al.* (2020: 2)

The COVID-19 situation has caused both long and short-term associations with emotional health and drug use, especially at the prospect of newly emerging or increased emotional health disorders and those suffering obstacles to obtain help (Panchal *et al.* 2020). Phased in COVID-19 injections are being given to people across countries, possibly indicating that the conclusion of the pandemic is near. However, many stress-causing conditions applied to decrease the evolution of the coronavirus can endure in the future, considering the slow and confusing rollout of the COVID-19 vaccines across the world. Cases of people declining the vaccine because of fear and scepticism; demand for the vaccine among some people; and measures for people to take the precautions to lessen the spread of the virus has also been witnessed (Hanmer *et al.* 2021). History has revealed that the emotional health consequence of emergencies remains a cause for concern, recommending that today's raised emotional health issues extend well behind the coronavirus pandemic (Panchal *et al.* 2020). For instance, an investigation of the psychological damage on wellness care providers throughout the pandemic revealed that psychological anxiety could persist up to three years following the current circumstances (Well Being Trust

2021). Due to the economic disaster following the pandemic, these critical relationships due to "deaths of desperation" are likely to soar. A Well Being Trust (2021) project analysis revealed that, based on the financial downturn and cultural separation, supplementary life losses from suicide; and liquor or drug perversion might continue to happen by 2029 (Zhao and Zhou 2020).

COVID-19 and the lockdown has brought many variations. Daily routines have been disturbed, and most importantly, people are isolated from their friends and families. This isolation can be one of the main reasons for poor emotional wellbeing. Every person has their way of dealing with anxiety and stressful times, but emotional issues or wellness can be deep seated (Huston 2021; Dickerson 2020; Hagadone 2020). Therefore, studies such as the current one can contribute to help solve this concept of wellness. For example, while feeling anxious is common throughout a natural emergency, it can seriously affect emotional wellness (Huston 2021). To solidify the preceding statement, researchers have maintained that when people do not consider their emotional health important, many painful sensations can appear, such as sorrow, rage, disappointment, and hopelessness (Dickerson 2020; Hagadone 2020). Unaddressed irrational anxieties can contribute to variations in sleeping patterns and appetite, problem analysing, physical weaknesses, constrained connections, and even considerations of suicide (Metzger 2021; Huston 2021; Dickerson 2020). This statement epitomises the urgency required to deal with this situation, and this study intends to contribute to this need. Thus, considering oneself throughout this difficulty is necessary for emotional well-being to conceive and promote long-term well-being and overall satisfaction (Metzger 2021).

2.9.1.2 Ways of maintaining emotional wellbeing during COVID-19

Many researchers and health professionals have suggested ways of maintaining emotional wellness and health, as discussed below (Dickerson 2020; Hagadone 2020):

- Try to set a strong foundation for emotional well-being by prioritising sleep and hygiene. For example, avoid using mobile phones before going to sleep because of the radiation from the phone, and prepare a cycle around sleeping and waking times.
- Eating well and exercising can lower anxiety or stress levels and assist in regulating feelings more strongly and help to improve sleeping patterns. One might be addicted to relying on drug use and alcohol to handle stress or depression. While consuming drugs does calm the person for a specific amount of time, it is potentially damaging if consumed in the long term.
- After a specific period, upsetting news becomes a hazard to one's health. To maintain stable emotional health, make sure that the news does not manipulate thoughts. One should also make sure that the news is from authentic sources and the information is not fake. It can be stressful to hear about the crises and constantly see disturbing news and images. One should try doing other activities other than only reading or listening to the news, like for example, enjoying the remaining normalcy in their lives. One should relax and hopefully these intense emotions will disappear after the pandemic is over.
- Better quality sleep is a method of overnight treatment and improves the uncertainty of managing substantial disturbances efficiently. Try to rise and go to sleep simultaneously every day to reduce stress.

Additionally, Samhsa (2016) noted that some strategies to manage emotional wellness included reflecting daily on personal emotions; what one learns from such emotions; finding ways to express emotions; using a journal to record emotions, feelings and thoughts; developing regular habits and routines to help process and deal with emotions, thoughts and feelings effectively, so that one may move forward in fulfilling emotional needs; finding a place where one feels comfortable and to go there when there is a need for comfort, safety, or a quiet space; discovering what one likes to do best and to do it frequently which helps

to keep emotions and spirits high; finding an avenue for physical activity such as a gym or sports center; regularly taking some time for oneself; identifying resources that assist with a sleep schedule or for meal planning; practicing positive self-affirmations; and developing a positive statement to repeat daily to oneself because changes in thoughts can change moods and attitudes.

2.9.2 Financial wellness

The COVID-19 situation has been one of the most challenging times financially for every employee worldwide. The widespread COVID-19 limitations desolated the worldwide economy (Corporate Wellness Magazine 2021). The US unemployment rate climaxed at a surface level that has not been recorded for 70 years, with more than 10 million fewer people in compensated employment as of November 2020 (Corporate Wellness Magazine 2021). Employees were confronted with employment damages, leave, and salary cuts that forced them toward what could be defined as the most acute financial crisis. More than 84% of Americans described feeling pressurised about their banking due to the COVID-19 revolution, with about 20% stating that they had experienced financial compensation from a foundation or association care centre due to the pandemic (Corporate Wellness Magazine 2021).

An impression of the contemporary COVID-19 restrictions might indicate that many houses are financially imperilled. This financial crisis can heighten stress levels for employees dealing with stress and anxiety or who have already experienced these disorders in the past. It is therefore imperative that businesses take proactive actions to guarantee relief as suggested below (England 2021):

- Correcting incorrect salary payments.
- Insurance applications are approved, treated, and renewed within one month of obedience.
- Employees informed of any financial instruments and compensation which is convenient to them.

Research by John Hancock Retirement (Hancock 2020) noted that a significant number of American employees (86%) admitted that organisations must offer financial wellness plans for their employees (Hancock 2020). The study found that employees who were confused by their investments compared over 47 hours of wasted potency in the year due to COVID-19, with 60% despairing about banking at least once a week (Hancock 2020).

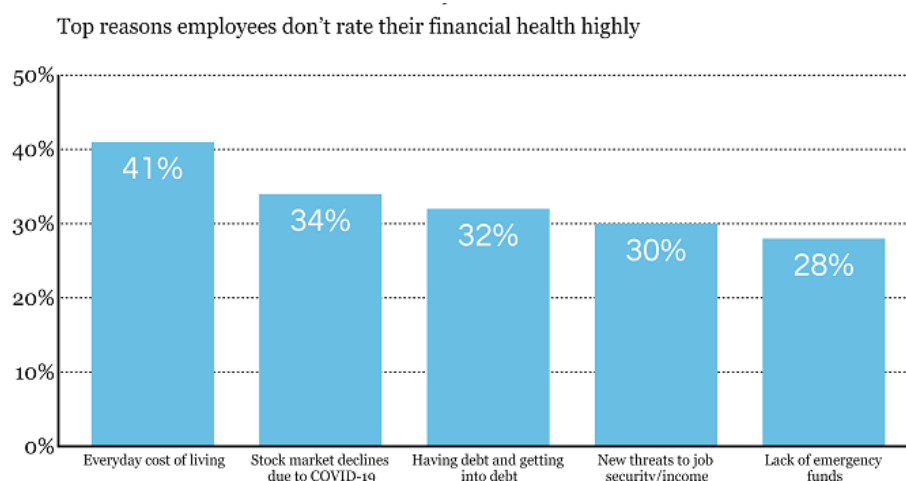
A study by Stevens (2021) showed that financial pressure is at the top of the minds for 64% of employees and more than 65% of them consider that employer-sponsored economic wellness appointments contract for overcoming financial stress should be encouraged. As per the study, 59% stated that such actions may increase commitment and the probability that they would support their business is high; while 54% assumed that a financial wellness programme would improve their work potency (Stevens 2021). If this outcome is anything to go by, then it stands to reason that the role of employers in enhancing financial wellness is important and paramount to their employees. Unfortunately, not all financial wellness plans are designed identically, and employees are looking for a particular mix of instruments and support to encourage them to control their investments and decrease financial strain (Stevens 2021).

The COVID-19 pandemic is contributing overall anxiety to employees, and in terms of financial wellbeing, it appears that this anxiety related to financial wellbeing is especially valid amongst those with earnings less than \$50,000 and those who are in healthcare (Stevens 2021; Godbout 2020; Dhore 2020). As such, employers need to be a source of assistance for employees suffering unusual provocations by donating tools and support to address the paramount interests of employees (Godbout 2020). A study by Godbout (2020) revealed that two out of three employees felt like they are more stressed than before the COVID-19 spread, pointing to employers climbing up to support and easing the economic pressure on employees and as such contributing to their wellbeing. Following this revelation, this study deems it important to focus on the following financial wellness questions to measure the potential level of the help needed:

- a. Did you/your family experience any financial challenges before COVID-19? If yes/no, explain?
- b. How did COVID-19 affect the financial wellness of you/your family?
- c. How did you/your family cope with maintaining financial wellness?

If financial wellness entails having the ability to attain financial resources to meet practical needs, and a sense of knowledge and control about personal finances (Swarbrick and Yudof 2015), then it behoves on all relevant stakeholders to be concerned about the families suffering due to this pandemic. Research from MetLife (2021) discovered that 52% of employees in the US stated that financial wellbeing was their most stressing concern. They want their financial wellbeing to be healthy, more than any other aspect of wellbeing that involves physical, social, and mental health (MetLife 2021). This was captured in their financial stressors as shown in Figure 2.5.

Figure 2.5: Financial COVID-19 stressors



Source: Adapted from Mayer (2021)

2.9.2.1 Causes of poor financial wellness during COVID-19

One of the leading causes of financial hardship among employees is a shortage of emergency savings (Corporate Wellness Magazine 2021; England 2021; Hancock 2020; Allan 2020). If a person has not accumulated any emergency savings, then it can be highly stressful if something like the COVID-19 crisis happens, and there are unforeseen expenses like repairs to a vehicle at the time of loss of employment. This can be stressful for them (England 2021; Hancock 2020). If someone cannot finance necessary things, it can be too much pressure to handle.

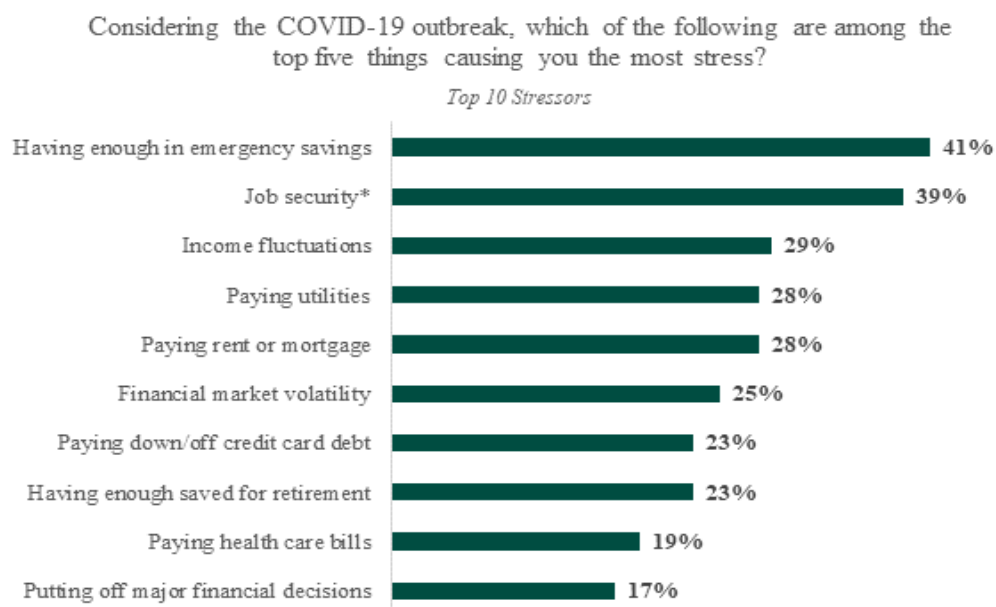
People without savings are further stressed as they know they are existing only by the day and do not have any monetary defence (England 2021). The last two years have contributed to many families having resorted to taking out their emergency savings. Furthermore, during the pandemic, many people's salaries were reduced or deducted, and in many cases the person who is earning for the family lost his/her job (Corporate Wellness Magazine 2021; England 2021). Shortage of savings can result in tenacious debt. If one has not saved any emergency money, the only option left for him/her is likely to ask other people to lend them money when something unusual happens (Hancock 2020). Giving that loan back means that there will be no savings on their next payment, thus making this cycle continue for several months and this may create financial crises (England 2021; Hancock 2020). This may lead to financial illness. Furthermore, if someone's credit card history is not healthy, they might have a costly debt service for credit cards, payday loans, or overdrafts (Allan 2020).

Financial wellness is linked with physical wellness (Dhore 2020; Allan 2020). Financial anxiety is now heightened due to the restrictions associated with the COVID-19 pandemic as many people have lost their sources of income (Heckman 2020; The Harris Poll 2020). This anxiety is the preeminent case of wasted productivity, unplanned absenteeism, inferior job fulfilment, and most significantly, employee disturbances (The Harris Poll 2020). According to a 2017 study by global health and wealth experts Mercer employees' concerns

about funds cost businesses a predicted \$250 billion per year (Dhore 2020). In substituting a depressed employee, a company can spend between 50% to 60% of the employee's yearly salary, while the calculated total costs linked to this turnover can fluctuate from 90% to 200% of the employee's yearly salary (Dhore 2020; Heckman 2020).

Additionally, Figure 2.6 illustrates a survey by The Harris Poll in 2020. It describes how every person has a different reason for their poor financial wellness during COVID-19. Almost half of Americans (54%) claimed that financial stress is in the top five aspects that causes them stress during this COVID-19 crisis, with the greatest concern being around having enough in their emergency savings. Few people stated that they were stressed about putting off major financial decisions, house loan payments, and health care (The Harris Poll 2020). The results importantly point to the effect of financial stressors on wellness.

Figure 2.6: Poor financial wellness during COVID-19



Source: Adapted from Allan (2021)

2.9.2.2 Maintaining financial wellness during COVID-19

Rocket (2021), Intermountain Healthcare (2020) and The Economic Times (2020) have suggested various ways of maintaining financial wellness during COVID-19, as noted below:

- Someone is considered lucky if their jobs are being continued from their homes instead of unemployment. They should consider boosting their emergency funds as they will be staying at home so it can be easier to resist the need to spend their money on things they do not need. They will also be saving on their daily commuting expenses. They can easily save more emergency money than they usually do. If they have not filled the funds yet, they should reconsider setting it aside to help them in natural disasters or worse situations.
- One of the most manageable methods of guaranteeing one has sufficient funds at any given time is to restrain payments and routinely commit to an investment account. One should practice a list of 'needs' from earlier knowledge to resolve which ones can be deferred or reduced. One can take the cash saved and put it all in the savings account for emergencies. Doing this often guarantees that one has money accessible during unforeseen situations.
- Strengthening financial health throughout a pandemic and additional challenging times demands engaging in a stable financial strategy. Individuals should make sure that they know their earnings, responsibilities, and when they all transpire. Before the month begins, one should determine how much money he/she will contribute for markets, gas, entertainment, and other costs. One should resolve how much money will be preserved for maintenance, health care and education. One should adhere to the purposes at all times.

- Introspecting and building an emergency plan to stop this catastrophe is vital. One should re-evaluate one's economic status and potential to pay bills along with converging significant investments. Loans could be diverted to liquid assets to dodge an immediate cash crisis and the chance of being a financial delinquent. People often tend to forget that anything can happen anytime in any circumstances, and they may need emergency cash. Hence, one should always have a backup plan (The Economic Times 2020).

Additionally, Swarbrick and Yudof (2015) suggested certain items are essential for financial wellness, such as having a sound management of personal financial status; having money available to meet own current expenses; understanding the need to balance wants and needs, spending and saving and checkbooks; auditing credit card statements; having funds or available credit to deal with moderate unexpected life expenses; paying bills; filing taxes on time; monitoring over-limit fees, or overdue/bounced cheque notices; annually checking credit reports; keeping life goals such as home ownership or retirement on track with savings; planning for education of children; and having people to turn to for assistance with financial issues.

2.9.3 Spiritual wellness

Spirituality is at the root of compassion, care, and interest. As such, it introduces a discernment of belonging and existential correlation, thereby supporting spiritual wellness (Coppola *et al.* 2021). In other words, spiritual wellness involves having meaning; purpose; and a sense of peace and balance (Swarbrick and Yudof 2015). As noted by Coppola *et al.* (2021), the importance has been installed in the relationship between spirituality and a more attractive understanding of well-being, natural and psychic health. An indispensable feature of spirituality is coping, or successfully handling stressful situations such as COVID-19 through spiritual wellness. Spiritual coping can be interpreted as awareness and behavioural attempts to achieve or secure direction, meaning,

and relationships when faced with complex circumstances (Coppola *et al.* 2021). Spiritual wellness has consequences or theories that present a judgment of confidence and purpose and combines with something more important than oneself (i.e. religion, reconciliation) (Binghamton University 2021).

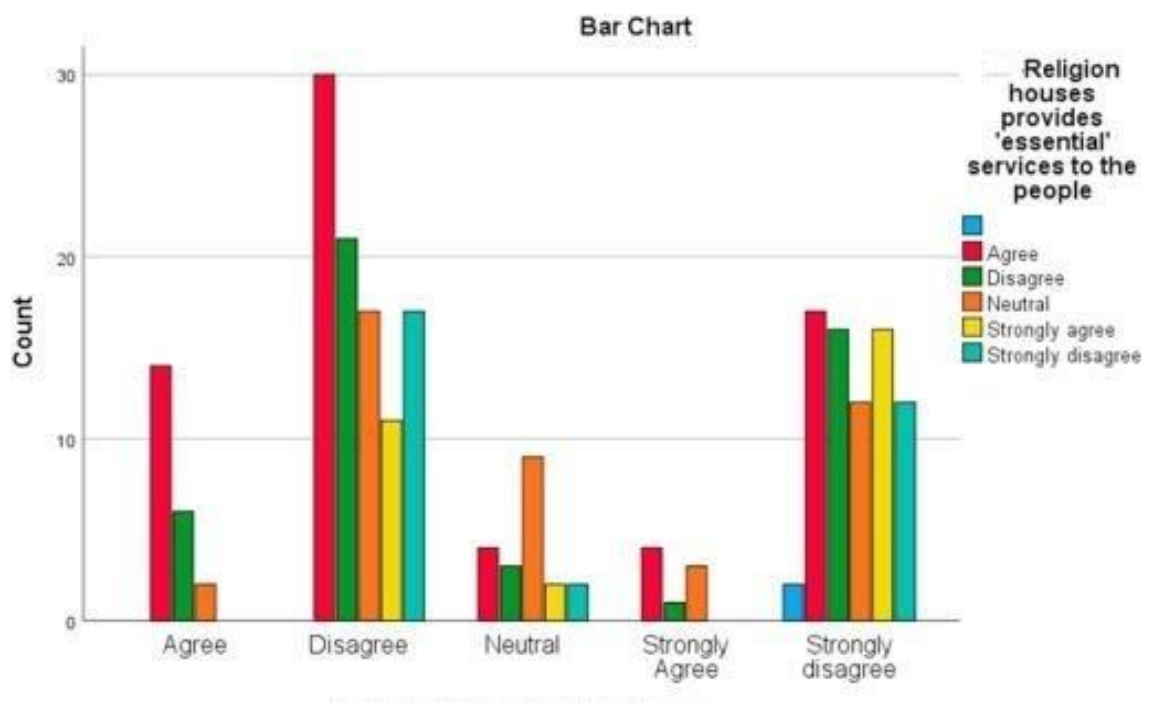
Through the COVID-19 pandemic, finding some opportunity for self-reflection, concentrating on our understanding of confidence, expressing, and connecting with something much bigger than us might help improve a person's overall health and spiritual health (Binghamton University 2021). The deadly and spreading nature of the pandemic has created devastating effects on peoples' psychological and economic health from a global perspective. The world is affected by the difficulties brought on by the pandemic in cases such as social distancing; the cessation of stores, entertainments centers, schools, town centers, and spiritual conventions; and working remotely (Lagomarsino *et al.* 2020). Finding solace in spiritual activities can potentially alleviate some of the wellness challenges.

With social distancing, critical meeting places for socialisation are fundamental pillars for common help. Surprisingly, while meeting places are more critical in this challenging period, they have been deficient. Regardless of this, the populace, showing versatility and variation abilities, quickly executed compensatory systems to adapt to the social confinement into which they were constrained. These included various online drives to offer physical, mental, and spiritual strength and prosperity (Yang *et al.* 2021). Various online groups met to rehearse spiritual-strict exercises 'together' (Yang *et al.* 2021). This synchronises with what is meant by purpose; meaning; and a sense of peace and balance by Swarbrick and Yudof (2015). Yang *et al.* (2021) for instance, showed how the use of 360° virtual visits offered a vacationer experience in a second, while remaining at home - a kind of movement to assist with decreasing the pressure brought about by the pandemic (Yang *et al.* 2021).

In a study by Olonade *et al.* (2021), in which Muslims constituted 6.3% and Christians were 93.7%, it emerged that spirituality had a strong sense of

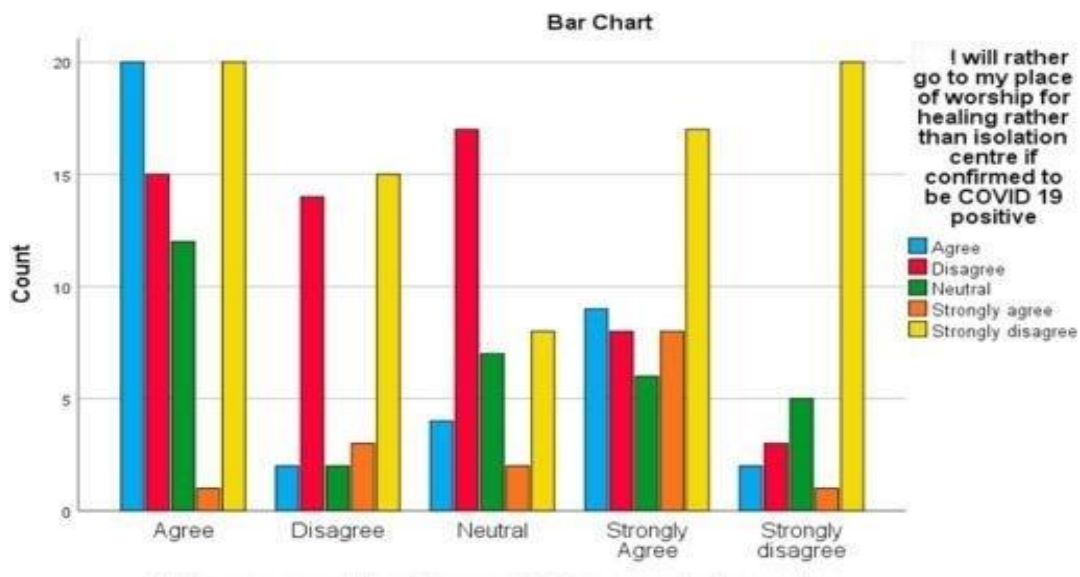
conviction even in the face of science. The findings of the study negates science, positioning some religious leaders to opine that COVID-19 is a result of the disobedience by humans and a type of punishment from God (Olonade *et al.* 2021; Duffy 2020), although as per the result, participants showed that they were more knowledgeable and understood the coronavirus as a public health concern which can affect anyone, and therefore they adhered to safety measures (Olonade *et al.* (2021). This attests to the fact that, spirituality can serve as a great source of power that can transcend beyond all facts to generate wellness. In other words, the mere acceptance of the scientific narratives can also create spiritual illness. Figure 2.7 shows the connection between COVID-19 as capital punishment and the essential services provided by religious houses, while Figure 2.8 shows the preferences for places of worship as healing centres.

Figure 2.7: The connection between participants' view on the fundamental nature of religious houses and COVID-19 as capital punishment



Source: Adapted from Olonade *et al.* (2021)

Figure 2.8: The connection between participants' treatment inclination and government treatment of COVID-19 cases



Source: Adapted from Olonade et al. (2021)

Figure 2.7 and Figure 2.8 illustrate the role of spiritual healing during challenging situations such as COVID-19. When people feel connected with various forms of spiritual practices, they may experience enhanced resilience to deal with the pandemic.

2.9.3.1 Causes of poor spiritual wellness during COVID-19

Evidence points to spirituality having an immediate connection to an individual's prosperity, just as practices are usually used in medication to adapt to sickness and other upsetting life changes (Koenig 2021). The potential advantages (of spiritual beliefs) to psychological wellbeing and prosperity have functional outcomes which promote actual wellbeing, mitigates the danger of infection, and impact reaction to treatment (Walsh 2020). In this way, spiritual consideration may constitute part of the human mind, and thus is an important segment of human consideration; wellbeing; and prosperity for patients, health professionals and families. Besides, spiritual consideration, exhibited through sympathy and compassion, reassures an individual and provides essential alleviation during uplifted pressure, misery, and nervousness (Roman,

Mthembu and Hoosen 2020). Hence, the lack of these attributes causes poor spiritual wellness (Walsh 2020; Roman *et al.* 2020). Subsequently, faith in the religious or heavenly and the ensuing spiritual experience prompts favourable mental conditions of harmony, mending, satisfaction, expectation, and euphoria (Roman *et al.* 2020). Finally, several studies on the role of spirituality in physical and mental prosperity during the pandemic is something which researchers should consider, utilising the focal point of spirituality to investigate novel answers for wellness management during COVID-19 (Del Castillo 2021).

2.9.3.2 Improving spiritual wellness during COVID-19

Various researchers have suggested ways of improving wellness during the pandemic as noted below (Olalla Recovery Centers 2021; García-Sánchez, Amor-Esteban and García-Sánchez 2021):

- Keep a day-by-day appreciation diary. It may be fundamentally important to draw personal attention to certain acknowledgments of gratitude, such as recording three positive things that occurred by the end of the day.
- Keep in contact with the various sites which focus on the area of confidence. Numerous confidence groups are utilising web-based media to show the benefits of maintaining confidence during travesties.
- Figure out how to think. Reflection can assist with lessening pressure as helping oneself is an important part of self-care. Different associations, similar to UCLA's Mindful Awareness Resources Center, offer free directed reflections.

2.9.4 Occupational wellness

During the COVID-19 pandemic, managers see employees as not being able to work well amid maintaining their family responsibilities. There have been many calls for rebuilding how work is done, including setting aside more space for

families and scrutinising the genuine worth of the eight-hour (or more) workday (Thomason and Williams 2020). This moment is an opportunity for organisations to re-evaluate traditional working methods because of the want, and not the need. There is a chance to rise out of this emergency with both better representatives and better performing associations (Thomason and Williams 2020). COVID-19 has introduced new and unique difficulties for occupational wellness, potentially making current and future research/scholastic work more challenging than any other time. Whether people are restricted to working from home with family, companions, or flat mates, the pandemic has impacted occupational wellness (Binghamton University 2021).

2.9.4.1 Causes of poor occupational wellness during COVID-19

Hierarchical talk and activity to address employee prosperity is more inescapable than any other time. For instance, the Chartered Institute for Personnel Development (CIPD) (2019) reported that more associations are preparing representatives to construct individual flexibility to become emotional wellness first aiders and increment psychological wellbeing mindfulness (Pickup 2020). In recent times, wellbeing advancement crusades emphasise smart dieting, smoking suspension, and how to carry on with more dynamic and sound lives (Pickup 2020). Innovation and responsibility to work distantly has now been developed to ensure the continuity of occupational wellness (Thomason and William 2020). However, with work, tutoring, and caring liabilities now inseparable from being at home, it does not appear to be the ideal result many had expected. Working with social distancing has driven associations to execute techniques to handle what they see as current prosperity hazards, which for the most part center on keeping in touch, boosting spirits, and giving guidance on prosperity during separation of lives (Pickup 2020). The web, web-based media, and TV are inundated with 'novel' and rushed ways by which associations try to exhibit their obligation to employee prosperity during this troublesome time. This is in the spirit of maintaining occupational wellness.

Additionally, the COVID-19 pandemic has prompted expanded mental injury and self-destruction among medical services employees (HCW) (Mock 2020). This means that the lack of guaranteeing occupational wellness in society can be dangerous to all including the family tree. A survey of HCWs directed by the Public Health Agency of Canada in April 2020 showed that 47% of participants requested mental help because of COVID-19 related variables (Mock 2020). Likewise, a study directed by the British Medical Association in April 2020 of HCWs showed that 44% of participants experienced burnout, melancholy, nervousness, or other psychological wellness conditions because of COVID-19 (Mock 2020). The question then is how safe will the country be if the very people entrusted with the care of the society (medical services employees (HCW) are themselves in trouble occupationally? Therefore, occupational wellness is important to the society.

Unaddressed pressure and burnout can prompt melancholy, self-destructive ideation, and substance misuse (Lefebvre and Kaufmann 2017). A solid labour force is the foundation of a well-working medical care framework. This is particularly applicable for wellbeing frameworks and occupational health experts who perceive the significance of preventing and relieving pressure, burnout, wretchedness, and self-destructive ideation in their labour force during pandemics. These mediations are fundamental for the prosperity and maintenance of the medical care labour force (Lefebvre and Kaufmann 2017).

In a study conducted by Singh *et al.* (2020) to assess the impact of the pandemic on wellness and mental health of the youth, it was revealed that anxiety, stress, and depression were negatively associated with occupational wellness. Thus, it may be inferred that if anxiety, stress, and depression among youth is high, this will negatively affect their occupational wellness. This could mean that they may face challenges in attaining personal fulfilment from their jobs and academic pursuits; experience challenges in contributing to skills knowledge and skills and find it difficult to address work-life problems. This outcome underscores the importance of occupational wellness as a dependable factor on other issues, thus making it a multidimensional matter which must be given the necessary

attention. When the youth of a country suffer because of a pandemic, then their job pursuits suffer which means the country can be in trouble as the youth are seen as the future of a country.

2.9.4.2 Improving occupational wellness during COVID-19

As suggested by Divya and Suganthi (2018) and Parizo (2021), some of the following considerations can be applied to improve occupational wellness:

- Human Resource (HR) pioneers can propose innovative pressure decrease programmes. For instance, wellness technology and care applications, can assist employees with making islands of harmony as the day progresses. Organisations can target one of the top stressors for some employees by offering monetary wellness programmes.
- Technology apparatuses like Artificial Intelligence may have impediments like other programming or frameworks. The apparatuses can assist with distinguishing patterns and the representatives in danger of burnout, and they likewise also need to find a place for mentors within the organisation's way of life and design. For instance, there might be some connected to utilising specific instruments and managers should address these or seek different techniques.
- While pioneers are not relied upon to have all the appropriate responses, giving genuine records of what is known and what stays muddled helps employees to sort out what is going on. Pioneers must build up constant correspondence and input components to stay receptive to staff concerns and find out what is functioning. Group clusters, shift questions, day-by-day circumstance reports, and wellness adjustments are some of the

channels being utilised to upgrade correspondence and ease the pressure.

According to Swarbrick and Yudof (2015), occupational wellness involves participating in activities that provide purpose and meaning, including employment. Therefore, anything that sways these objectives out of sight should be considered as a menace to occupational wellness. To this end, Swarbrick and Yudof (2015) maintain that occupational wellness should be able to make people productive on most days at work. This means, irrespective of the situation, organisations and employers have the moral responsibility to ensure that their employees attain this wellness and can say that they are happy with their career choices. This implies that, we should always have alternative ways of working so that whether faced with pandemic or not, we do not disrupt peoples' occupational wellness. People should always look forward to work in pursuit of both occupational and financial wellness, and they should confidently show that their job responsibilities are consistent with their values; the advantages and payoffs of their choice of career are consistent with their values, they are satisfied with their balance of work and leisure time, and their work gives them personal satisfaction and stimulation (for life and hope).

2.9.5 Physical wellness

Physical wellness is associated with making choices which avoid harmful habits and engaging in practices which positively support an individual's physical health, body, and safety (Jia *et al.* 2021; Goodman *et al.* 2018). It includes recognising the need for physical activity, nutrition and sleep. The abrupt changes incurred by COVID-19 affected many regular physical wellness routines (Binghamton University 2021). It may also have ignited new challenges making it more difficult to make choices to best support the physical body, safety and health (Binghamton University 2021).

The pandemic has alerted people to pause and re-evaluate their physical wellness, health and wellbeing. For example, typically healthy individuals

without any physical impairments and good physical health, have generally taken such wellness for granted. However, even the healthy have been afflicted by COVID-19, thus necessitating self-protection and measures to prevent the spread of this pandemic.

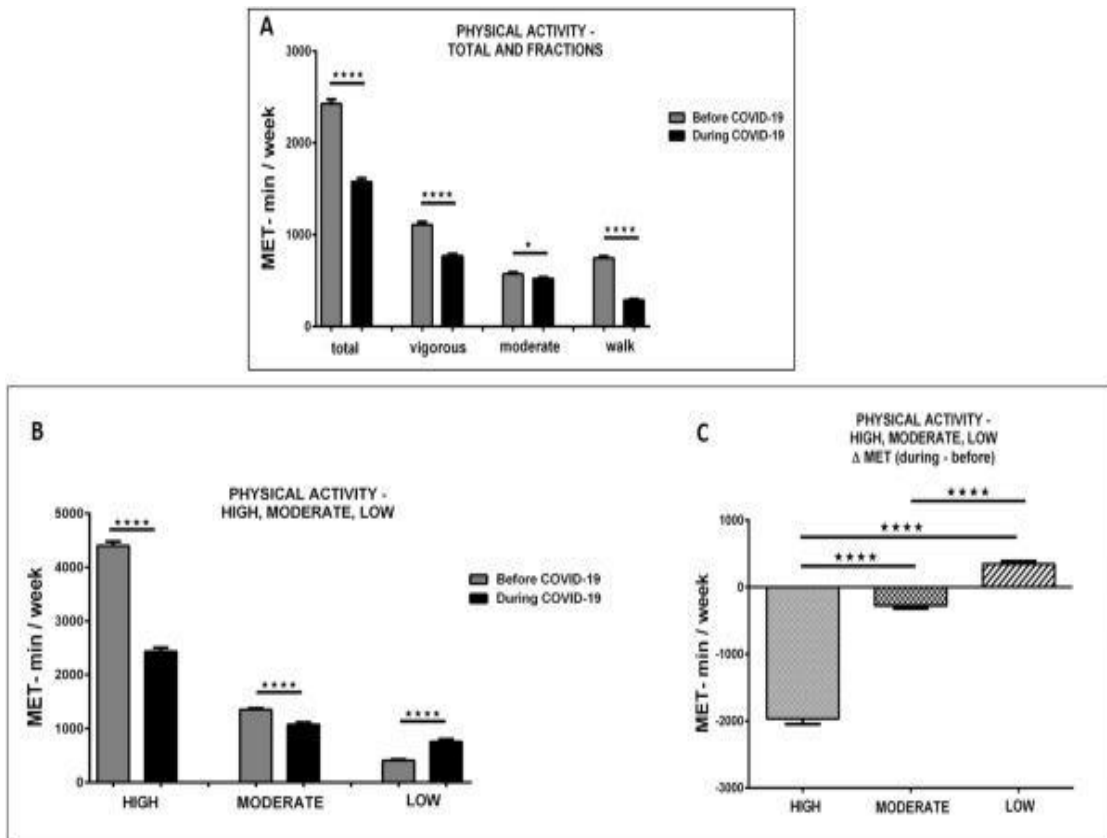
Figure 2.9 depicts a study carried out by Maugeri *et al.* (2020), whereby participants had to provide information before and during the COVID-19 quarantine, relating to moderate-intensity and vigorous physical activities; walking activities; and sedentary behaviours. As evidenced from Figure 2.9, complete physical activity among previous exercises and during isolation periods fundamentally diminished in Metabolic Equivalents (MET) MET - min/week in the two gatherings (Figure 2.9B and 2.9C). In addition, the male gathering showed an exceptionally massive variety of changes in MET when contrasted with females (Figure 2.9) (Maugeri *et al.* 2020). Overall, the pandemic has negatively impacted physical activities, with social distancing being the main contributing cause.

These times were accompanied by escalating deaths and mishaps, which were mainly attributed to COVID-19 when a drastic reduction in metabolic equivalents could also have accounted for such situations. The Coronavirus illness (COVID-19) and its accompanying intense respiratory condition (SARS-CoV-2) came into being suddenly. However, without a preventive antibody and explicit drug alternatives, general wellbeing measures such as exercise are fundamental to contain or prevent diseases (Intermountain Healthcare 2020).

Physical wellness involves adopting good physically healthy habits; the maintenance of a healthy body; good exercise and nutrition; and accessing appropriate health care (Swarbrick and Yudof 2015). While systems were effectively put in place and recognised; these actions incorporated confinement, social removing, and isolation past stringent sterile standards to the contrary of obtaining appropriate health care which includes exercise. A survey by Jiménez-Pavón, Carbonell-Baeza and Laviec 2020) has hinted that isolation, mainly when joined with different measures such as school terminations, travel

limitations, and social removing may lessen the extent of COVID-19 physical wellbeing. This outcome gives credence to the popular belief so far, as well as what is known from the extant literature.

Figure 2.9: Comparison of physical activity before and during COVID-19 in Italy



Source: Adapted from Maugeri *et al.* (2020)

In support of the findings reflected in Figure 2.9, decreased physical activity is argued by researchers as negatively impacting physical wellness (Schary and Lundqvist 2021; Maugeri *et al.* 2020; Jiménez-Pavón 2020; Oliver *et al.* 2019; Goodman *et al.* 2018; Global Wellness Institute, n.d.).

2.9.5.1 Causes of poor physical health during COVID-19

Living with COVID-19 illnesses and limitations highlights the significance of being physically fit and healthy. Physical wellness mitigates psychological well-being issues due to vulnerability and stress (Jiménez-Pavón *et al.* 2020). Consequently, notwithstanding preventive measures, such as successive hand washing, social separating, and self-disengagement, people need to protect and immerse themselves in physical well-being through physical wellness exercises (Jiménez-Pavón *et al.* 2020). Lockdowns and isolation executed to contain the spread of COVID-19 empowers physical inertia, and more noteworthy dependence on handled and canned food, might expand the danger of metabolic infections in the populace (Jiménez-Pavón *et al.* 2020). More importantly, physical wellness also entails a good diet. An investigation of kids and teenagers (6-17 years) in five schools in the People's Republic of China uncovered a generous abatement in physical movement and expansion in web screening times during the COVID-19 pandemic, and this was linked to drastic impairments in their physical wellness (Amaral and de Vries 2020). Studies have also shown that decreased physical movement and delayed stationary conduct are connected to poor physical and emotional well-being results; while alternately the beneficial impact of normal physical movement on numerous well-being results is well grounded (McLeod, Stokes and Phillips 2019).

2.9.5.2 Improving physical wellness during COVID-19

Several researchers have identified ways of improving physical wellness as noted below (Schary and Lundqvist 2021; Amaral and de Vries 2020; McLeod *et al.* 2019; Swarbrick and Yudof 2015):

- Enjoy short dynamic reprieves during the day, such as strolling around can be effective in improving wellness.
- Eat healthily and stay hydrated, such as drinking water rather than sugar-improved refreshments?

- Enjoy online exercise classes, many of which are free and can be found on YouTube, but be mindful of their impediments.
- Once in a while, one should do the following checks to ensure being on course: Vigorous and continuous exercise at least three times per week; eating vegetables, fresh fruits and whole grains daily; avoiding tobacco products; avoiding drinking sugary and caffeinated beverages; ensuring adequate sleep (7-9 hours/night); keeping up with annual dental, physical, check-ups, immunisations, and self-examinations; maintaining an acceptable weight as per height and age; using stress management techniques which help to maintain calmness and relaxation.

2.9.6 Intellectual wellness

Scholarly wellness involves inventive and intellectually invigorating exercises, mastering and building abilities, extending one's insight, and imparting information to other people (Binghamton University 2020; Swarbrick and Yudof 2015). While our scholarly climate has been significantly changed because of COVID-19, there are numerous approaches to keep up with and invigorate one's learned well-being (Binghamton University 2021). COVID-19 is the pandemic that significantly damaged lives and livelihoods particularly in 2020. In March of 2020, United States residents went into isolation to forestall the spread of COVID-19 locally and globally. After almost seven months with limitations, guidelines and conventions restricting individuals from collaboration, social confinement was debated (Larsen 2020). Along these lines, the significance of examining well-being is more pertinent today than it was before 2020. Schools, town halls and other learning centers were all made to close to prevent physical contact and support remote working (Lagomarsino *et al.* 2020). This undoubtedly had an effect on intellectual wellness, including Australian families, but the impact was not measured to understand the degree of the shortcomings. As per John Hopkins University (2021: 15), the pandemic resulted in a 74% drop in “generally speaking enthusiastic prosperity”. Consequently, a considerable

number of individuals throughout the world encountered a decrease in their general health (John Hopkins University 2021).

Additionally, the National Wellness Institute (2020) characterises well-being as "a functioning interaction through which individuals become mindful of and settle on decisions toward a more effective presence." While most individuals consider health in terms of their physical and emotional well-being, Larsen (2020) considers eight components of health in which intellectuality is one. These incorporate physical, social, enthusiastic, monetary, ecological, scholarly, word related, and profound components. Albeit every one of these components is significant for every person, but scholarly health is regularly ignored (Noferesti and Gangi 2021). This study will investigate this, to understand its impact on Australian families.

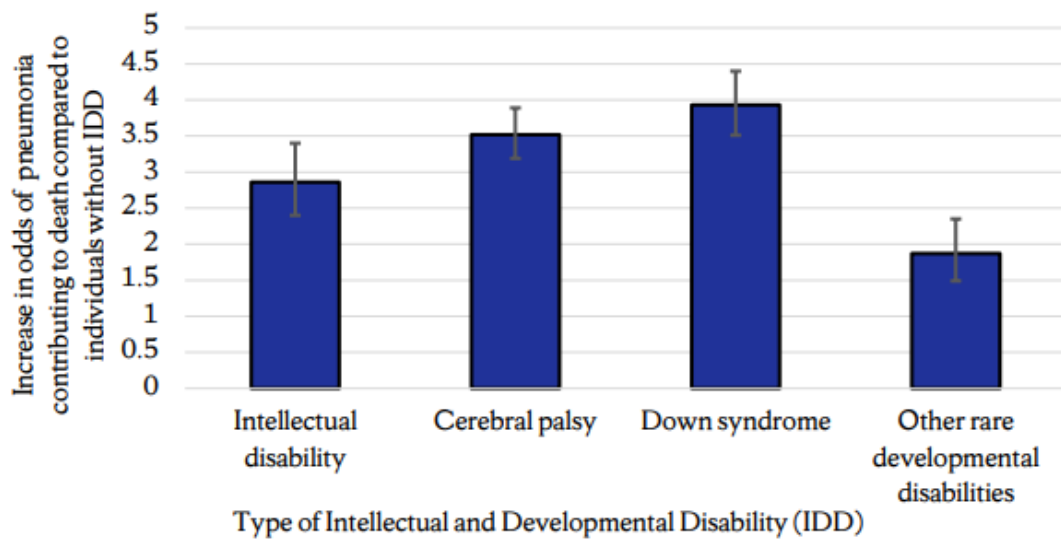
2.9.6.1 Causes of poor intellectual health during COVID-19

Evidence shows that people with scholarly or formative incapacities due to intellectual and development disability (IDD) have greater danger of contracting a considerable number of intellectual deficiencies (Landes, Stevens and Turk 2020). A report in the New York Times stated that as of April 6, 2020, grown-ups with IDD from the province of New York had a COVID-19 aggregate occurrence pace of 785.7 per 100,000 populace. This implies that 785.7 out of every 100 000 suffered from IDD. The total rate was marginally lower, at 710.1 per 100,000 populace overall. Among people with IDD who receive administrations from the state, 105 people out of 1,100 affirmed cases (9.5%) passed on from COVID-19, a demise rate being 2.4% higher than the demise rate for the state by 4.0% (Landes *et al.* 2020).

Compared with grown-ups without IDD (6.7%), pneumonia was more typical for grown-ups with each kind of IDD, including scholarly inability (14.4%), cerebral paralysis (15.3), Downs' disorder (17.4%), and other uncommon formative handicaps (9.0%) (Landes *et al.* 2020). This suggests that if scholarly ability suffered a percentage of (14.4), then this should be a concern for all because

every country's strength lies in its intellectual prowess. In particular, compared with grown-ups without IDD, the likelihood of having a determination of pneumonia at the hour of death was 2.9% higher for grown-ups with intellectual incapacity among other measures (Landes *et al.* 2020). Figure 2.10 illustrates IDD in the US during Covid-19.

Figure 2.10: Intellectual and Development Disability (IDD) in the US during COVID-19



Source: Adapted from Landes *et al.* (2020)

2.9.6.2 Improving intellectual wellness during COVID-19

Some of the ways to improve intellectual wellness includes (California State University 2021):

- One should stay connected with teachers if they are studying. If they have any inquiries or worries about this new virtual learning stage, they should be contacted for help.
- One should prioritise their scholarly health by participating in free seminars on LinkedIn Learning. One can access creative and instructive online classes, digital recordings, and Ted Talks.

Swarbrick and Yudof (2015) asserted that intellectual wellness self-assessment checks are important to have an idea of where they are falling short. These should include making efforts to learn new things; keeping on top of current affairs; listening to lectures, musical performances and plays; doing creative and stimulating mental activities/games; reading daily; practicing something every week to improve skills; exploring talents like cooking, music, and crafts; engaging in intellectual discussions; surfing websites to learn about new things; and asking questions to learn from others.

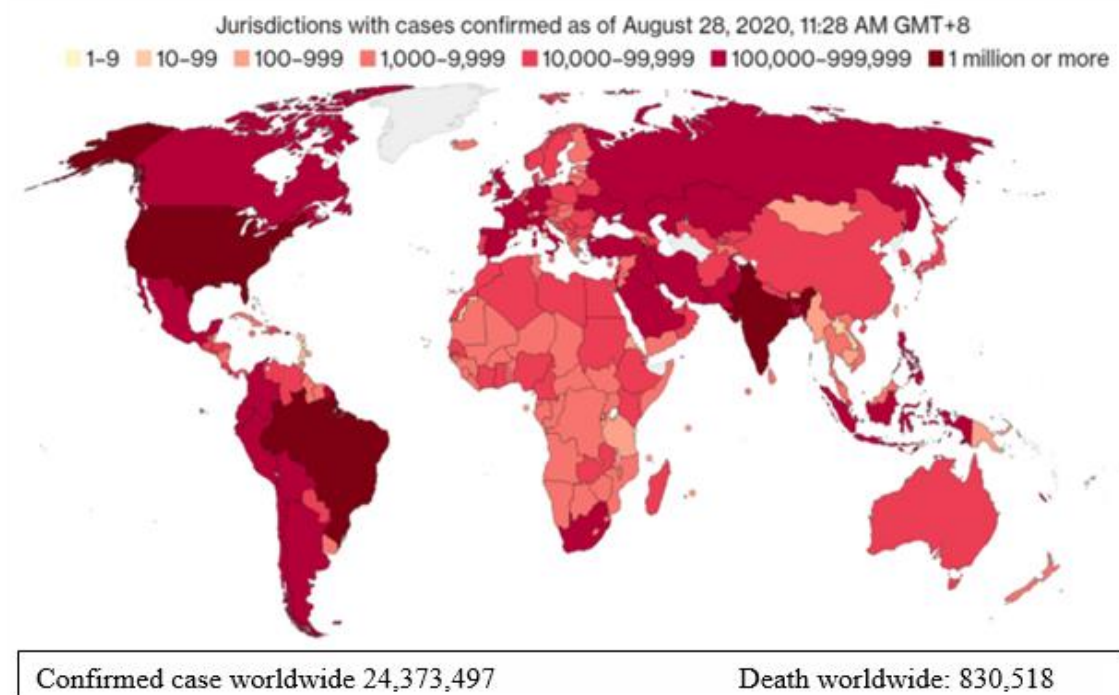
2.9.7 Environmental wellness

When people think about the term environmental wellness, they envision wellness comparative with the regular habitat. Whenever requested to further develop fitness in this domain, they might recommend reusing, investing energy outside, and trekking instead of driving (Studentaffairs 2021). While creating a decent connection with the regular habitat is essential for environmental wellness, this branch also fosters sustaining a solid individual climate. One's current circumstance incorporates individuals' perspectives and thoughts that encircle their day-to-day routine (Amaral and de Vries 2020; Swarbrick and Yudof 2015). During this exceptional period of social removing, we are investing long time frames inside our rooms. Since we are constantly surrounded by similar places and individuals, developing environmental wellness in these spaces is important to remain well while in isolation (Studentaffairs 2021).

Environmental wellness is thinking about connections between one's current circumstances, the local area, and others. The climate incorporates the regular habitat as well as one's social climate. Coronavirus has had a significant impact on our networks, with increases in contamination being found in giant nations throughout the world. As indicated in reports, human-to-human transmission is continuing (Li *et al.* 2020; Cheung and Xiang 2020). In addition, transmission has extended to different regions without knowing the specific way, time, or area of disease (Li *et al.* 2020; Amaral and de Vries 2020). Transmission of the infection to Italy, Iran, South Korea, and numerous nations has driven disease

transmission experts to believe that the closure of Chinese lines of connection will not confine the condition (Kanniah *et al.* 2020) and the virus will extend to different locales across the globe (Kanniah *et al.* 2020). However, environmental wellness involves feeling and being physically safe; living in clean and safe surroundings; and being able to access clean water and air; and obtain healthy food (Swarbrick and Yudof 2015). This includes both the micro-environment (the places where we work, live, learn) and our macro-environment (the planet, country and communities). Subsequently, while thinking of how China can contain the virus, it is important to think of what we can do and have to do in order to maintain good environmental wellness. According to the records, the COVID-19 pandemic has affected more than 24,373,497 individuals and killed more than 830,518 worldwide since late January 2020 as shown in Figure 2.11 (Nilashi *et al.* 2020). However, some of these figures cannot be blamed on bad environmental wellness practices only.

Figure 2.11: Coronavirus pandemic and its natural environmental impacts



Source: Adapted from Nilashi *et al.* (2020)

2.9.7.1 Causes of poor environmental wellness during COVID-19

Some of the causes include (Environmental Health Sciences Center 2021; Nilashi *et al.* 2020; OEDC 2022):

- The COVID-19 emergency has shown that social orders need to strengthen their ability in managing pandemics and various crises. For the time being, nations are concentrating on supporting general health frameworks and tending to the immediate monetary effects of the emergency. However, in the medium to longer term, upgrading the environmental health of social orders, for example, parts of human health and prosperity controlled by environmental elements is a critical part of the financial recuperation that legislatures should focus on.
- Restricting individuals' access to air, water, good soil, and other environmental resources, will diminish their pathways to good health.
- Health issues identified with the climate are intricate and create various reasons, including likely it is for an individual to contract an infection or condition (researchers call this hereditary defenselessness) (Environmental Health Sciences Center 2021). We cannot deny that an environmental health issue is connected to organic, physical, and financial elements.
- The air we breathe, the food we consume, water we drink, and the homes, and neighborhoods we reside and work in, contribute to environmental health challenges and impacts how the body functions.
- Likely sources of environmental health issues include:

Air contamination: From vehicle exhausts to fierce blazes, e-tobacco smoke ozone destruction, contamination is a blend of regular and artificial substances found inside and outside.

Fire retardants: Many synthetic compounds utilised in customer items, from gadgets to furniture, assist with forestalling the spread of flames.

Lead: Sullied water and soil, old paint, stoneware, and even house dust are the means by which individuals are susceptible to this metal.

Nanomaterials: Engineered nanomaterials are of grave concern since small particles are used in numerous customer materials, constructions, and gadgets.

Per fluorinated synthetic substances: These mixtures assist with lessening rubbing and are utilised to make items impervious to stains, water, and oil.

Smoke: Cigarettes contain many synthetics, including arsenic, formaldehyde, and lead.

Pesticides: These synthetics kill and repulse weeds and growth to bugs.

2.9.7.2 Improving environmental wellness during COVID-19

Based on research by the Environmental Health Sciences Center (2021); Forsberg 2021); and Nilashi *et al.* (2020), some of the ways to improve environmental wellness include:

- Starting a spice or vegetable nursery.
- Investing in finding out about the significant drives that the Institute for Sustainability has been executing to assist with making our grounds more manageable.
- Utilising this additional time at home to clean up rooms and the home.
- Assembling belongings not being utilised and storing it until the COVID-19 pandemic is over.

- Going outside to get some daylight to assist with increasing Vitamin D levels. Nutrient D is particularly significant for an invulnerable framework of health.
- Adding a nature photograph to their PC foundation or pay attention to hints of nature on YouTube or Spotify.
- Engaging in outside adventures consistently. While some activities are suspended, consider looking at Outdoor Adventures for future outside undertakings. Likewise, look at Outdoor Online, a progression of virtual projects permitting clients to carefully investigate the regular world from the solace of their own homes.

Further, Swarbrick and Yudof (2015) recommended that individuals should check that they engage in the following: Regularly cleaning living and work environments; making use of the benefits of fresh air, natural light, and live plants; routinely discarding garbage; cleaning the refrigerator; conserving energy in the home, car, and elsewhere; adopting recycling and non-littering habits; enjoying nature and reflecting and/or practicing mindfulness.

2.9.8 Social wellness

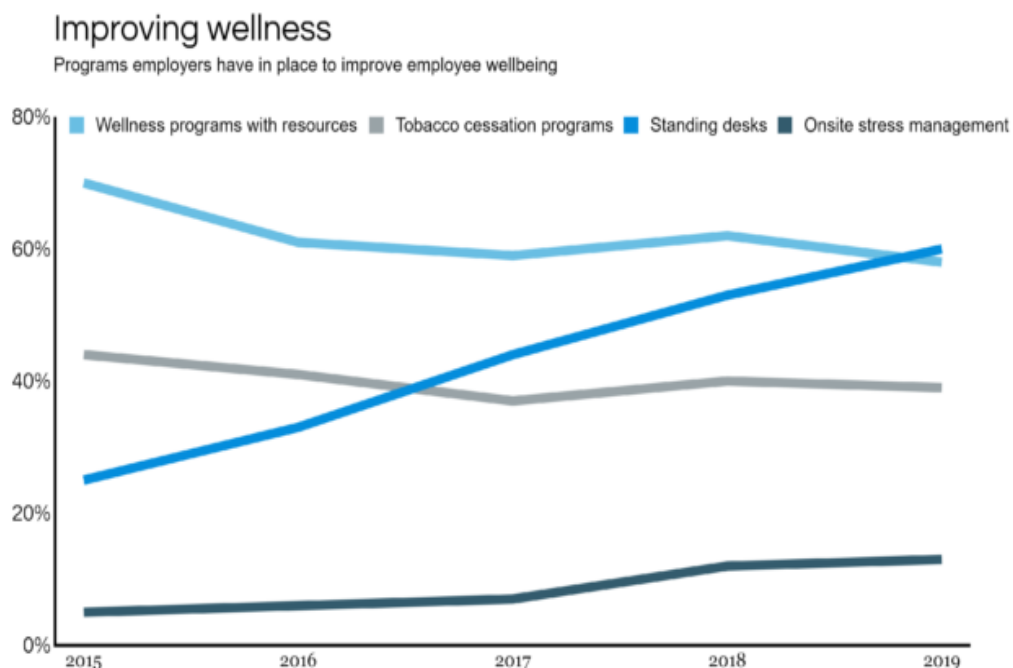
Socially, the COVID-19 pandemic has affected the lives of people globally. The governments have tried to curb the spread of this deadly virus globally by implementing social distancing. The restrictions also demand a person to be at least six (6) feet away from another person. In the starting phase of adopting social distancing, the WHO declared that the word physical distancing should be the central aspect of following the standard operating procedures (Mayer 2020). However, this was meant to communicate that people should stay physically away from each other but not socially (Okabe-Miyamoto and Lyubomirsky 2021; Mayer 2020). The World Happiness Report (WHR) editors announced the same standard operating procedures at the same time, still the term social distancing is being used rather than physical distancing all over the world (Okabe-Miyamoto and Lyubomirsky 2021) and this has the potential to cause psychological problems.

COVID-19 has proposed notable additions to the way people live. The negative occurrences associated with the COVID-19 pandemic has caused anxiety and this can decrease one's capacity to reason and cope with everyday challenges. This may result in one being less prepared to take care of others and themselves. One should reach out to health professionals while facing social anxiety as it can be a disorder that can affect one's life negatively (Okabe-Miyamoto and Lyubomirsky 2021). Mood fluctuations, feeling bewildered, or having difficulty sleeping associated with anxiety and distress can create obstacles (Mayer 2020). Some people might think that seeking help can be embarrassing, but social anxiety should be treated just like other disorders. Since social wellbeing is paramount in any workplace, school, and college, talking about how one feels is an acceptable way to deal with anxiety (Okabe-Miyamoto and Lyubomirsky 2021).

Since the lockdown, some people are facing difficulties interacting with people they usually do so with, and this new period of social distancing and working from home has affected people's ability to connect socially and has resulted in a lonely and isolating environment. As a result, employee's potency levels have decreased considerably (Reba 2020; Mayer 2020), and it is up to organisations to come up with strategies to deal with the social anxiety of employees, remove their barriers; promote interaction with people and enhance productivity levels (Reba 2020).

Figure 2.12 recognises a misplacement of the social distance standard. Results from the survey showed that while many employees reported intense support for the COVID-19 standard operating procedures, they were more concerned about whether their other employees were supporting these measures or not (Mayer 2020). This survey was performed to assist in correcting this misplacement of social distancing to enhance social wellness.

Figure 2.12: Social wellness survey



Source: Adapted from Mayer (2020)

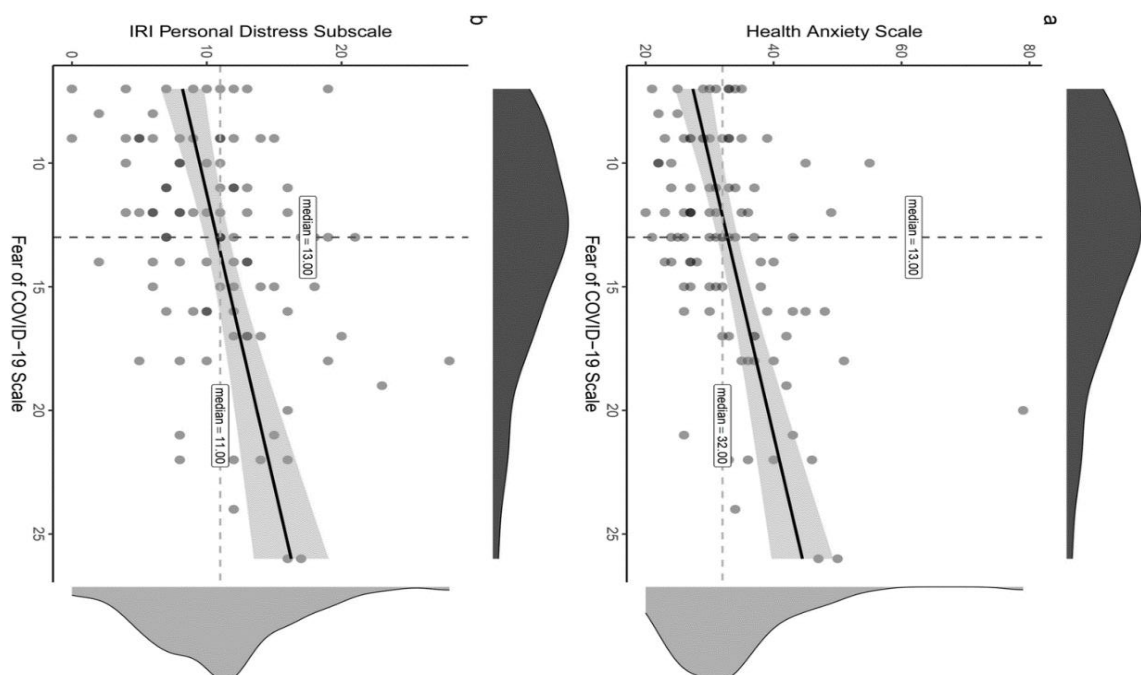
From Figure 2.12 it can be seen that wellness programmes have remained a top concern for employees because they know that the deficiency of such social interventions can cause them much financial misfortunes. However, this was done off-site, neglecting the benefits of onsite social intervention. Thus, onsite stress management recorded the lowest intervention for the period investigated (around 3%) (Mayer 2020).

A high number of employees were not feeling positive about their social wellbeing even before COVID-19, especially in Australia. Unfortunately, Australians were already undergoing significant and devastating bushfires, and floods before this pandemic (Nelson *et al.* 2020). The recent COVID-19 crises caused more employees to feel burdened and greater stress was evident in those already affected by the floods and bushfires. In a recent study, a little less than half of employees (44%) stated that their social wellness was not good even before COVID-19 (Reba 2020). As per a survey released by the Business

Group of Health and Alight Solutions, it was discovered that their 2500 employees were added to the list of social wellness sufferers after COVID-19 in December 2019 (Mayer 2020). While the interest was more potent than in the years prior to this pandemic, specialists prognosticate that the focus is on the deterioration as more employees cannot cope because of the pandemic (Mayer 2020).

Given the critical requirement to lessen the pandemic's psychological impact, a study by Calbi *et al.* (2021) investigated contemporary approaches toward COVID-19, by comparing the Panic of COVID-19 rule with the Health Anxiety total numbers and IRI–Personal Anxiety subscale numbers. The results in Figure 2.13 show that the higher the scores for Health Anxiety and IRI–Personal Crisis, the higher the anxiety of COVID-19. Calbi *et al.* (2021) noted that the horror of the COVID-19 virus can be connected to restlessness and agitation through social communications.

Figure 2.13: Relationship between Health Anxiety and IRI–Personal Crisis, and COVID-19 anxiety



Source: Adapted from Calbi *et al.* (2021)

Health Anxiety and IRI–Personal Crisis is an interpersonal reactivity index (IRI) to Health anxiety, which is an obsessive and irrational form of worrying. For older people (like family heads), health anxiety may focus on a fear of developing memory problems (Calbi *et al.* 2021).

2.9.8.1 Causes of poor social wellness during COVID-19

The WHO declared a public health danger of universal interest to the COVID-19 pandemic, and this has drawn global recognition due to its speedy delivery and evolving different stages of infections. Contact tracing, case separating, and social isolations have been determined to be efficient ways to manage transferable disease brawls, and many countries globally have embraced such practices (Li *et al.* 2021). Consequently, unlike other changes, the COVID-19 pandemic has possibly caused many differences in how people live, along with ambiguity, changed daily systems, financial obligations, and social segregation. Accordingly, the pandemic has produced complex psychological and emotional difficulties for the global culture (Li *et al.* 2021).

A pandemic is a highly stressful experience, and while it is sensible to feel tension and stress, it is equally advisable for families to perform high flexibility and interactions during emergencies. Furthermore, as people encounter an invasion of stressors compared to the divisions in their experiences created by the pandemic, they should depend on each other for relationship and coping approaches to lessen the impact of the health emergency. Thus, following specific mental health concerns, associated shielding portions (e.g. social assistance, psychological flexibility) can assist to produce better-targeted recommendations and compensation for separated people (Eddy 2021; Li *et al.* 2021; Reba 2020).

A study by Li *et al.* (2021) examined the cultural influences of the COVID-19 pandemic inside the workplace and the results noted that the pandemic (virus and associated security standards) could change individuals' prospects about different people, appetites about social communication, workplace harmony,

understanding, and information. Certainly, this is not desirable for any social setting, let alone families. Similarly, Dr Sullivan, a health psychologist stated that humans can have control of their lives socially in unexpected incidents such as the current one. She suggested that during the pandemic, everyone check up on their friends and family daily with the help of social media or communication apps (Cleveland Clinic 2020). Anyone can feel underwhelmed or helpless if they have lost an excellent job opportunity, had to abandon vacation plans that they are used to or special occasions. As a result, it is better if we keep checking up on our family and friends to make sure they are not feeling these emotions very intensely (Cleveland Clinic 2020).

Swarbrick and Yudof (2015) indicated that social wellness may be enhanced by having a network of family and friends; contributing money and/or time to social and community causes and projects; communicating with and getting along with different people; giving and receiving compliments graciously; showing interest in others, including those with backgrounds that are different from your own; being compassionate and trying to help others where possible; regularly spending time with people you like; balancing own needs with the needs of others; feeling comfortable meeting new people; having a sense of belonging within your community.

The COVID-19 pandemic with the accompanying social distancing challenges has affected particularly those in the usual unsafe or omitted groups (Shim 2020). Women with adolescent kids are in this kind of group, considering they are at a more elevated chance of matching the standards for a mental disease or psychological suffering (Shim 2020). The contradictory impact on the rates for anxiety and unemployment in this situation exposes the necessity to implement further importance to social stressors as a predictor of mental well-being (Golombok *et al.* 2021). Nevertheless, it is essential to recognise that parental pressure is one of the cognitive indications of anxiety or distress in parents who care for more than one child, and this is confirmed by a study before the COVID-19 lockdown which showed statistically meaningful relationships among anxieties and parental pressure (Golombok *et al.* 2021).

Thus, a supplementary analysis on communities in exposed situations should proceed beyond a list of traits with a measure computation (Hyman 2018). In this regard, it is essential to identify that the incidence of mental diseases is particularly humiliating when signs are assessed with structured clinical discussions. Therefore, the clinical assessment must adequately reflect social trouble to mediatise the difficulties intrinsic to unfairness (Hyman 2018). Previous investigations have revealed that approaches towards pandemics and relevant safety standards might change over time as per the environments in problem, demographics, and emotional circumstances (Li *et al.* 2021). This study will explore this in detail in Chapter 3: Wellness approaches during earlier pandemics.

2.10 CONCLUSION

As indicated in the beginning of this chapter, the study started with an introduction to the chapter. It then discussed the foundational study of wellness and provided a brief background of wellness. Here, the study dived deep to set the tone of the working definitions of the common terminologies in wellness, namely, health, quality of life, wellbeing, and wellness. These looked similar, but the current study managed to show some significant differences between them, that are also to form the working definitions for the rest of the study. Next, the discussion focused on the wellness continuum to lay a simple understanding of what should be expected in wellness as far as this study is concerned. The concept of 'wellness' was then discussed in eight dimensions in line with Swarbrick and Yodok's (2015) wellness framework to solidify the direction the study intends to follow. Having done this, the study proceeds to Chapter 3 to look at wellness approaches during earlier pandemics.

CHAPTER 3

GLOBAL PERSPECTIVES: EXPERIENCES OF CONSTRAINTS AND PATHWAYS OF WELLNESS USED DURING COVID-19

3.1 INTRODUCTION

Appalling as previous pandemics have been such as Ebola, AIDS, SARS and Swine Flu, they did not affect such massive numbers of people globally through prolonged and pervasive disruptions such as COVID-19 (Polizzi, Lynn and Perry 2020). COVID-19 has been heralded as a global enemy, turning every aspect of wellness in disarray. The COVID-19 pandemic disrupted the daily activities, routines and lifestyles of families. This impacted the wellness of both individuals and families, some more severely than others. Individuals and families have experienced the pandemic in unique ways, with varying changes in relationships, responsibilities, access to resources and networks. For many families, it has meant major changes in many domains of their lives, sometimes successfully adapting to the 'new normal' or not being able to embrace and weave through various challenges associated with the pandemic.

COVID-19 brought with it unprecedented negative experiences, concerns and changing perspectives. As the nature of the pandemic is dynamic, family constraints, needs and priorities are continuously evolving. In some cases, this has weakened family resiliency, thereby aggravating the negative effects of the COVID-19 pandemic. In cases where compounding negative effects have traversed beyond family capacities to mitigate such negative effects, then family wellness is invariably affected. Thus, it is vital to understand the effects of the pandemic on families and individuals, so that appropriate pathways which can bolster more positive effects on overall wellness can be developed. This chapter extensively discusses existing literature on the nature of constraints experienced by families and individuals during COVID-19 and some of the pathways of wellness used toward reconstructing their wellness.

3.2 BACKGROUND TO COVID-19

Commencing in December 2019, a unique coronavirus, SARS-CoV-2, was identified in China and became an international pandemic known as COVID-19, with considerable morbidity as well as death (Prime *et al.* 2020). With the appearance of this hazardous virus, an unprecedented initiative was taken to develop injections against this virus. Numerous producers established and evaluated vaccinations in less than a year; some which were utilised extensively under emergency situations or under conditional usage authorisation in many countries. While unprecedented and underpinned by thorough examination of top-quality information, this rapid development and authorisation procedures implied that vaccines have been presented for usage in the populace based on studies with limited population heterogeneity (e.g. youngsters, pregnant women, immune compromised persons), and limited follow up (2 months) with receivers in clinical tests (Black *et al.* 2021). In addition, even though extensive phase III trials were performed, the "terminal velocity" with which the injection growth process proceeded caused concerns regarding vaccination hesitancy, as revealed by the general public, numerous anti-vaccination groups, and some health care employees, who believed that the procedure was "hurried" or not complete (Black *et al.* 2021).

Having confirmed that COVID-19 is a new disease, and that SARS-CoV-2 is a still arising virus, efforts have been undertaken to systematically understand what security and safety events might occur in adhering to a range of SARS-CoV-2 vaccination systems (Black *et al.* 2021). As part of its mandate to support the security and safety analysis of vaccination, with growth funding by the Coalition for Epidemic Preparedness (CEPI), the Brighton Cooperation supported the Safety and Security System for Emergency vaccines (Black *et al.* 2021).

The undisclosed price of any unfavourable event (e.g. death) is the rate of negative occurrences associated with a pandemic in an offered population in the absence of proper evaluations of vaccinations being administered or any

other treatments being offered (Black *et al.* 2021). This background rate can be examined in the basic population, or subpopulation such as youngsters or pregnant ladies, or in populaces with pre-existing co-morbidities (Black *et al.* 2021). The background rate is made use of to compute the variety of anticipated instances of an occasion in a specific population, as well as the time span due to the lack of a vaccine or other treatments which may be compared to the number of people observed complying with the vaccination (Black *et al.* 2021). However, such data is co-existing, given that event occurrences may change over time, even in the absence of a vaccine being introduced (Black *et al.* 2021). Recent calculations indicate that millions of individuals are at risk of having COVID-19 and many more deaths are likely to result (Casale, Wang and Nowak-Wegrzyn 2020). Implicit in these statistics is the risk of COVID-19 uninfected patients seeking medical care during emergency circumstances (Casale *et al.* 2020).

When interviewed between February 23 and March 2, 2020, 61% of US and 72% of UK participants believed that less than 500 people will die of COVID-19 (Geldsetzer 2020). In reaction to the medical arena, governments and organisations have shown concerns with currently offered policies as well as demands for accurate and detailed information, thereby showing an increased focus on COVID-19 related matters (Geldsetzer 2020). Regrettably, the virus continued to spread at escalated rates, with the Johns Hopkins Coronavirus Source Centre providing 607,965 complete verified infection cases and 28,124 deaths as per March 27, 2020 (Centre J.H.C.R 2020). This keeps expanding, but the case-fatality rate (CFR) of COVID-19 is being analysed (Ioannidis 2020). Early data from China approximated the CFR to be 2.3% of symptomatic people coming in for clinical examination, with high rates of 15% for at risk senior populations (Wu and McGoogan 2020; Shaker *et al.* 2020). In people with serious comorbidities, CFR has been reported to be at a high of 49% (Wu and McGoogan 2020). Although CFRs might in fact be reduced when minor and asymptomatic instances are considered, the Italian CFR is 7.2% (Shaker *et al.* 2020). This country was once the epicentre of the COVID-19 Pandemic.

Although civilisations have lived with pandemics and upsurges, creating panic among people, that might transform to petition (spiritual wellness) for defense, causing financial destruction (financial wellness), as well as highlighting human death (Morens *et al.* 2020; Scheidel 2017), the constraints experienced by families during COVID-19 has been enormous. For example, in Europe, some protocol guidelines did not help those living with no-one-else or single-parent families, as social interaction became restricted to co-inhabitant family associates only, and lockdown constraints required persons to limit their openness to dealings inside the home space (Trotter 2021; Gouveia, Ramos and Wall 2021; Long *et al.* 2020).

Social developments have created health issues as a result of quality defects of the earth, water, sky, fire and air, and this has adversely affected people's health or well-being (Morens *et al.* 2020; Pevey, Rowe and Tchobanoglous 2017). Though governmental efforts are ongoing to boost the research of virology and microbiology, through a multidisciplinary/integrated research approach, for developing injections and providing them to individuals for security, many families are yet to feel the relief efforts (Heymann 2020; Morens *et al.* 2020). The effects of viral conditions like HIV/AIDS and other infectious illnesses (Nuzzo *et al.* 2019; Rashid, Labani and Das 2016) and the subject of biology and microbiology have entered even technological establishments, with wellness and healthy living being prioritised (Morens *et al.* 2020; Mann 2012; Vale and Dell 2009). Thus, past experiences have shown the need for continued research and preparedness to deal with the pandemic, which has potentially ravaged families and the world in many instances.

3.3 FAMILY WELLNESS

Nations consist of societies, and societies are made up of families. Investing in the wellness of families is important, as it is the foundation for thriving communities and the collective wellness of families significantly impact the social, economic and psychological development of nations. Family relationships, which links lives or foster interdependence within relationships,

last over a period of time and are consequential for wellness across the span of life (Umberson *et al.* 2015). Diverse segments of family relationships such as single parents, same sex couples, migrants, aborigines, retirees and married couples notably increases the complexities underpinning family relationships, while impacting the dynamics of wellness within families (Lee, Clarkson-Hendrix and Lee 2016).

As such, the nature of family relationships may profoundly benefit or retard wellness, as relationships provide a sense of purpose, meaning and resources which may influence wellness. For example, the quality of social support provided by families (e.g. love, care) may influence emotional and physical wellness of family members. Additionally, family members may encourage positive affect to enhance occupational and financial wellness. These core components of wellness help to regulate the behaviour of family members, while not compromising coping mechanisms to deal with wellness issues (Suitor *et al.* 2017). Conversely, poor relationships may diminish emotional support, caregiving, intellectual engagement and spiritual enlightenment. Relatedly, wellness is a life-long process with both positive and negative experiences, thus highlighting the need to continuously manage wellness. More specifically, the COVID-19 pandemic has compromised family wellness in various ways. It has affected family cohesiveness; and caused negative moods, stress, loss of employment, financial stress and aggressive behaviour among others (Feinberg *et al.* 2021). Due to the unprecedented nature of the pandemic, families either perished if they could not cope or garnered resources to reconstruct their wellness as they transitioned through the pandemic.

3.3.1 Importance of families

Families play a pivotal role in promoting sustainable societal development and sound societal outcomes. As such, functional families assist each other and others beyond the family system in sharing resources and capabilities toward family and broader societal wellness (Fisher *et al.* 2020). For example, family members may provide protection, care, finance, and emotional support during

adversities such as COVID-19, to enable the family as a unit to flourish and function. Ultimately, such endeavours provide a supportive and enabling environment, which is expected to contribute to positive family wellness outcomes (October *et al.* 2022). According to TIS (2022); Thomas and Umberson (2017) and Suitor *et al.* (2017), families are important for the following reasons:

- Families lay the foundation for future relationships

Family relationships potentially shape the nature of future relationships within and beyond the family. Family dynamics reinforce beliefs about the self and relationships; and fosters close relationships, stronger emotional bonds and valuable connections in cases of close-knit families.

- Families are a pillar of strength during challenging times

People seek support when life gets tough. Normally, turning to one's family will be the first port of call, as they are trusted for love and encouragement. Families may provide the support during crisis situations. Assisting members of the family with making informed decisions; managing needs and wants; and tackling challenges such as financial or occupational issues may promote happy and healthy lives.

- Families provide a source of encouragement and affection

Strong families provide the love, affection and encouragement in good and tough times. A strong family support system provides the impetus to persevere and feel hopeful and motivated.

- Families promote a sense of belonging

Being part of a family fosters a sense of togetherness and connectedness.

Sharing family traditions, practices and experiences creates a sense of belonging to an entity greater than oneself.

- Family relationships correlate with mental health

Spending time with one's family, be it eating dinner together, doing domestic chores or enjoying leisure activities may potentially increase wellness. Positive family relationships may trigger sound mental health. Additionally, families provide an important support system for overall healthcare. As healthcare systems shift, family support represents an essential component of the overall wellbeing of individuals. Healthy family relationships are a crucial component of wellbeing. As such, healthy families have overall better relationships and health; and consequently, enjoy long, healthy and happy lives. According to Lee et al. (2016), healthy relationships increase life expectancy; acts as a buffer against stress, depression and decreased immune functions; improves healthy lifestyles; and makes people feel richer in non-material ways.

Family wellness is not static, as it is a dynamic aspect of our lives which requires ongoing attention (Lee *et al.* 2016). To benefit from the various dimensions of wellness, we need to invest time and energy into all aspects of wellness, in view of the connectivity among the wellness dimensions. Thus, problems in one dimension can impact another dimension, thereby pointing to the need for an intentional and holistic approach to maintaining wellness. Families establish significant patterns of responsibility, preventive care, hygiene and exercise; and they set the foundation for resilience, self-worth, patterns of lifestyle and the capacity to form wholesome, caring and healthy relationships (Thomas and Umberson 2017). Thus, allowing wellness to flow within a family and nurturing such wellness can touch not only the wellness of individuals within the family, but such wellness may also navigate toward others beyond the family context.

3.3.2 Families as a source for influencing wellness

Families play multiple roles such as promoting membership of a system, subsystem or ecosystem; supporting family formation, providing emotional support; facilitating nurturance and education; and protecting vulnerable family members based on age, health and ability (Masi *et al.* 2021). Such roles are underpinned by expectations, acceptable ways of behaving and adherence to goals, with the intention to maintain family stability, fulfill family functions, and build strong patterns of interaction (Fong and Iarocci 2020).

Positive and effective family relationships provide positive outcomes for wellness, even during unprecedented and extended crises, such as COVID-19 (Feinberg *et al.* 2021). Enhancing such relationships within the context of wellness serves as a crucial protective factor during adversities, more especially if such adversities are protracted (Umberson *et al.* 2015). Supportive relationships are a key element in how families maintain or reconstruct their wellness as they adapt to new crises. During COVID-19, families have been faced with major challenges such as increased parenting responsibilities, decreased incomes, higher stress levels; physical inactivity and social distancing during the pandemic (Feinberg *et al.* 2021). This has created new needs such as emotional support, problem solving capacities, decision making skills and information sharing to manage the disruption to family routines; and ways of living and behaving (Feinberg *et al.* 2021).

According to Suitor *et al.* (2017), family systems or subsystems often have the resources and capabilities to adapt during current and future risks. These can be considered as protective factors, which help to build family resilience against adversities. Additionally, Black and Lobo (2008) argued that such protective factors may be applied to any wellness challenges such as helping with finances; encouraging positive outlook; providing physical care; and assisting with intellectual competencies. Such family capabilities or strengths help to protect family members against the detrimental effects of crisis situations such as COVID-19.

When families intricately interact with each other in positive ways, they influence each other; establish strong interactional patterns; and enjoy ongoing reciprocal relationships at multiple levels (Cicchetti 2011). Families navigate through challenging situations, sometimes through multiple pathways, in an endeavour to adapt positively. For example, the loss of a family member during COVID-19 may have required emotional support (showing compassion), changes in the physical environment (providing new accommodation), offering social support (regular communication) or even providing financial help (assistance with funeral costs). The impact of such an occurrence can reverberate across multiple dimensions of wellness, thereby drawing on the resources of family members to assist the more vulnerable within the family system or subsystem (Suitor *et al.* 2017). Thus, through combined efforts families may contribute to cumulative wellness.

Families have the ability for positive adaptation as there are multiple family levels which have the potential to offer protection (Cicchetti 2011). For example, family members may have experienced emotional (stress); occupational (unemployment) or spiritual (diminished sense of meaning and purpose in life) issues during COVID-19. Under such circumstances, family resilience can play a significant part in promoting wellness, through protection via broader multi-level interaction patterns (Feinberg *et al.* 2021). Accordingly, Suitor *et al.* (2017) argued that families may use their wellness capabilities and resources in positive rather than negative ways to restore wellness when they are faced with vulnerabilities and risks. This may potentially mitigate wellness challenges piling up, while also facilitating the adoption of new adaptation interventions which may be used in the long term (Umberson 2015). To the contrary, Rizzo *et al.* (2021) posited that when families do not competently function, day to day family life may not be regulated and consequently, family adaptation maybe jeopardised during times of crisis.

Further, well connected families have emotional systems which regulates their connectedness to each other (Masi *et al.* 2021). Communication, alliances, attachment and bonding are some of the emotion related processes which

provide a foundation for multiple positive outcomes for overall family wellness (Rizzo *et al.* 2021). Thus, positive emotional expressions among family members may potentially lead to relationship patterns which engender support for family members during times of crisis. In support, Sutor *et al.* (2017) argued that family members often help each other in supportive families, guiding each other toward a more positive wellness climate. Well-connected families may act as coaches for each other, such as helping to solve problems and responding positively to emotions which may reduce family vulnerability in the face of adversities such as COVID-19.

Masi *et al.* (2021) posited that control systems within families such as influential family members and decision-making techniques are important for family resilience. Such family control systems are salient for regulating roles, rules and behaviour within the family, without being too intrusive, rigid or inflexible (Rizzo *et al.* 2021). Therefore, well-regulated and established control systems in functional families is integral for families adjusting and adapting to risks, while providing opportunities for the mobilisation of family resources toward building resilience in the face of crisis situations such as COVID-19 (Rizzo *et al.* 2021). For example, parents with young children may make decisions regarding finances because of an established authority structure within the family, which helps to promote family resilience and wellness.

Additionally, family members attach meaning to their family systems or subsystems, which influences a sense of connection. For example, viewing the family as part of a family health care system, having a common resilience-based outlook on life and sharing their purpose in life offers a protective potential to recognise challenges and find ways to emerge from their adversities (Cicchetti 2011). Furthermore, shared meanings relating to values, compassion, expectations and practices provide the context for how families help each other during times of need. Accordingly, Cicchetti (2011) argued that shared family meaning helps when families interact to approach adversities cohesively, using their capabilities, strengths and resources to pursue pathways of wellness which promote positive outcomes. In contrast, families which do not

share healthy family meaning and patterns of interaction, may lack the competence to fulfil their basic functions as a family when crisis situations emerge (Feinberg *et al.* 2021).

Finally, family resilience is an important form of protection against unforeseen risks which may affect individual family members or the entire family system. The positive interface between family members may prevent negative experiences cascading throughout the family, as the family unit can pool their resilience and resources to offer protection to each other (Feinberg *et al.* 2021). Families endure unique experiences in the face of crisis situations, and consequently may develop varied pathways in reconstructing their wellness. This may entail changes in their trajectories toward wellness, especially when unprecedented crisis situations warrant alternate approaches of adaptation.

3.3.3 Imperatives for wellness

Emerging literature on clinical medicine regarding COVID-19 strongly argues that the COVID-19 pandemic will negatively affect the well-being and happiness of people (Brooks *et al.* 2020, Lee 2020; Tan *et al.* 2020). Given the unprecedented emergence of COVID-19, which has caused havoc on global economic and health systems, it will possibly leave a long-lasting effect on the well-being of mankind. The COVID-19 pandemic strengthens arguments in favour of wellness, or the imperative to pursue choices, lifestyles and activities which promote wellness for several factual justifications.

Firstly, COVID-19 highlights the importance of being physically healthy and fit, which is needed for strong immune systems as a form of protection against diseases. Although the virus associated with COVID-19 infects people from all age groups, evidence reveals that less vulnerable individuals are those who are healthy and fit (Tan *et al.* 2020). According to the WHO (2020), those over 60 years old and those with underlying medical conditions such as diabetes, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are

more vulnerable. This vulnerable group need to adopt wellness strategies to mitigate the fatal effects of the pandemic.

Secondly, although quarantines and lockdowns are curtailing the spread of the pandemic, the restrictions are encouraging greater reliance on canned and processed food; and physical inactivity which may increase the risk of metabolic diseases in the population (Darvishi *et al.* 2015). Being confined to home disrupts social rhythms; and deprives people of their social-coping mechanisms associated with stress, depression, and loneliness, which may likely lead to the erosion of optimal mental functioning. Relatedly, leading theories on suicide emphasise the vital role that social connections play in preventing suicide (Tan *et al.* 2020). Individuals having suicidal thoughts often lack connections to other people and often disconnect from others (Darvishi *et al.* 2015). Therefore, the restrictions on physical contact are a source of concern. Thus, adopting wellness and coping strategies during lockdown is important for overall well-being.

Thirdly, wellness activities play a crucial role in boosting the immune system to ward off the pandemic. Good nutrition, proper hygiene, adequate sleep, regular exercise, meditation, and a positive attitude may likely decrease stress and boost the body's resistance against illnesses and infections. Health professionals have also issued warnings against alcohol consumption, smoking, and vaping (Nelson *et al.* 2020). Such unhealthy activities damage the lungs and may lead to pneumonia, a serious red flag for the coronavirus. Similarly, consuming alcohol damages the liver and decreases the presence of 15 white blood cells and other needed microorganisms in the body, which are crucial for fighting off infections (Park and Quising 2020).

Fourthly, when the pandemic does recede, post COVID-19 care will emerge as a major priority (Lee 2020). Thus, those who survived the virus ought to engage in wellness activities to support full recovery and functioning under the 'new normal'. Additionally, apart from focusing on patients, there is also a need to pay attention to health care providers who may be emotionally, physically, and

mentally exhausted. Another social issue which must be addressed is the social discrimination and stigmatisation of infected people and their families (Simon, Helter and White 2021; Lee 2020).

Lastly, we cannot rule out the threat of burnouts induced by COVID-19. When people are compelled to stay at home and work from home, the lines between work and home; and between the professional and personal become blurred. There has been an accentuation in the pressure to be more productive since working from home implies more time. Somehow, being busy has become a coping mechanism (Park and Quising 2020). However, since many employees are working remotely, in the comfort of their home, the tendency to overwork is more significant, with the risk of burnout increasing (Simon *et al.* 2021). Thus, people may overwork in the comfort of their homes without realising it (Park and Quising 2020). The aforementioned discussion offers suggestions for individuals and families to adopt wellness strategies as a coping mechanism during the COVID-19 pandemic and beyond.

3.4 CONSTRAINTS EXPERIENCED DURING COVID-19

The emergence of COVID-19 has precipitated a public health emergency of global concern, with widespread ramifications on people's wellness (Buheji *et al.* 2020). The effects included lockdowns, quarantining, travel restrictions, closure of educational institutions, social distancing, deteriorating business environments, changes in working patterns, and a general alteration in lifestyle (Arshad *et al.* 2020; WHO 2020b).

The constraints experienced by families and their members during the COVID-19 pandemic postured new hazards to families because of physical distancing procedures; school/childcare shutdowns; economic decline; work and financial uncertainty; accommodation unpredictability; adjustments to wellness; and social upkeep accessibility (Grumi *et al.* 2021; Gassman-Pines, Ananat and Fitz-Henley 2020; Rosenthal and Thompson 2020). These changes

overwhelmingly disturbed the systems and frameworks that hitherto functioned to weather the dangers impacting wellness as discussed further.

3.4.1 COVID-19 stress

According to Feinberg *et al.* (2021) and Montano and Acebes (2020), COVID-19 stress is associated with the COVID-19 stress syndrome, whereby people were concerned with contamination; socio-economic, compulsive checking and trauma issues; financial and work disruptions; seclusion and social isolation; concern about the wellbeing of family and friends; closure of educational institutions and child care, and the impetus to make sound wellness-related decisions in the context of the pandemic uncertainty. Families were affected by stigmatisation of those infected; bereavement; major re-organisation of family life; managing children disconnected from their peers and sporting activities; economic hardship; escalating poverty; inability to provide prolonged home care and safe environments; increased domestic violence; delayed support services; and feelings of loneliness, fear and uncertainty (Jalongo 2021; Aliyyah *et al.* 2020; Burke and Arslan 2020; Jandrić 2020). For example, COVID-19 brought with it social stigmatisation, especially among minority groups, those who travelled overseas, and individuals who became infected (October *et al.* 2022). This may adversely affect the wellbeing of families, as they became distressed through such stigmatisation. Often, studies on stigmatisation point to the lack of information and knowledge which influence negative stereotyping. Such concerns have impacted people's time, energy and cognitions which may affect family wellness (Usher *et al.* 2020).

Jalongo (2021) indicated that parents became concerned about contracting the virus and how to prevent it from spreading to other family members; how to manage schooling expectations at home; and how to manage the situation if one parent became unemployed. These family concerns highlighted not only worries about surviving and existing, but also fear about thriving and flourishing as they transitioned through the pandemic. In coping with the effects of the pandemic, families had to ensure that their quality of life encompassing positive

emotions, social support, physical health, mental wellbeing and productivity at work among other things were optimally managed (Aliyyah *et al.* 2020). As argued by Burke and Arslan (2020), coping with the various dimensions of wellness over a prolonged period time daily, may likely compromise family wellness. Managing this experience is important for achieving wellness. Copeland *et al.* (2021) argued that the higher the perceived disruption associated with COVID-19, the higher the stress and consequent impact on wellness.

3.4.2 Changes in daily routines and physical contact

The lives of many families were uprooted during the pandemic, which inferred changes to routine, everyday activities. Social isolation measures during the pandemic such as quarantine/lockdown, travel restrictions, social disaffection, college/school cessation, and closure of community/public spaces created a sense of loss of liberty; adjusting to new work and domestic measures; mental health problems (loneliness, tension, depression and anxiety); and seclusion from family and friends (Seddighi *et al.* 2021; Ying *et al.* 2020). Lockdown restrictions also influenced family events such as funerals, weddings and religious ceremonies, as they could no longer physically meet in large numbers. Further, visiting family members and friends in hospitals or residential care, consequently influenced diminished social contact with family members and friends. The effects are revealed in the argument by Ameis *et al.* (2020), that the disturbances to daily routines affected psychological health, as families had to manage changing scenarios which sometimes was unbearable, thereby causing increased stress.

Further, a study by Masten and Motti-Stefanidi (2020) revealed that while parents struggled with maintaining work-life balance, they also had to deal with threats to their emotional wellness. Additionally, the study by Amendola *et al.* (2020) showed that families which could not adapt to the new ways of living, experienced an upsurge in psychopathology throughout lockdown, especially with young mothers from lower socio-economic conditions experiencing risks to

their psychological health and wellness during COVID-19. Thus, as argued by Fosco *et al.* (2022), disruptions to family cohesiveness may negatively affect the quality of family bonds, internalising and externalising behaviours; and regular family routines such as sleep patterns, having dinner together and communication.

3.4.3 Managing children with special needs

Thorell *et al.* (2021) and Fong and Iarocci (2021) posited that parents experienced weakening wellbeing during the pandemic due to the closure of educational institutions; and having children with health conditions. In support, Ameis *et al.* (2020) argued that the pandemic also triggered trauma and apprehension in families with children with special demands. In addition, a study by Masi *et al.* (2021) found that children with psychological disorders also experienced wellness issues, especially when access to behavioural treatments were suspended. This was compounded by changes in children's health insurance, and decreased employer subsidised insurance (Patrick *et al.* 2020). Such financial limitations prevented parents from accessing health care facilities, often increasing health risks (Thorell *et al.* 2021).

In another study, Asbury *et al.* (2021) found that children with special educational requirements experienced changes in mood and behaviour, due to societal alterations connected to the COVID-19 pandemic. Another study conducted with parents, revealed that it was found that parents found it daunting keeping children with autism motivated during lockdown, or even getting them to complete their tasks (Degli Espinosa *et al.* 2020). Furthermore, Paulauskaite *et al.* (2021) contended that families with developmentally handicapped children experienced difficulties relating to them wearing masks and maintaining social distancing; disruption in social support services; managing them at home for long periods; and having to forgo typical treatments during lockdown. Invariably, when the wellness of children is affected, it affects the wellness of other family members (Rizzo *et al.* 2021).

3.4.4 Additional family responsibilities

During the pandemic, many parents experienced heightened stress and disintegrations to collective care, which incriminated their wellness (Armitage and Nellums 2020). For example, in a US survey, most families stated that during the pandemic, problems about financial resources, social seclusion, and criticism from others, along with emotional experiences of unhappiness and solitude impacted their child raising aptitudes (Lee and Ward 2020). The closure of schools and the interruption of after-school programmes increased the pressure on parents to stabilise duties such as becoming single service providers of supervision, education and learning for their children, while going through amplified financial and emotional tension (Cluver *et al.* 2020).

In addition, a study by Masi *et al.* (2021) found that some of the concerns of parents during the pandemic included diminished quality of life; difficulties in stabilising family responsibilities; and increased anxiety about prolonged seclusion, financial resources and living conditions. Stress related to the pandemic reflects the tensions that emerged, as a result of the changes families experienced in their daily lives (Low and Mounts 2022). For example, sudden social and economic changes disrupted the daily functioning of families relating to remote working, confinement to homes, increased caregiving, and loss of income. These effects often spilled over into adverse family wellness (Ellis, Dumas and Forbes 2020). This may likely lead to increased mental health problems within families affected by economic downturns; social isolation; domestic violence; and unemployment (Buheji *et al.* 2020).

Typically, households were wedged by the disturbances of the pandemic, which invariably added to their predicaments. This especially affected families who already experienced wellness and social inequities; fewer financial and social resources; congested residences; and limited modern technology (Cluver *et al.* 2020). Even when institutions and workplaces began to re-open as protocols were being relaxed, concerns were elevated regarding the risk of going back to booming locations such as public places and transits (Shah and Shaker 2020).

Some of the consequences of such tension included increased domestic violence, breakdown in relationships, and emotional stress (Pfefferbaum and North 2020; Lee and Ward 2020).

3.4.5 Work-life balance due to remote working

Work-life balance contributes to enhanced physical and mental wellness, and productivity of employees. According to Como, Hambley and Domene (2021), many employees worked from home during the pandemic without adequate organisational resources; work plans; and training. This was complicated by the dynamics at home, COVID-19 related stress, overworking; reduced in-person contact; threats to traditional working ways; and collaboration challenges (Arora and Suri 2020). Additionally, Como *et al.* (2021) argued that being at home full-time with family, may lead to more caregiving duties, and less personal time to recuperate. The study by Gambhir (2020) also found that employees working from home experienced overworking; work intensification, being unable to switch off and higher work-home spill overs.

Como *et al.* (2021) argued that unplanned shifts to work remotely during the pandemic often did not consider whether employees had working spaces at home; and adequate equipment and technology. Often, the lack of space to work from home may hinder work-family boundaries; cause tension because of frequently switching between work and family roles; disruptions incurred on work responsibilities by children and other dependents; and managing noise during meetings and phone calls. As such, Lunau *et al.* (2014) posited that a poor connection between work and non-work life is associated with lower mental well-being; higher levels of anxiety and depression.

3.4.6 Parenting roles and responsibilities

The pandemic has challenged parenting roles and responsibilities. Longer working hours, economic instability, single parenting, keeping households disinfected, doing laundry, preparing food, helping children with schoolwork,

and doing other household chores created challenges within families, as responsibilities escalated during lockdown (Jalongo 2021). These demands became increasingly complex during the pandemic, especially with parents trying to protect their families and their holistic wellness (Buheji *et al.* 2020). Luchetti *et al.* (2020) claimed that in balancing multiple duties relating to work, personal chores, education of children, parents were often confronted with reduced work-family balance, weakened parental quality, and compromised developmental outcomes of their children. As such, being a parent and an employee in a common physical space may blur the boundary between the home and work environment, potentially increasing work-related stress which parents may likely carry over in their interactions with other family members (Liu and Doan 2020).

Additionally, the study by Barboza *et al.* (2021) found that single mothers; and mothers whose husbands were working long distances away from home or were working abroad, felt the effects of the lack of social support, closure of outdoor activities; loneliness and isolation. This may have affected their parenting skills and ability to cope with additional responsibilities during the pandemic (Liu and Doan 2020).

With multiple stressors emerging during the COVID-19, parents had to ensure that communication remained open and trusting; protect their children against the evils of social media; balance offline and online activities; monitor sedentary behaviour and unhealthy habits; find measures to help family members cope with the pandemic; and reinforce hygienic and self-protection routines (Dunn *et al.* 2020). Thus, while trying to take care of themselves, parents had to manage new challenges emerging within their families. As such, Buheji *et al.* (2020) and Arshad *et al.* (2020) argued that the pandemic was outside the control of parents, and therefore parents had increased responsibilities under an abnormal situation to ensure that a stable household environment was not destroyed by uncertainty; fear; loss of self-discipline and respect; and unnecessary anxiety.

3.4.7 Disruption to education

Closure of educational institutions during COVID-19 subjected students to many risks (Copeland *et al.* 2021). Some of the concerns which emerged from the closure of educational institutions and home confinement included (Jandrić 2020):

- Decreased opportunities for physical interaction with extended family members, friends, peers, and community members.
- Threats to the health and safety of students, families, and educators.
- Disruptions to the continuity of learning.
- Reduced access to social services.
- Negative effects on how students perceive the value of studying.

The unprecedented closure of educational institutions created much instability and incoherence amongst students. For example, Copeland *et al.* (2021) argued that students are generally young and immature and may fail to undertake regulated risks and emotional functioning when they are faced with disruptions to their routines; threats to safety; and lack of support and supervision. Accordingly, Cao *et al.* (2020) opined that some of the effects of such experiences included depression, anxiety, diminished academic motivation, and lower levels of wellness behaviour.

Additionally, lockdown measures compounded problems for university students, since apart from pre-existing academic stress, they were suddenly faced with forced isolation; deprivation of a unique social development experience; concerns about health and safety; waning hopes of timeous employment; and decreased academic enthusiasm (Watermeyer *et al.* 2020). Even worse, international students had to face travel bans, visa restrictions, depleted finances, and closure of residences (Watermeyer *et al.* 2020). Copeland *et al.* (2021) also reported that when learning and educational residences were closed during the pandemic, complemented by uncertainty and isolation, many

students experienced attention and externalising problems, often resulting in changes in moods, increased stress, and negative wellness behaviours.

3.4.8 Parents becoming teachers

With the closure of schools, parents with children faced additional schooling responsibilities. Often, parents had difficulties accessing online materials; promoting intellectual, social and emotional development; and balancing work, domestic and schooling responsibilities (Degli Espinosa *et al.* 2020). This became more challenging for parents who had no or little competencies in supporting the learning of their children while at home (Jalongo 2021). Thus, for most parents with school going children, this meant balancing work, household chores, caregiving and online schooling, without extra help from regular systems such as grandparents and day-care centres (Neubauer *et al.* 2021).

According to Dong, Cao and Li (2020), children who are at a critical time of social and intellectual development, often do not respond well to online learning. Thus, they may become dependent on their parent's time and expertise to take on teaching roles. However, many parents were not ready for their new roles, more especially when they were faced with multiple challenges associated with the pandemic. A study by Dong *et al.* (2020) found that parents felt that their children were not independent learners, and that online learning discouraged their children from studying. As such, parents had to deal with negative emotions and lack of independent learning skills, which added to their stress (Degli Espinosa *et al.* 2020).

3.4.9 Difficulties experienced by youth

The effects of the pandemic also affected the psychological wellness and well-being of youngsters (Jenkins *et al.* 2021). Emerging data confirmed higher levels of anxiety, depression and behaviour problems among the youth during COVID-19 (Fosco *et al.* 2022; Feinberg *et al.* 2022; Spinelli *et al.* 2020). While the youth at first seemed less prone to the effects of the infection, they

experienced substantial difficulties, which likely resulted from the socio-economic effects of the pandemic within their family contexts (Gassman-Pines *et al.* 2020). For example, home confinement may affect normal experiences of learning, physical activities, and socialising (Lancet 2020). According to Dvorsky, Breaux and Becker (2021), prolonged social distancing and associated COVID-19 diseases will have an immense effect on the wellbeing of the youth since those who did not have access to protective and promotive resources would have failed to adapt to the major adversities of the pandemic. Relatedly, Ungar and Theron (2020) contended that without close relationships with caring families and friends, the youth may potentially lack the resilience to adapt. As such, families and friends afford the youth opportunities to build their capacity in areas relating to learning, motivation, persistence, problem solving and hope (Dvorsky *et al.* 2021).

Reports revealed that, there was a remarkable surge in telephone calls, documented by a nationwide helpline for young people, with 48% increase in calls regarding social isolation, 42% regarding stress and anxiety, in addition to a 28% boost in calls concerning physical abuse (Children First Canada 2020). Such examples of reaching out for help point to disturbances to normal ways of living, which obviously would have had some effect on peace and harmony within affected families (Fegert *et al.* 2020). This is of concern for future well-being, as studies have shown that early exposure to anxiety may potentially have long-term negative impacts (Shonkoff *et al.* 2012). Accordingly, the impact of the pandemic on the youth may have a long-lasting impact on societies, if their rights, safety and development have been negatively affected (WHO 2020).

3.4.10 Distressing mental health conditions

Globally, research has found an increase in uncertainty, fear and anxiety during COVID-19 (Buheji *et al.* 2020; Samhsa 2020; CDC 2020). As noted by WHO (2020a), worry, stress and fear are expected responses to real or perceived threats. This becomes even more accentuated when people are not only

suffering from losses such as human lives, jobs and good health, but also anticipated losses (Jandrić 2020). Likewise, Polizzi *et al.* (2020) indicated that the fear of being infected while being in the presence of others, touching contaminated surfaces; stocking up of essential items; and even constantly checking that others are not close by when passing public spaces, are all inextricably linked to feelings of insecurity, helplessness, mistrust, and maladaptive functioning.

The negative effects of the pandemic on mental health are noted in the increase in suicide ideation; domestic violence; and the use of alcohol and drugs (Collins *et al.* 2021; Boserup, McKenney and Elkbuli 2020; Cullen, Gulati and Kelly 2020). Such negative effects are reflective of worsening emotional and mental wellbeing during the pandemic. This is of grave concern, as Burke and Arslan (2020) contended that compared to previous pandemics, COVID-19 will have a long-lasting effect on wellness. In support, the study by Gassman-Pines, Ananat and Fitz-Henley (2020) reported that the pandemic significantly worsened the mental well-being of adults and children due to economic insecurity, caregiving hardships, and sick family members. Accordingly, Gassman-Pine *et al.* (2020) argued that such effects highlighted the serious impact of the pandemic on vulnerable families.

A systematic review by Xiong *et al.* (2020) found that women faced a higher risk of anxiety, distress and depression, more especially women with children as they were forced to reduce their working hours, spend more time socially isolated, and had to take on more family responsibilities. The negative mental and emotional health effects is clearly a risk for family wellness (Boserup *et al.* 2020). More especially, when families were disconnected from normal support systems like extended family subsystems; child-care, religious groups; and community activities over protracted periods of time, the effects on wellness can be far reaching (Buheji *et al.* 2020). This requires continuous monitoring of public health, as distressed health systems must make contingency plans to ensure that public health is not neglected.

3.4.11 Challenges of being indoors

Being indoors became a real family challenge during the pandemic. Restricted movement affected interactional contexts; maintaining bonds necessary for the quality of development especially for the young; physical activity; and loss of access to feeding programmes especially for low-income children (Dunn *et al.* 2020; Chen *et al.* 2020). For example, Lancet (2020) reported that being indoors had significantly negatively impacted children's regular play and sporting activities; with them experiencing major disappointments such as cancelled graduations and sporting events.

According to Liu *et al.* (2020), abrupt changes in the daily routines of children especially being in confinement with family members may create other problems such as the lack of structure in the home environment and their quality of life. Arshad *et al.* (2020) argued that prolonged periods of isolation may lead to distraction, irritability; boredom, restlessness, nervousness, loneliness, damage to normal companionships, mood disorders, and suicide attempts. Since children are a vulnerable group, any turbulence in their normal routines may affect their physical and emotional wellbeing negatively (Buheji *et al.* 2020). Buheji *et al.* (2020) further argued that the shift toward more digital technology may create additional problems such as cyberbullying; age-inappropriate advertisements and sources of information; and access to unhealthy food sites. According to CDC (2020), stressful experiences such as physical distancing may potentially lead to more fights among family members. Additionally, parental stress may lead to child abuse; neglect and aggressiveness (CDC 2020). Furthermore, being indoors may make it difficult to access child protection services or even help from teachers, which may likely exacerbate such abuse and neglect (Buheji *et al.* 2020).

3.4.12 Reduced physical activities and unhealthy diets

Physical inactivity may likely lead to unfavourable diets; irregular sleep patterns, weight gain, and less favourable behaviours (Buheji *et al.* 2020). Research by

Fisher *et al.* (2020) found that the lockdown regulations and restrictions impacted the physical activities of families across all age groups, through prohibited access to recreational facilities such as picnic, sports and playground environments. Furthermore, in the wake of closure of public spaces like gyms, hiking trails and cancellation of sporting activities, fitness levels and psychological distresses were affected (Chen *et al.* 2020).

Families with restricted physical environments may not have adequate space for play activities, exercise, and enjoying good air and light quality (Chen *et al.* 2020). This may encourage more sedentary behaviours. Some of the side effects of a sedentary lifestyles during the pandemic includes diminished immune systems and the emergence of new diseases (Lancet 2020). Moreover, spending more time on technology devices made children less active, sleeping later, being sleepy during the daytime, and eating unhealthily (Chen *et al.* 2020). Further, the study by Barboza *et al.* (2021) found that children gained considerable weight during the pandemic, thereby predicting ill health. Thus, negative behaviours lead to unhealthy lifestyles in all domains of wellness such as social, emotional, spiritual, and physical wellness.

Additionally, poorer communities found it difficult to access nutritious food because of the economic shock facing households, termination of food programmes at schools/colleges; and additional demands on parents (WHO 2020). According to the World Food Programme, it was noted that approximately 369 million of children did not have access to school meals globally (WHO 2020). Thus, poor eating habits, lack of access to nutritious food and physical inactivity, potentially affected wellness within families.

3.4.13 Intensification of inequities

According to Jalongo (2021), those generally disadvantaged by socio-economic injustices faced exacerbated COVID-19 challenges. In support, Barboza *et al.* (2021) argued that social factors influence health, living and working inequities. Further, Cevik *et al.* (2021) argued that socio-economically disadvantaged

groups such as low-income people and migrants; indigenous people; those living in remote/rural communities; people with disabilities or dependency on substances; and refugees were more at risk of becoming infected and dying from COVID-19. The suspension of many support services during lockdown exacted a severe toll on such families who often were already struggling (Burke and Arslan 2020).

Families from poor socio-economic backgrounds had to contend with tenuous financial circumstances; familiarising themselves with online learning for their children; limited access to technological devices; food insecurity; and limited indoor and outdoor spaces for relaxation and rest (Jalongo 2021). Even children from low-income groups faced challenges associated with online learning such as poor internet access; unconducive home environments for online learning; difficulties with self-discipline; and a lack of school support for their emotional and social development (Jalongo 2021).

Sometimes protective measures such as wearing personal protective apparel, frequent hand washing, and keeping physical distances were not possible for some (Aliyyah *et al.* 2020). For example, families living in overcrowded households faced challenges such as maintaining clean and hygienic living environments; maintaining social distancing from those infected in the household; increased risk of stress and conflict due to overcrowded living conditions; reduced physical activity; and increased eating of unhealthy food (Barboza *et al.* 2021; Cevik *et al.* 2021).

Furthermore, access to healthy meals, educational interventions and social services for vulnerable children came to a halt during lockdown (Burke and Arslan 2020). For such families, the pandemic was catastrophic since socio-economic inequities placed families in different situations. Those with limited resources found it difficult to weather the adversities brought on by the pandemic.

3.4.14 Increase in domestic violence

Collins *et al.* (2020) argued that anxiety, stress, financial strains and social isolation exacerbate the risks for violence within families. According to Evans, Lindauer and Farrell (2020), families already facing domestic violence before the pandemic have been subjected to elevated risks for family violence. Often such families experienced increased financial strain, loss of employment, decreased access to support services and limited opportunities to flee from family violence. Similarly, family conflict associated with domestic violence may compromise the overall ability of families to sustain protective actions supporting family wellness (Fosco *et al.* 2022; Feinberg *et al.* 2021; Spinelli *et al.* 2020). For example, domestic violence between parents may compromise effective monitoring of the behaviour of their children; and increase susceptibility to the negative effects of the pandemic (Prime, Wade and Browne 2020). Such families generally include immigrants, racial minorities, women and people of colour (Boserup, McKenney and Elkbuli 2020).

Evans *et al.* (2020) reported that worldwide major increases in domestic violence reports, and calls to helpline and shelter centres during the pandemic indicate challenges to family wellness. However, for those who do reach out for help, the lockdowns and pandemic risks may limit support options such as protection orders, extended family support and available spaces in shelters (Boserup *et al.* 2020). Such pandemic induced constraints create new challenges for ensuring the safety and wellness of those subjected to family violence.

3.4.15 Financial insecurity

Financial insecurity due to increased unemployment, economic decline, and loss of income because of the loss of family members during the pandemic have been associated with poor wellness outcomes (Fisher *et al.* 2020). In Australia, the strain of the pandemic on Australian households was noticeable, as closure of businesses, decrease in availability of jobs, and wage reductions in the

accommodation, entertainment and food sectors emerged as financial insecurities (Australian Bureau of Statistics 2020).

Financial insecurity may trigger food insecurity, poor caregiving, increase in depressive and stress symptoms; substance abuse; and domestic violence (October *et al.* 2022). Low and Mounts (2022) argued that financial insecurity gives rise to stress, when basic needs cannot be fulfilled. This may lead to feelings of agitation, distress and even difficulty in relaxing, as families try to find solutions to their financial stress (Ellis, Dumas and Forbes 2020; Liu and Doan 2020). In the context of parenting, Low and Mounts (2022) posited that high levels of parenting stress may increase the risk of poor parenting behaviours; parent-child conflict; lack of willingness of children to seek support from their parents; and emotional detachment. Families become more vulnerable due to limited financial resources. More so, the study by Salameh *et al.* (2020) found that lower income groups experienced higher levels of stress and anxiety due to fears about higher levels of poverty, decreased financial resources, unemployment, and uncertainty about access to medical treatments. Studies by Rajkumar (2020) and Ahorsu *et al.* (2022) found that females experienced higher levels of stress due to additional family responsibilities, being more prone to gender-based violence, and employment insecurity, which ultimately affected mental wellbeing.

3.4.16 Restrained leisure activities

The pandemic restrained engagement in leisure activities, especially with family members and friends not within the household (Buffel *et al.* 2020). More especially, mandatory social isolation requirements for older individuals living in residential care prevented visitors. Such requirements influenced how families interacted within and outside their households (Salari *et al.* 2020). Restrained family leisure activities may likely increase the stress levels of individual family members, in view of decreased availability of family members to socially support each other; openly communicate; strengthen relationship functioning; provide mentoring and teaching; build inter-generational solidarity; create family

legacies; and assist with coping during the pandemic (Salari *et al.* 2020; Das Gupta and Wong 2020; Loades, *et al.* 2020). According to Loades *et al.* (2020), social isolation restrictions on leisure activities often resulted in despair, loneliness and anxiety among family members and those living in residential care. Additionally, some family members endured longer working hours, unplanned work, and additional family responsibilities during the pandemic, which significantly restricted time to pursue leisure activities (Loades, *et al.* 2020; Salari *et al.* 2020). Even when families engaged in virtual leisure activities, some of the challenges included inability to use digital technologies, especially among the older generations; limited access to digital devices and the internet; no guarantee of optimal participation, access and inclusion; and finding an activity which interested all family members (Rogers-Jarrell, Vervaecke and Meisner 2021; Buffel *et al.* 2020; Das Gupta and Wong 2020).

3.5 PATHWAYS OF WELLNESS USED DURING COVID-19

Research alludes to various pathways of wellness used by families as systems or subsystems to create a positive impact of their wellness during COVID-19 (Luthar, Ebbert, Kumar 2021; Chen and Bonanno 2020; Walsh 2020). The strength of family resilience and capabilities influenced the extent to which families endured and recovered from the negative effects of the pandemic such as long-lasting losses; added responsibilities; physical inactivity; financial constraints; and additional parental demands (Walsh 2020). Adapting to changing scenarios and finding the means to satisfy new needs had an influence on wellness (Masten and Motti-Stefanidi 2020). Some of the pathways of wellness utilised by families during COVID-19 are elaborated upon in the following discussion.

3.5.1 Flexible work arrangements

To cope with lockdown, many organisations acknowledged the possibility of remote work as an essential factor in managing continued employment. For many families, working from home made it possible to style their 'office' as an

essential section of the home environment. This also entailed creating spaces for a silent home office especially when online meetings or calls were undertaken and organising specific work areas for every member of the family (Walsh 2020). Some of the benefits of working from home included less travel time, spending more time with family members; and adapting household responsibilities around working hours (Luthar *et al.* 2021).

Nonetheless, working from home also had benefits such as lowered parking and fuel expenses; lowered office space costs; flexibility of working especially when communicating with others from different time zones; scheduling time for domestic chores; being with family when engaging in formal work; additional time to manage one's personal life; and less time commuting to work (Usher *et al.* 2020). In addition, the study by Gambhir (2020) also found that employees who worked remotely during COVID-19 felt more enthusiastic about work; experienced higher levels of job satisfaction and less interruption from colleagues; and felt more loyal toward their employers.

3.5.2 Adjusting and adapting to shared family responsibilities

Sharing the obligations of childcare between parents; household chores; paying bills and family engagement through recreational/intellectual activities played a vital role in coping strategies within families (October *et al.* 2022). Hence, adaptability became an essential coping measure for many family members. In practice, adaptability indicated devaluing the regular criteria of domesticity for various other irregular activities such as more indoor activities; finding quiet spaces to hold online meetings, preparing meals for home consumption during the day; and managing family members at home during formal working hours (Neubauer *et al.* 2021).

Since many social activities such as eating out or large celebrations during lockdown were curtailed, families had to find creative ways to enjoy the extended time together. In some cases, preparing dinners and enjoying indoor

celebrations with the members in the household became a new way of socialising (sometimes virtual family dinners/celebrations) (Luchetti *et al.* 2020).

3.5.3 Family time and communication

Families tended to be together much more during lockdown. Luchetti *et al.* (2020) reported that families had more time to share and talk about their feelings, emotions and COVID-19 related issues. Fisher *et al.* (2020) noted that in some cases parents and children were able to build stronger relationships during the extra time they spent together, while others experienced family conflict due to the extra time spent together. In a study by October *et al.* (2022), families revealed that staying at home afforded them opportunities to become closer through having meals together more often, sharing common spaces for longer periods of time, watching their children grow, and communicating more often.

Family time of 'doing things together', was seen as a vital means to manage lockdown for numerous families, while also increasing the amount of time family members invested in being together indoors (October *et al.* 2022). The lockdown counterbalanced family time which normally was restricted to holidays, weekends, and evenings. Family discussions also added value, since useful discussions helped to handle daily difficulties; better recognise problems afflicting family members; vent emotions in respectful ways and make more informed decisions as a family. For example, for many who were separated by distance, a family WhatsApp group became a common avenue for discussions on family and general issues. Additionally, playing in the garden and video chats among children, were considered helpful strategies to reduce their aggression, anger and obesity levels (Goldschmidt 2020).

Family cohesiveness is a crucial influential factor of positive wellness outcomes since increased levels of healthy interaction may contribute to family connectedness, closeness, togetherness, social support, and improved relationships (Fisher *et al.* 2020; Luchetti *et al.* 2020). In support, a study by

October *et al.* (2022) found that increased family time enhanced family bonds and greater appreciation of each other. Similarly, a study by Fisher *et al.* (2020) found that cohesiveness among family members helped to mitigate fears associated with the pandemic, often resulting in stronger family relationships. Additionally, Neubauer *et al.* (2021) argued that supportive parental behaviour such as giving children opportunities to make meaningful choices, avoiding language which is controlling, and listening to their viewpoints often have positive consequences for psychological adjustment, academic achievement, motivation and behaviour, especially under adverse conditions such as the pandemic. This may potentially set off positive family relationships and wellness (Lekes *et al.* 2010).

3.5.4 Reclaiming personal time

Often, daily routines limit the amount of personal time available to recover or recuperate from hectic work and family schedules. While the negative effects of the pandemic are well documented, there have been opportunities to enjoy some of the benefits. For example, Buffel *et al.* (2020) reported that social isolation conditions created opportunities for some people to engage in personal change, develop a refreshed interest in leisure activities, resist a busy lifestyle, reclaim time for relaxation, and establish new connections.

3.5.5 Realistic perspectives

Individuals had no personal control over the COVID-19 pandemic and the associated protocols. Thus, a personal perspective of taking one day at a time was deemed a reasonable and rational perspective to manage the lockdown experience. Acknowledging the temporal nature of the lockdown, and the associated difficulties was an important part of managing stress, tension and anxiety (Polizzi *et al.* 2020). Additionally, having the alone time during lockdown was considered a reasonable way of recharging amidst all the disruptions to normal family routines.

3.5.6 Services and care delivered by the community

Throughout the lockdown, assistance provided by communities helped family members to deal with compromised wellness. For example, in Finland, though the crusade was for parents to have their families at home, part-time and full-time day-care facilities were opened for all children (Salin *et al.* 2020). This gave parents some latitude to manage their work/domestic obligations. A similar study by Patrick *et al.* (2020) revealed that parents accessed free school related food programmes and food banks during the pandemic to address food insecurity challenges.

3.5.7 Mobilising student capabilities during home confinement

Continuing education in virtual spaces assisted students and learners in pursuing their studies through the distance mode of delivery. Such initiatives paved the way for continued intellectual wellness. Additionally, Dvorsky *et al.* (2021) asserted that remote learning and home confinement afforded students opportunities to learn at their own pace; discover new passions, talents and hobbies; and nurture a greater sense of meaning and control in their lives. For example, youth with behaviour challenges may have listened to music or personalised tasks to help them focus their attention, which may not have been possible in traditional educational environments (Dvorsky *et al.* 2021). Additionally, spending more time at home with their families promoted more opportunities for positive family relationships; engaging in family activities such as playing games and preparing meals; becoming the technology experts at home; and being involved in delivering meals and PPEs to the needy (Ungar and Theron 2020).

3.5.8 Spiritual engagement

Many organisations acknowledged the spiritual and religious demands of faithful individuals and implemented various access options to their programmes via social media. Additionally, many religious and spiritual

organisations shifted to live streaming during the pandemic. For example, livestream communication with followers on Facebook and Twitter; acceptance of prayer requests on websites; and recorded services on YouTube helped to counteract to some extent isolation from religious and spiritual practices (Goldschmidt 2020). However, Fisher *et al.* (2020) and Goldschmidt (2020) contended that although this alternate approach to keep religiously and spiritually connected is not as effective as in-person interactions, social media platforms have been helpful in keeping a sense of connection and to leverage the spiritual wellbeing of people, in an environment of social isolation and diminished wellbeing. Thus, digital technologies helped to mitigate total disconnection from such observances.

3.5.9 Use of digital platforms

Digital platforms were seen as an essential means to maintain social contact during COVID-19. Technology became necessary during the pandemic to live, learn and stay connected. Since physical distancing protocols meant that direct interactions were not allowed, families used various social media platforms to maintain interpersonal contact (October *et al.* 2022). For example, the physical distancing conditions of the pandemic caused many families to adapt their leisure activities by engaging in virtual leisure opportunities like online gaming and virtual concerts (Buffel *et al.* 2020). This afforded families creative ways to communicate and connect with each other, while adhering to physical distancing conditions. Social media sites like Twitter, Facebook and Instagram afforded families opportunities to interact with each other beyond the household. Social distancing practices instigated the use of various social media platforms to help people to reconnect digitally with others. The study by October *et al.* (2021) argued that social media had a positive effect on maintaining contact with family and friends, while decreasing feelings of isolation. This was especially beneficial when using digital means to offer support to those distressed by the pandemic (Luchetti *et al.* 2020).

3.5.10 Access to financial resources

The financial resources of many families were impacted by the COVID-19 pandemic. In a study by Yuesti, Ni and Suryandari (2020), it was found that families improved on their financial management by saving money through planned shopping trips, retaining their shopping receipts, and budgeting for future expenses. In support, October *et al.* (2022) contended that such acts not only enhanced financial literacy among family members, but also helped them to better manage their finances during difficult times. Thus, responsible financial behaviour can improve financial wellness (Yuesti *et al.* 2020).

3.5.11 Occupational connectedness

The study by Gambhir (2020) found that many employees, although physically disconnected, enjoyed the virtual connection. Taking advantage of other locations for client meetings such as coffee shops, afforded employees opportunities to change their workspaces, while enjoying refreshing environments (Gambhir 2020). Additionally, Arora and Suri (2020) reported that the appointment of professionals to monitor employees working from home helped to control mental wellbeing; and maintain motivated and productive employees. The practice of checking on employees helped with making employees feel included being more in control of their jobs; appreciate compassion and empathy; and encouraged employees to enhance their self-care habits (Montano and Acebes 2020).

3.5.12 Increased awareness of hygiene and health

COVID-19 increased the awareness of hygiene and health, due to the implementation of safety and health protocols (Luchetti *et al.* 2020). In addition, widespread sharing of information regarding health and safety protocols, such as the mandatory wearing of masks, frequent washing of hands, sanitisation of surfaces, and maintaining clean work and domestic environments not only helped in reducing the spread of the virus, but also through increased publicity,

resulted in changes in behaviour which supported enhanced hygiene and health practices (Luchetti *et al.* 2020).

3.5.13 Awareness of eating habits

Despite documented evidence of the pandemic negatively affecting healthy diets, a study by October *et al.* (2020) found that participants expressed a greater awareness of their eating habits. With reduced take-outs or going out to eat, cooking at home increased occurrences of preparing healthy meals at home (October *et al.* 2020). It is also suggested that government regulations and mass media coverage of safety and health protocols resulted in families being more health conscious. This also helped in reducing expenditure on buying meals. Similarly, Fisher *et al.* (2020) argued that the heightened awareness of the pandemic; and changes in the self-care and hygiene habits of people not only helped in preventing the spread of the virus, but also promoted more health-conscious people. Thus, adjusting and adapting to healthy practices is important for the promotion of family wellness.

3.5.14 Accessing virtual health support

Providing online support to various groups in society increased during the pandemic (Caravella *et al.* 2020). For example, facilitating sessions via video conferencing for health employees provided opportunities for connection, reflection, and psychoeducation (Shanafelt, Ripp and Trockel 2020). Virtual support via telephone calls, online chats and website information resources during the pandemic helped in coping with grief, anxiety, stress and self-care (Shanafelt *et al.* 2020). Such encounters which provided opportunities for personal, individualised, and sometimes live encounters were fuelled by an urgent need to provide support to those adversely affected by the pandemic (Caravella *et al.* 2020).

3.5.15 Enjoying the benefits of social distancing

Despite social isolation placing severe and unique constraints on families joining together socially and physically, people adhered to social distancing protocols as an imperative for survival (Polizzi *et al.* 2020). Although simple pleasures such as going to restaurants, attending family celebrations, and engaging in sporting activities created a sense of apartness, researchers believe that such challenges likely helped people in building their resilience and coping skills (Patrick *et al.* 2020; Polizzi *et al.* 2020; Rodriguez-Llanes, Vos and Guha-Sapir 2013; Bonanno *et al.* 2010). For example, studies relating to wellness during the 9/11 terrorist attack provided useful information relating to people aligning their personal values and responsible behaviour to ensure that their actions were positive, they remained in control, and maintained social bonds (Polizzi *et al.* 2020). Similarly, Patrick *et al.* (2020) opined that despite the constraints associated with social isolation, many people found ways to move forward and even thrive under constrained conditions.

As such, value driven behaviours such active listening and empathetic support; contact via social media; sharing resources; and maintaining more intensive communication with fewer family members and friends made it possible to compensate for ruptured physical and social contact (Polizzi *et al.* 2020). Social isolation also created opportunities for families to engage in rewarding activities such as listening to music while working; solving puzzles, playing internet games and reading (Polizzi *et al.* 2020). In support, Dekel *et al.* (2016) argued that engaging in rewarding activities and appreciating life during traumatic situations predicted stronger resilience and wellbeing.

3.6 AUSTRALIAN PERSPECTIVES

The pandemic did not uniformly impact families and individuals in Australia. Various factors influenced the precipitating milieu, which most likely resulted in some experiencing greater impacts than others. Several global studies reported

on the unequal effects, burdens and constraints of COVID-19, with Australia being no exception (Evans *et al.* 2020).

3.6.1 Broad overview of some of the experiences of constraints during COVID-19

- **Co-occurring challenges**

Shutdowns and associated stress have presented significant risks, not only affecting health, but also other dimensions of wellness (Holmes *et al.* 2020). This was accentuated for Australians who experienced significant hardships, because of floods, droughts and bushfires before the pandemic broke out (Evans *et al.* 2020). Such national disasters ravaged human lives, homes, wildlife and businesses, consequently adversely affecting wellness (Pachana *et al.* 2020).

As such, the financial and psychological resources of Australian families may have been compromised before the pandemic emerged. Co-occurring challenges compounded by COVID-19, accentuated wellness challenges (Pachana *et al.* 2020). For example, documented research point to increased family conflict, domestic violence and mental health problems during the bushfires (Reifels *et al.* 2019). According to the study by Evans *et al.* (2020), families indicated that the pandemic affected them massively, incurring financial losses; suicide contemplation; limited health support; extreme stress; and exacerbated health difficulties. Evans *et al.* (2020) argued that the interaction between pre-dispositioned vulnerabilities and challenges precipitated by the pandemic potentially worsened family wellness.

- **Compromised family relationships**

Being housebound with family members may potentially lead to stressed relationships. As revealed in a study by Evans *et al.* (2020), some families indicated that social restrictions exacerbated existing relationship difficulties,

leading to divorce and domestic violence in some cases, while in other cases, increased conflict and arguments because of spending too much time together emerged. Thus, it is likely that in some instances, families may only be able to tolerate each other for certain enforced periods of time. For example, reports from Australia have suggested a sudden escalation in violence against children and women during the pandemic (Andrews 2020). This was compounded by other pandemic stressors such as physical, financial and emotional pressures; decreased access to support systems; and social isolation (Pachana *et al.* 2020).

On the other hand, some couples felt that increased responsibilities during the pandemic such as longer work-related hours spent away from home, child care, assistance with online schooling, and lack of support for care from family and friends affected the time they spent together (Evans *et al.* 2020). As contended by Rogers and Cruickshank (2021), social isolation disrupted the quality and frequency of in-person shared experiences and communication. Consequently, when relationships are impaired, then a sense of closeness may be diminished, and the perceived quality of relationships reduced (Lardone *et al.* 2020).

- **Additional responsibilities**

Lockdown restrictions imposed more responsibilities on families such as additional cleaning; caring for children; and managing excessive reliance on screen time by their children (Evans *et al.* 2020). Such responsibilities were accentuated among families with children enduring physical and mental disabilities. Heightened stress was associated with time required for their personal care during lockdown; preventing them from touching possible contaminated surfaces; compromised immunity; and restricted relief support (Evans *et al.* 2020). Therefore, doing much more, negatively impacted on the resources available to cope, since families were often juggling multiple responsibilities as parents, employees, financial planners, caregivers, counsellors, teachers, and leisure planners (Evans *et al.* 2020). In attempting to

create a balancing act as they navigated through this unprecedented crisis, the capabilities of many parents were stretched (Nelson *et al.* 2020).

- **Working from home**

The greatest change in work patterns for Australians was working from home (Hand *et al.* 2020). Some of the effects of this included child-caring while working from home; and increased cleaning, shopping and cooking especially for women (Hand *et al.* 2020). Additionally, the study by Evans *et al.* (2020) found that some of the challenges experienced by parents working remotely included working longer hours; exposing children to work information deemed inappropriate; juggling family and work demands; and managing conflict, arising from sharing common spaces for long periods of time. Established research shows that such challenges may likely impact family mental health, relationships and emotional wellbeing (Nelson *et al.* 2020; Vahedi, Krug and Westrupp 2019).

- **Challenges faced by minority groups**

According to Abbas *et al.* (2018) the limitations faced by minority groups such as structural inequities; and their economic, social and political positioning, are often associated with higher levels of mortality and morbidity. For example, Torres Islander and Aboriginal groups have notable pre-existing mental health burdens, which predisposed them to heightened distress during the pandemic (Jones *et al.* 2020). Furthermore, the onslaught of COVID-19 witnessed an increase in racial and xenophobic aggressions such as the use of a surgical mask and Communist Star in an article “Chinese virus pandemonium” by the Herald Sun, and the publication of an article “China Kids Stay at Home” by the Daily Telegraph (Furlong and Finnie 2020). Misleading and insensitive media coverage may potentially increase the wellness problems of those targeted. Similarly, Aboriginal communities in Australia have unique vulnerabilities such as not trusting external services; waiting for long periods for health support in remote areas; and language and communication barriers which may prevent them from accessing necessary help during the pandemic (Nasir *et al.* 2018).

Likewise, the study by Allen *et al.* (2022) revealed that minority groups experienced job losses; housing and food insecurity; increased racism; limited language specific information about the pandemic; and increased levels of anxiety. The study further revealed the following (Allen *et al.* 2022):

- An urgent need for food assistance to meet basic family needs.
- Reduced working hours.
- Additional need for clinical support.
- Lack of social contact.
- Need for support with Centrelink, status resolution, and job applications.
- Need for masks, sanitisers, detergents and gloves.
- Lack of engagement with local sources of information about the pandemic because most of the messages were in English.

Thus, Allen *et al.* (2022) argued that the pandemic exposed various types of inequalities among migrant groups in Australia. Further, as argued by Furlong and Finnie (2020), exposure to stressful experiences by predisposed vulnerable people may result in difficulties in them adapting and adjusting to new stressors, consequently compromising their physical and mental health. Despite the findings, the Federation of the Ethnic Communities' Council of Australia commented that there is inadequate data for diverse communities in Australia (Murray, Nebeker and Carpendale 2019). Therefore, the extent to which the pandemic has accentuated existing inequalities should not be underrated, since minority groups are generally not visible in health data, policy and investments, thereby preventing specific interventions targeting this group (Allen *et al.* 2022).

▪ **Increased need for support among health care employees**

A study by Elliott *et al.* (2022) revealed some of the following requests by health employees associated with the pandemic: Increased need for compensations risks; opportunities to recover from COVID-19 fatigue and emotional exhaustion; psychological support; frequent access to training and education

regarding treatment options, use of equipment and personal wellness; prioritised communication which is consistent and transparent; and access to shower facilities and exercise equipment during long shifts. Wahlster *et al.* (2021) commented that health care employees needed genuine support during the pandemic, since they were critical frontline employees not only treating COVID-19 related cases, but also had to deal with personal fear, safety, anxiety and distress. Thus, Elliott *et al.* (2022) maintained that without the physical health of health care employees as a priority and basic essential need, the promotion of overall wellness may be compromised and severely impact the efficacy of health service provision.

- **Limited external support**

Quite often, the pandemic has been associated with many mental and emotional health problems such as fear of being in public; aggression toward family members; and stress and anxiety (Nelson *et al.* 2020). A study by Evans *et al.* (2020) reported that parents could not access external support to support wellness, which limited their sleep and rest opportunities, as well as that of family members. This placed much pressure on effectively managing additional family responsibilities such as addressing the fear of death, helping children understand social isolation; overseeing excessive symptoms of sadness; and trying to control emotional contagion among family members (Evans *et al.* 2020; International Society for Social Paediatrics and Child Health 2020). Older people who relied on home help, meals on wheels, and communal activities were also affected during lockdown, with those most socially isolated and economically disadvantaged falling through the cracks (Pachana *et al.* 2020). These challenges may likely be physically exhausting, mentally taxing, and emotionally stressful.

- **Frustration with social isolation**

Feeling trapped may be quite frustrating, especially for Australian families who generally enjoy expansive lifestyles, outdoor activities, and freedom of

In the absence of such activities, it is more than likely that family members may be restrained from bonding through shared experiences and building social connections beyond the household. These losses may likely contribute to negative emotions and place additional strain on families (Vahedi *et al.* 2019).

- **Preference for human in-person interaction**

The massive use of digital technology during the pandemic as a useful form of communication is well documented. Apart from using online technology for work purposes, families have used it to stay in contact with family and friends (D'Onise *et al.* 2021). However, a study by Evans *et al.* (2020) revealed that communication via digital technology was seen as inferior when compared to in-person interaction, since a video chat, for example, was a poor replacement for hanging out together with family and friends. Likewise, Rogers and Cruickshank's (2021) study found that technology was used to compensate for restrictions on physical contact. However, a study by Lardone *et al.* (2020) found that excessive time on social media was negatively associated with emotional wellbeing.

- **Financial worries**

Generally, Australians experienced unemployment; reduction in working hours and income; and stand downs due to the varied impact of the pandemic (Hand *et al.* 2020). Some of the worries included not being able to pay the rent or mortgage; restricted food consumption; use of savings; and retaining normal working hours (Evans *et al.* 2020). In some cases, Centrelink applications for employment relief were delayed because of the increased number of unemployed people (Evans *et al.* 2020).

3.6.2 Overview of the pathways of wellness used during COVID-19

The constraints experienced by Australians have been varied and impacted wellness in multiple ways. In response, a diverse range of approaches have

been employed to mitigate the adverse effects of the COVID-19 pandemic on wellness.

- **Support while under quarantine**

D'Onise *et al.* (2021) reported in their study that support services which were accessed by international travellers under quarantine included participating in solo concerts in hotel lobbies while maintaining social distancing; attending yoga classes; distributing activity packs to families with children; proviso of cultural food; and access to interpretation services. These support services not only helped to alleviate loneliness, distress and anxiety, but also helped to improve communication and satisfaction during quarantine (D'Onise *et al.* 2021). The interventions reflected a holistic wellness approach to potentially constrain the negative impact of the pandemic while under quarantine.

- **Effective use of time during isolation**

While many studies reflect on additional responsibilities curtailing family time, a study by Evans *et al.* (2020) found that some parents experienced improved co-parenting relationships; enhanced family bonds; sharing quality time and mindfulness; finding time to address family issues; and playing more games together. It was also found that being under social isolation encouraged some to engage in self-reflection on matters relating to honesty about emotions and finding ways to help each other (Evans *et al.* 2020).

Given that social isolation restricted outdoor/leisure activities, a study by Baxter *et al.* (2020) found many resorted to virtual activities such as games; running or biking with family members; and gardening. Engaging in common activities and experiences; and even talking to each other all serve to maintain relationships and build stronger bonds (Lardone *et al.* 2020; Rossignac-Milon and Higgins 2018).

- **Access to social and economic support**

UNICEF (2020) strongly advocated for more cash transfer programmes to be implemented by countries to mitigate harmful practices such as substance abuse; and the expansion of employment policies which support and protect families. Relatedly, in complementing public health responses, the Australian government introduced the JobSeeker and JobKeeper payments, and measures to ensure credit flow so that economic and social protection responses were strengthened (Jones *et al.* 2020). Also, due to COVID-19, the Australian welfare system has been strengthened by major government expenditure to support those unemployed and businesses; provide rent assistance and allowing for deference or reduction in tax payments (Pachana *et al.* 2020). In addition, to mitigate the negative effects of the pandemic on women, they were provided with flexible work arrangements, and short term support for childcare (Australia 2020). However, while the Child Care Relief Package provided free child care, especially for vulnerable children and essential employees, there was a drastic decrease in approvals for child care usage and all other types of non-parental support (Hand *et al.* 2020). Additionally, phone and web support provided advice, coping strategies and information to assist with COVID-19 issues, while telehealth services have been implemented through rebated sessions (Australia 2020).

- **Use of the family as a protective factor**

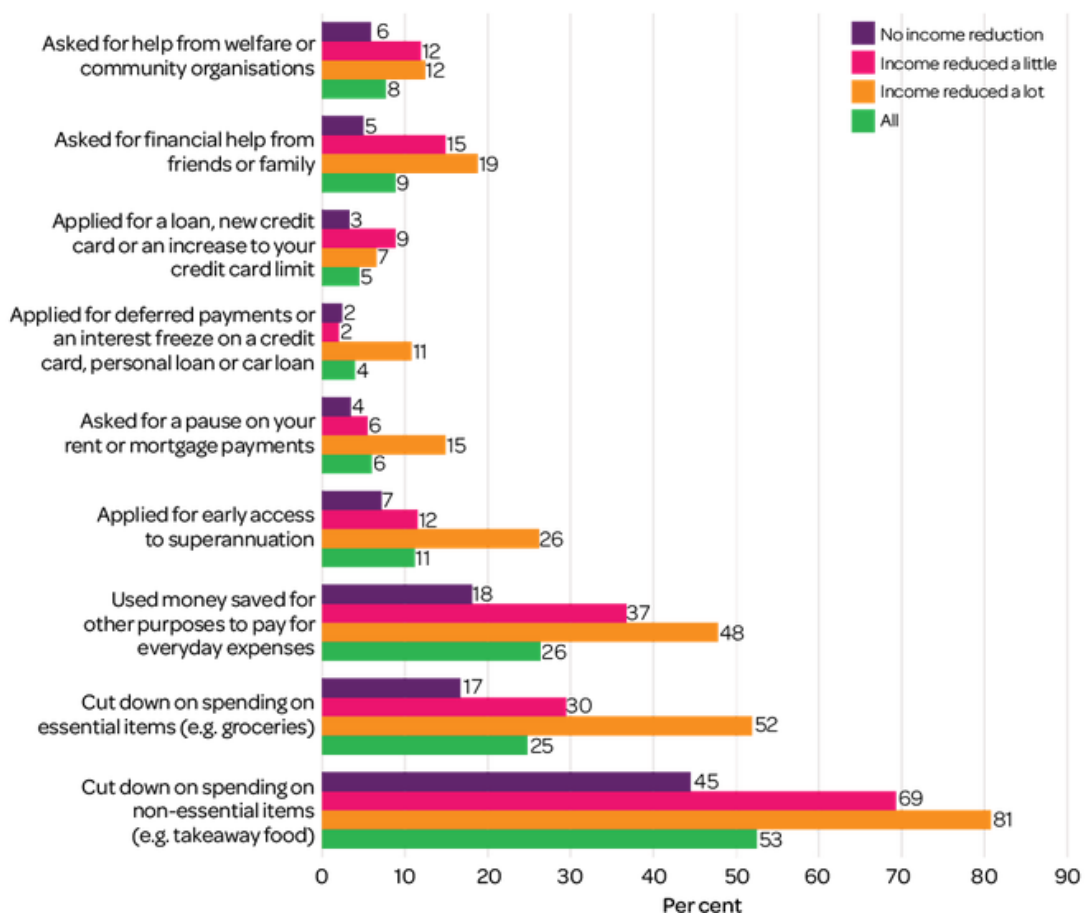
According to a study by Evans *et al.* (2020), some families enjoyed their large garden spaces to pursue leisure activities together; showing gratitude and appreciation toward each other; acknowledging their homes as safe spaces; sharing domestic chores; feeling a sense of calmness in the absence of driving around; engaging as a family in cooking, baking and crafts to bring solace. Some families even reported that adapting to new routines such as turning to extended family support helped them to navigate through difficulties, thereby improving relationship satisfaction (Evans *et al.* 2020). According to a study by Carroll *et al.* (2020) people stayed connected by engaging in common activities

such as texting and talking; sharing meals; watching movies/TV; listening to music; dancing; arts and crafts; baking; and playing games. These findings are commensurate with research which points to enhanced relationship outcomes as an indicator of low levels of environmental stressors and adversity (Masarik and Conger 2017; Karney and Bradbury 1995).

- **Maintaining financial security**

Warren, Baxter and Hand's (2020) study as illustrated in Figure 3.2 revealed that various initiatives were taken by family members due to financial constraints during the pandemic.

Figure 3.2: Actions taken by families in response to the financial impact of COVID-19



Source: Adapted from Warren, Baxter and Hand (2020)

According to the study by Warren, Baxter and Hand (2020), some of the initiatives taken to address financial wellness included:

- **Decreased expenditure**

Decreasing expenditure on non-essential items was a typical pathway to financial wellness, with expenditure restricted to groceries, gas, electricity and fuel. Additionally, reduced medical expenses; adjustments in insurance premiums; use of savings; deferrals in mortgage payments; and application for assistance from banks were the common initiatives taken. However, very few pursued freezing their credit cards or acquiring new assets like homes or cars.

- **Assistance with real estate rates**

Some of the actions taken included requests for adjusting rent or home loan repayments; postponement of rent increases; negotiating reduced interest rates on mortgages; and refinancing loans at better rates.

- **Accessibility to superannuation**

Early access to superannuation was another option used when family income was reduced. For example, some pensioners lowered their superannuation drawdowns, amended their pension plans, and accessed discount cards. In some cases, pensioners were also helped with reduced pension plan drawdowns during the pandemic.

- **Help from family members, buddies and well-being organisations**

Financial and non-financial help from family, friends and welfare organisations also brought some relief to financially constrained families. In another study by Hand *et al.* (2020), some of the actions taken by Australians to address the financial impact of the pandemic included:

- Reducing non-essential expenditure.
- Deferrals in payments for mortgage bonds, rent, personal loans and cars.
- Refinancing home loans.
- Renegotiating rentals.
- Applications for new loans.
- Increased credit card limits.
- Interest freeze on credit cards.
- Accessing funds from savings.
- Requesting help from families, friends, and welfare/community organisations.
- Applying for JobSeeker or JobKeeper funding.
- Delaying major purchases.
- Arranging payment plans for school fees, and gas and electricity bills.
- Engaging the services of an accountant or financial planner.

The actions indicate concerns about financial insecurity and attempts to sustain and maintain financial wellness.

▪ **Keeping connected via technology**

Rogers and Cruickshank (2021) argued that while communication technology may have the potential to reduce wellness, it did offer some relief for people to stay connected; maintain relationships and be kept informed. As such, Rogers and Cruickshank's (2021) study found that talking to others about the pandemic was a potential source of bonding and an opportunity to improve the quality of relationships. Since, Australians have been negatively affected by the lockdowns, sharing their experiences of hardship, pain and adversity may potentially serve as social bonding encounters (Lardone *et al.* 2020; Rossignac-Milon and Higgins 2018). Additionally, some of the online services offered to help people with technology issues; especially the aged include: University of the Third Age Online and Australian Seniors Computer Clubs Association

(ASCCA) offering online classes; Be Connected (a government website offering free lessons); and libraries providing technology training (Carroll *et al.* 2020). Initiatives such as video and telephone consultations allowed for cognitive behavioural therapy and psychotherapy support, thereby allowing for the continuation of reinforcement sessions (Pachana *et al.* 2020). Thus, technology mediated communication played a role in maintaining relationships (Carroll *et al.* 2020).

3.7 INTERCONNECTEDNESS AMONG WELLNESS DIMENSIONS AND APPROACHES IN TRANSITIONING THROUGH COVID-19

The eight dimension wellness design utilised in this study are all interconnected. For instance, during times of pandemics, when people really feel monetary strain and stress (e.g. escalating debt), they experience psychological anxiety (anxiousness), often igniting physical troubles (health problems), reduced job productivity (occupational), and may also examine one's definition as well as function in life (spiritual). When people are not working (occupational), they experience compromised opportunities to connect with others (social), experience inability to access high quality foods and treatments needed to keep well (physical), and there may be a need to relocate to an area which feels more protected and risk-free (environmental) (Swarbrick and Yudo 2015).

Often when wellness professionals or medical doctors embark on any process to provide health care during pandemics, they do so in line with the Constitution of the World Health Organization statement that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (Dunn 1957: 225). This is exactly what the literature has demonstrated. For example, in terms of spirituality, the COVID-19 experience has propelled people to reflect on their wellness, well-being, quality of life, health, and their end of life. Spiritual care during the pandemic became an important component of holistic health management, more especially relating to coping with suffering, illness, deaths and loss of family stability (Roman, Mthembu and Hoosen 2020). People generally found solace through their

religious and spiritual beliefs and practices during times of disasters and personal distress (Bentlage *et al.* 2020). For example, meditation methods have been utilised as divine and healing techniques for greater than 5000 years for purposes of developing spiritual understanding and awareness (Amiel and Ulitzur 2020; Bentlage *et al.* 2020). People may gravitate toward spiritual healing techniques such as crystal healing or reiki to recover from psychological disruptions; boost sporting efficiency or reduce high blood pressure (Albrecht 2011). Spirituality basically supports as well as promotes high standards of health, specifically the dimensions of transcending; and searching for definition, self-obligation and love, which have been observed during pandemics (Del Castillo 2021; Fyanka 2021). Clinical studies have tested reflection results on various physical results, with the most common result being minimised high blood pressure in hypertensive individuals during pandemics (Bentlage *et al.* 2020). Offering spiritual care by health employees such as compassionate presence; and listening to the hopes, dreams and fears of patients may well improve quality of life and holistic wellbeing of patients. However, during COVID-19, some of the activities, such as spiritual practices have been practiced at home or during online sessions because of precautionary interventions for infection control (Del Castillo 2020). Thus, spirituality is significant in healthcare because it enhances coping strategies for stress; promotes recovery; strengthens resilience; and prevents burnout (Fyanka 2021). As such, Del Castillo (2020) alluded to spiritual wellbeing as the currency of health, offering some relief from occupational, financial and social stressors during COVID-19.

Furthermore, regarding social restrictive interventions, the pandemic has affected the way people live and organise their lives; manage interpersonal relationships; and maintain social distancing. Social distancing measures, isolation and quarantining during lockdown have impacted physical, occupational and emotional wellness (Newman College 2021). Through the increased use of technological devices and social media platforms, people have been able to show empathy, communicate with family and friends; and maintain a sense of community solidarity (Alvarez, Argente and Lippi 2020). In doing so,

people had to learn new technological skills (intellectual well-being), adapt to new working and living environments (environmental wellness); overcome the restraints of human interaction via digital devices (social wellness); develop new spaces of inter and intra-social communication; and manage multisensory experiences in a new virtual reality environment (emotional wellness) (Saladino, Algeri and Auriemma 2020).

Cultivating a healthy relationship with the natural and personal environment is integral for environmental wellness. Stay at home lock down measures required people to spend extended periods of time at home, which impacted living and working spaces; mental and physical health; personal relationships; and connecting with nature (Maipas *et al.* 2021). For example, individuals who lived and worked prolonged hours in apartments and offices without adequate ventilation or access to water were more susceptible to infection (Wu and McGoogan 2020). Furthermore, a German survey which investigated environmental variables lowering or increasing infection rates, found that employees working in tobacco factories were mostly infection-free, due to the maintenance of the air sanitising action of the fuming ovens in these manufacturing facilities throughout the 1889 to 1891 Russian Influenza (Nakada and Urban 2020). COVID-19 required people to increase their access to fresh air and sunlight; avoid the use of recycled air; and observe sanitisation and hygiene protocols so that the pathological effects on human and environmental wellbeing was not adversely affected (Rappaport *et al.* 2020).

In addition, reduced gas emissions and even noise pollution during the pandemic due to reduced economic activities, leisure activities; and behavioural and environmental interventions benefited environmental and physical wellness. Additionally, persistent migraines after acute infections during COVID-19 created deficits in intellectual and physical activities, thereby requiring pharmaceutical and non-pharmaceutical interventions in some cases (Moss *et al.* 2020). Thus, problems associated with physical and intellectual health, may require choices to be made in multiple dimensions of wellness, if the afflicted want to restore themselves to their former selves (Moss *et al.* 2020).

The COVID-19 pandemic has affected how people work and working hours; maintaining full time employment, sustaining work-life balance; sleep patterns, physical activities and dietary habits (Laker and Roulet 2021). The impact on occupational wellness triggered effects on other dimensions of wellness, as the loss of employment for example may potentially impact access to financial resources, eating healthily; stress and anxiety; and the desire to exercise and be intellectually stimulated. During it all, many businesses, organisations and governments increased their wellness spending by developing strategies that employers and employees' could use to manage workplace fatigue and health related issues (Laker and Roulet 2021). Thus, maintaining occupational wellness can positively impact physical, intellectual, social and financial wellness, since surviving during the pandemic entailed finding ways to thrive in our overall wellbeing.

In addition, during pandemics, mental health challenges such as post-traumatic stress disorder, suicidal ideation and depression affects how people feel, think and behave (Ahrendt *et al.* 2021). Support interventions such as online counselling services; distribution of resources to guide wellbeing such as exercises and diets; and the provision of links to relevant websites were increasingly used to mitigate negative wellness issues during the pandemic (Ahrendt *et al.* 2021). This was also complemented by the promotion of spiritual resilience including meditation; mindfulness training; relaxation techniques; sharing success stories; breathing and positive messaging (Del Castillo 2020).

Thus, the disruptions caused by COVID-19 has disturbed the various dimensions of wellness among families and individuals. Often people have been redirecting their focus to certain dimensions of wellness to remain resilient and safe. Though one dimension may appear more important during times of crisis, the other dimensions cannot be neglected because of their inter connectedness. Thus, ensuring holistic wellness is the direction people should persevere toward during crisis situations like COVID-19.

3.8 LESSONS TO BE CONSIDERED

Economic recovery and survival; future developments and expectations of individuals, families, communities, organisations, and governments are important considerations in recovering from the negative effects of the pandemic and sustaining wellness (Del Rio and Malani 2020). Therefore, there is a need to draw on lessons if we really want to alleviate the burden and negative impact of COVID-19 on families. There are many lessons which may provide some salient points for consideration, among which are:

3.8.1 Lesson 1: Social impact of the pandemic on families

A study by Gouveia *et al.* (2021) found that adults and the youth were affected by employment conditions. The magnitude of constraints on both the young and old was both social and physical. Therefore, any interventions for families should not segregate the young from the old, because effects on the family unit is varied. Depending on the nature of family resilience and capabilities, the complete wellness of the family could be compromised. For example, job losses lead to financial suffering which also affect the emotional well-being of the family, and consequently their overall QoL. Thus, a holistic approach is required to help families out of this unwelcome pandemic.

Thus, to comprehend the assortment of social influences on different sectors of the social order, it is important to assess individual understandings of lockdown regulations, specifically regarding constraints in managing movement limitations, as well as self-analysis of personal durability in dealing with pandemic related conditions. Importantly, it is also crucial to assess the extent to which pre-existing social inequalities relating to race, gender, age, social course, and employment translated into various social profiles of impact. Therefore, it came with no surprise to discover that the less fortunate always bear the brunt of contagion.

3.8.2 Lesson 2: The poor suffer the most

Sadly, during pandemics (throughout history) it is the poorest who suffer the most (Glatter and Finkelman 2021). This could possibly be attributed to the fact that this group of people lack access to wellness programmes and become susceptible to deficiencies of what such QoL should offer them against any pandemic. There is a clear disparity between these groups and their counterparts. They are generally the poorest (deficiency in financial wellness), the most susceptible (deficiency in wellness), the ones with the least good access to medical care (well-being), the ones that work the longest hours (occupational deficiency), that live in one of the most overcrowded accommodation (deficiency in social wellness), and more prone to pandemic risks (Glatter and Finkelman 2021). Hence, it is likely that emerging nations are the ones that are most likely to bear the burden of the COVID-19 pandemic. In the light of such doom, various international organisations like the International Monetary Fund (IMF) have advanced funds for countries including developing nations to cushion the effect on the poor (Mazur-Marzec *et al.* 2021). Focusing on the plight of the poor, especially during pandemics is a decision in the right direction.

Inferring from the study by Gouveia *et al.* (2021), the study showed that the dominant profile group affected by the pandemic comprised of individuals who were materially vulnerable and subjectively constrained. Most participants in this group revealed that they found it difficult to manage their lives with restrictions relating to lockdown; expected the restrictions to be short term; mentioned their low resilience; and suffered from difficult material conditions (Gouveia *et al.* 2021). This scenario is typical with most emerging economies, majority of whom live below the poverty line. In contrast, the materially comfortable and subjectively relaxed individuals responded that they had no problems dealing with lockdown regulations; and were confident that they had the resilience to cope with the pandemic related situation (Gouveia *et al.* 2021).

In sum, the most vulnerable participants included those living in complex family situations; lone-parent households during lockdown; followed by parents with children, especially young children, and those cohabiting with multiple unrelated persons (Gouveia *et al.* 2021). Overall, vulnerability appeared to be associated with the number of people living in a household, material status, health condition, and the presence/absence of young children in the household.

3.8.3 Lesson 3: An expanded state approach

State-led healthcare has assumed a new-found importance. States have offered a major boost to the idea of interactive social medicine (social wellness) and medical care (well-being) (Morens 2020). This has propelled people to enjoy a new level of wellness and a new QoL. As per the records, Spinney stated in the discussion forum's podcast *Globe Vs. Infection* that "there was a realisation that a pandemic was a worldwide wellness dilemma that must be dealt with at the population degree (Heymann 2020). Therefore, having known from time immemorial that frontline wellness employees are always at risk, especially, when dealing with contagious pandemics, it is important to make sure that such categories of families are always protected (World Bank 2021). Frontline health employees should always be protected during pandemics as a priority plan, and this should be made a global priority. Furthermore, vulnerable groups can be helped in some of the following ways to mitigate their exposure to undue risks (Butler *et al.* 2020; Tang 2020):

- Helping children and adults in vulnerable circumstances through psychosocial interventions (e.g. focusing on strengthening mental health; using community-based interventions to provide families with access to services and resources;
- Addressing discrimination and stigmatisation (e.g. through information; campaigns; support from public health systems, community organisations and schools);
- Investing in social protection livelihoods during pandemics to mitigate shocks;

- Promoting access to protective, health, and justice services, which may be suspended or restricted during infectious pandemics; and
- Facilitating continued access to education, especially for girls and women, who may be severely affected.

3.8.4 Lesson 4: Global co-operation helps

As dreadful as the coronavirus is, Rotondi (2020) and Huber (2020) do not think that the death toll caused by it will get to the meteoric degrees of the influenza epidemic of 1918. They opine that current public health systems, scientific equipment and medical materials (despite being in short supply) are far better now (Rotondi 2020; Huber 2020). In contrast to previous pandemics, currently there is a head start in tackling this, as this is the first pandemic of this extent where it is known where the virus is, right from the onset. Additionally, global collaboration and monitoring in developing and administering vaccines worldwide is a breakthrough (Mangione *et al.* 2020). With social distancing still in place in several parts of the world; and herd immunity structures and collaborative work still underway to create treatments and vaccinations, the future is hopeful. It is time for us to listen as well as learn about this illness and what it exposes us to, so that we can take that understanding forward (Huber 2020).

3.8.5 Lesson 5: Pandemics pose problems for the globe at large

Regardless of the factors camouflaging a public-health situation, from the political to the totally mercenary, the restricted dissemination of accurate information has always contributed to an accelerated spread of a pandemic, as well as hindering public health and wellness monitoring (Glatter and Finkelman 2021; Sarris 2021). At various other times, cover-up measures have been inspired by patriotic predisposition, pride, or national politics. This was evidenced in the South African and HIV/AIDS virus in the 1990s, China during the initial months of the SARS epidemic of 2003, and the Indonesian avian flu

(Sarris 2021; Butler *et al.* 2020). These acts of human insensitivity do not bode well for timely control and prevention.

Hence, modern globalisation which is underpinned by enhancements in transport and modern technology help to integrate markets for both goods and individuals for common good should also realise that injustice anywhere is injustice everywhere. Not fully exposing a pandemic that does not only deal with a localised region or people should not be accepted as serious consequences may ensue as seen during COVID-19. For example, lessons from the 1918 flu revealed that huge activities of individuals and a lack of mitigation actions spread the disease, with disastrous consequences. Therefore, a deliberate gesture to hide a natural occurrence that we all need to work at for the well-being of all should not be countenanced with gentility. Social distancing assists to contain the spread of the disease (Tang *et al.* 2020; Bettinger-Lopez and Bro 2020). Therefore, every well-meaning patriot should be concerned about the impact of the global economic situation, disrupted worldwide supply chains, large laid-back labour forces and food supply instability on people at the grass roots level.

While enhanced global business can certainly add to the spread of a pandemic because of movements of goods and people, it additionally requires support to manage a pandemic and financial losses (Bettinger-Lopez and Bro 2020). The threat of such losses should, however, encourage emerging economies faced with a brewing epidemic to connect more openly with donor nations for shares of their greater financial resources to contain or mitigate the effects of outbreak. This desire for financial wellness is a natural craving for well-being among nations during pandemics.

3.8.6 Lesson 6: Blame not the sick

The spread of the coronavirus has been accompanied with a global wave of anti-Asian reactions, driven partially by the truth that the illness first emerged in the Chinese city of Wuhan and spread through the Chinese population initially

(Prajapat *et al.* 2020). Even though this is nothing new, blaming the people who become ill or stigmatising them does not motivate international collaboration for common service (Valerio *et al.* 2021). This has occurred repeatedly throughout history and requires a change of mind sets. For instance, during the cholera epidemics during the 1830s to 1860s, white Protestants avoided Irish immigrants as carriers of the scourge (Valerio 2021). Similarly, while individuals argued around blaming HIV-AIDS on gay way of lives or club dancing, priceless years of searching for the cause of the virus were lost (Valerio 2021). Additionally, when polio swept various nations in the 1950s, African Americans and the poor became the targets for stigmatisation (Tan *et al.* 2020).

Today, we can act as well as learn the truth that worldwide participation and dissemination of knowledge will certainly aid us in responding appropriately with these outbreaks, or we can isolate ourselves from the rest of the world, and firmly ensure on going through it alone (Tan *et al.* 2020). There is no point in condemning individuals for contracting an ailment or treating them alone (Trotter 2021). We must also nevertheless note that the WHO in 1980 revealed that smallpox was officially the first and only human infectious disease which was eradicated, and this was done through global collaboration (Trotter 2021). Thus, rather than blaming or even stigmatising, collaboration in finding solutions is a worthwhile strategy to pursue.

3.8.7 Lesson 7: Vaccination approach and moral choices may bring success

Throughout the smallpox epidemic that spread throughout North America from 1775 to 1782, the affliction created physical, emotional, as well as financial suffering for thousands, which was detrimental to the QoL. In this instance, quarantine may be considered punitive, but it made the vulnerable understand the suffering of the afflicted and how wellness was affected. Variolation has been subjected to a comprehensive process and has come full circle, as scientists have considered using convalescent plasma (survivor blood believed to have antibodies to COVID-19) as a therapy (Shaker *et al.* 2020; Pambuccian

2020). However, surviving the virus attack through advanced scientific medicine without material, appropriate family composition and financial wellness is equally detrimental.

Again, the previous observation is reinforced, in that families living in complex multi-generational households; families living with under-aged children; and lone-parent households, stand out as subjectively and materially more vulnerable (Gouveia *et al.* 2021). Additionally, family members from different generations were affected by the pandemic when they endured specific life-course phases, which subsequently affected the entire family (Gouveia *et al.* 2021). This observation highlights the linked lives dimensions of vulnerability, and shows how important it is to examine the impact of the pandemic on the life courses of individuals and their families.

3.8.8 Lesson 8: Adaptive work environments and ventilation

Work-related and educational related exposure may occur at any time, such as during travel to a country with transmission, as well as enroute to and from educational institutions and workplaces. The risk of exposure is dependent on the probability of frequent exposure and close proximity with people who may be infected; through contact with contaminated objects and surfaces; and airborne transmission in inadequately ventilated and crowded spaces. Additionally, health authorities identified indoor spaces with poor ventilation as potential infection hotspots, thereby making air-purification regimes or ventilation within indoor spaces necessary (Lendacki *et al.* 2021).

Opening windows; welcoming draughty rooms; filtering and disinfecting recycled air; and improving air circulation are some of the measures adopted toward maintaining healthy buildings (Lendacki *et al.* 2021). More so, limiting the density of people inside work and educational spaces helped to control transmission, while promoting occupational health and safety (Jamison and Mosley 1991). Relatedly, Germany spearheaded the idea of outdoor institutions, and by 1918, in excess of 130 American cities had started practicing

them. The movement toward exposure to fresh air, also inspired city organisers to develop even more green rooms to enhance public health for wellness (Mazur-Marzec *et al.* 2021). Thus, it is imperative that non pharmaceutical strategies which mitigate being infected and aiding recovery from COVID-19 be seriously considered during the pandemic.

3.8.9 Lesson 9: General pandemic protocols help

Quarantine measures have been adopted in most parts of the world, for controlling past communicable disease outbreaks depending on the nature of the diseases and the rate of risk for transmission (Malik *et al.* 2020). In cases where pharmaceutical interventions were non-existent, such measures helped to avert terror and death; delay the spread of diseases; contain infection and sustain the infrastructures in society. Thus, in the face of new challenges underpinning the growing risk for the emergence and vicious spread of infectious diseases, quarantine, isolation and other public health measures remain crucial for health preparedness. However, such measures necessitate vigilant attention to minimise causing intolerance, stigmatisation and prejudice. Thus, public trust must be gained through transparent, regular, and comprehensive communication which balances the benefits and risks of various interventions by public health systems (Rotondi 2020).

Pandemics may well disrupt normal supplies of food and drinks, thereby requiring emergency food and drinks distribution through ingenious ways. For example, during the Italian Plague (1629-1631), the rich residents of Tuscany created a resourceful way to liquidate the contents of their wine cellars without going into the presumably contaminated roads: Red wine home windows, or *buchette del vinos* were established to pass their wares to waiting consumers, just like the to-go alcoholic drink windows that were created in New York cities throughout the COVID-19 pandemic (Rotondi 2020). Today, there are more than 150 red wine window homes in the city of Florence, 400 years after the affliction, and these were revitalised amid COVID-19 to offer clients everything from wine to gelato and coffee (Rotondi 2020).

Vulnerable population groups need to be protected from possible food shortages. Some of the early socially distant measures adopted included distribution of nutritious food stocks by humanitarian agencies; establishment of temporary warehouses to receive, store and distribute food supplies; ensuring that the neediest people get food rations first; and using volunteers to deliver food rations to the elderly, disabled and ill (Malik *et al.* 2020).

In encouraging people to take responsibility for their own health, it was recommended that both afflicted people wear masks to protect others, while healthy people should wear masks as a preventative measure (Prime *et al.* 2020). Despite real concerns that masks may impede communication for the hearing impaired and frail elders, the support for mask-wearing continues to grow. Furthermore, germs can spread from people or surfaces when people touch their nose, eyes and mouths with unwashed hands; touch contaminated surfaces or objects; prepare and eat food and drinks with unwashed hands and blow their noses, sneeze or cough and then touch common objects and the hands of other people (Conti 2020). The importance of handwashing and sanitising utensils only became well understood when scientists developed the germ theory, showing that certain infections and diseases were caused by invisible microorganisms. Today, medical and health professionals consider hand washing; sanitising of surfaces and equipment; and the complete drying of them as a crucial hygienic practice.

The washing of hands to lower the spread of the condition is now an approved part of hygiene and cleaning of surfaces and equipment are critical behaviours to adopt for a healthy life. Thus, access to information services and information is inadequate to shift human behaviour. Individuals must be convinced that they have a vital role to play and be motivated to sustain such behaviours to protect themselves and others from being infected (Mazur-Marzec *et al.* 2021).

3.8.10 Concluding remarks on lessons learnt

The demographic of the coronavirus is diverse, striking everybody in one way or the other. Its effect on the young as well as the healthy is much similar, when compared to the virus a century back (Markel 2020). Lately, news reports indicate immune actions called 'cytokine tornados' as a most likely reason for the collateral damaging effects occurring in more youthful individuals (Glatter and Finkelman 2021). Precisely, the very same thing happened in 1918, when solid body immune systems overwhelmed and affected other body organs, particularly the lungs. This realisation is already triggering new methods of researching on treatments for the COVID-19 pandemic (Gilmour and Hofmann 2010). Nevertheless, studies and wellness strategies directed towards families should be at the centre of efforts as everyone affected by the pandemic comes from a family.

In the absence of any documented evidence, mistakes that are repeated can be learnt from and used to improve responses. However, when the available records give a clear direction on 'dos and don'ts', we need to pay attention for the sake of posterity. The forgone mentioned lessons should serve as a guide in the current pandemic, as well as moving forward. We need to take heed to some of them while research into the most controversial ones also needs to continue.

3.9 CONCLUSION

This chapter explored global wellness constraints endured by families during COVID-19 and global pathways of wellness employed by families during the pandemic. This highlighted some of the lessons which should be considered in reconstructing wellness. For this reason, what emerged from the review was noted, and serves as a springboard for subsequent chapters, where relevant. Pandemic preparedness strategies emphasise that non-pharmaceutical intervention treatments must be implemented initially to manage human-to-human transmission of the virus. However, threats of resurgence can arise once

these non-pharmaceutical treatments are abandoned, and this may have a devastating impact on families. Pharmaceutical treatments consisting of quick point-of-care diagnostic examinations (Hussein *et al.* 2020); wide spectrum antimicrobials/antivirals acquired via in silico medication repurposing (Mangione *et al.* 2020); biomarkers for disease stratification (Maertzdorf *et al.* 2016); the usage of medications targeting host cells (Ding *et al.* 2017; Lee and Yen 2012); and brand-new systems for speeding up injection growth and manufacturing (Rauch *et al.* 2018) need to be established to boost global responses to pandemics. Possible rapid testing and contact tracing (Teixeira and Doetsch 2020), as well as isolation of infected individuals should be instituted for more effective responses. However, since the family tree serves as the core roots of society, wellness pathways that are particularly directed towards families to overcome constraints experienced during COVID-19 should also be given serious consideration.

When contemplating pandemics, specific shapes as well as forms of the next pandemic will be noticeable from those of the past. Hence, lessons from the past are of paramount importance in dealing with present challenges. With the developments in virology, security, fast interactions, modern-day technology, as well as epidemic modelling, there is hope that we can apply all these methods for quick mitigation of pandemics, if not control or straight-out prevention, especially for families. However, at the family level, it is also possible to mitigate the negative impact of the pandemic through the employment of resourceful wellness strategies. Such measures are critical for maintaining the family as a healthy unit in the face of adversity.

CHAPTER 4

GLOBAL INTERVENTIONS SUPPORTING WELLNESS DURING THE COVID- 19 PANDEMIC

4.1 INTRODUCTION

COVID-19 has accentuated human suffering, undermined economies, dishevelled the lives of people around the globe, and significantly impacted the various domains of wellness. The world is facing a worldwide wellness dilemma unlike any kind in the 75-year background of the United Nations, a pandemic which is eliminating people, propagating widespread human suffering, and disrupting the lives of people. However, the effects of COVID-19 extend beyond a mere health situation: it is a human, social and economic dilemma (UN DESA n.d.) that needs a wellness approach.

The wellness of organisations, communities, families and individuals have been at high risk. Most countries and organisations have tried to conjugate efforts and find solutions toward tackling the spread of the pandemic by screening for COVID-19 in massive numbers and implementing social distancing protocols with an emphasis on wellness. Governments around the globe have swiftly responded by mobilising method adjustments and welcoming wellness strategies to secure their citizens (both the sick and the healthy) from direct exposure to COVID-19. Thus, there has been conscious and deliberate processes to draw peoples' attention to making choices for a more satisfying lifestyle during the pandemic (Swarbrick and Yuduf 2015; Swarbrick 2012).

Strategic wellness and infection control measures are urgently needed to decrease the damage caused by COVID-19 and reduce the spread of the virus. For example, it has been reported that travel restrictions play an important role in preventing and controlling the spread of the pandemic and staying at home has been considered as a preventative strategy in controlling different waves of the infectious disease (Nicola *et al.* 2020). As such, since the onslaught of the

COVID-19 pandemic, travel bans, social distancing and quarantines, among other limitations have been implemented for citizens and travellers to many countries in the most affected areas (Mofijur 2020 *et al.*; Nicola *et al.* 2020). A potential benefit of these restrictive measures is the control and reduction of the spread of the COVID-19 outbreak infection or contamination.

Since wellness entails being healthy in several dimensions of our lives including the social, emotional, financial, physical, spiritual, occupational, intellectual, and environmental domains, it is important to note that these dimensions are interconnected and build on one another (Samsha 2016; Swarbrick and Yudof, 2015). Wellness includes mental, physical, job-related, financial, psychological, social, intellectual and spiritual issues which offer protection against exhaustion, which is an obstacle to effective coping and caregiving capabilities. The eight dimension model of Swarbrick and Yudof (2015) has been used to craft an effective framework for the pursuit of wellness. The most successful aspect of the model is that its strength is focused on building on people's daily habits and routines, as well as to build and strengthen new habits.

In line with this, this chapter looks at global interventions to support wellness during the pandemic. However, cognisance must be taken of the global impact of the pandemic on almost every dimension of wellness, with the impact varying among countries, businesses, organisations, economies, families and individuals. In discussing the impact of the pandemic, greater insight has emerged on the appropriateness of several global interventions to support wellness across various spheres of society. Such interventions have directly or indirectly helped families in reconstructing their wellness.

4.2 GLOBAL IMPACT OF COVID-19

Mofijur *et al.* (2020) and Swarbrick and Yudof (2015) describe wellness as self-awareness of ourselves as total entities, including a sense of contentment and balance. Wellness is the belief that individuals have meaningful and purposeful relationships; and a sense of worth and purpose. Furthermore, wellness can be

seen in the valuable roles that people play such as being friends, employees, volunteers, students, colleagues, parents, spouses, and community members. These roles create identities, drive individuals' daily activities, and ignite their passions (Swarbrick and Yudof 2015). Unfortunately, the COVID-19 pandemic has impacted the holistic and functional meaning of wellness in the lives of many individuals, given that when individuals, communities, and families feel financially stressed (e.g. escalating debt), they endure emotional stress (anxiety), sometimes leading to less productivity at work (occupational), physical problems (illnesses), and even questioning their own purpose and meaning in life (spiritual).

COVID-19 has forced people not to work and many have lost their jobs (occupational); they have missed some opportunities to interact with others (social). Some people cannot get access to good quality foods and medical care they need to stay well (physical); and were forced by uncertain circumstances to move to places that feel more secure and secure (environmental). Swarbrick and Yudof (2015) emphasised that a wellness lifestyle refers to a self-defined balance of healthy habits such as rest, sleep, eating well, participation in meaningful activities, productivity, and contact with those who may offer support. Unfortunately, Mofijur *et al.* (2020) asserted that the spread of COVID-19 persists in threatening the wellness situation of communities, families and individuals severely and affects the global economy. Business closures, labour displacement, and stock crashes are a few of the impacts of the global lockdown during COVID-19. In addition, the effect of COVID-19 has led to a worldwide economic decline in 2020 and a decrease in economic growth to 3% (Mofijur *et al.* 2020).

The COVID-19 pandemic caused a severe loss of human life around the world as well as subjecting public health, food systems, work, and the environment, among others, to extraordinary difficulties (Kimberly 2020). For example, the financial and social disturbance caused by the pandemic has led to masses of individuals at risk of slipping into extreme hardship. For example, the number of undernourished individuals, currently approximated at almost 690 million,

increased by as much as 132 million by the end of 2020 (Kimberly 2020). Numerous activities face an existential threat and virtually half of the world's 3.3 billion global labour force are in danger of losing their source of incomes (Kimberly 2020). No epidemic has ever just been a health problem alone, and COVID-19 has stressed this in the worldwide arena. As a result, there is a need to be looking at it as an economic issue, environmental challenge, a resource concern, a social dilemma and a political issue. The various domains impacted by COVID-19 are elaborated; and point to how families and individuals have been affected.

4.2.1 Unstable employment

Nicola *et al.* (2020) testified that COVID-19 sparked fears of an impending socio-economic recession and crisis. Self-isolation, social distancing, and travel restrictions have led to a diminished workforce across all economic sectors and caused the loss of many jobs (Mofijur *et al.* 2020). Nicola *et al.* (2020) indicated that with major sectors like manufacturing industry; agriculture; healthcare and the pharmaceutical industry; education sector; finance industry; petroleum and oil; hospitality, tourism and aviation; research and development; sport industry; information technology, and media; real estate and housing sector; and the food sector having been dramatically affected by the spread of COVID-19 pandemic, it is inevitable that unemployment will increase globally. Businesses that rely on social interactions like tourism and entertainment are still suffering immensely, and millions of people have become unemployed. Layoffs, heightened uncertainty, and decline in personal income have propelled people to reduce spending, triggering further closure of businesses and job losses (Mofijur *et al.* 2020).

In the casual workforce economy, employees are especially vulnerable because the bulk do not have social protection and access to good quality health care, while many have shed accessibility to effective possessions during the pandemic (Kimberly 2020). Without methods to earn during lockdowns, many are incapable to feed themselves and their family members, thus increasing

poverty levels. With the onslaught of COVID-19, poverty has increased. No earnings indicate no food, much less food, and maybe even less access to nutritious food (Kimberly 2020). For instance, having low and uneven incomes; and inadequate social assistance may induce many employees to proceed functioning, frequently under unsafe situations. Often, this means subjecting themselves and their family members to additional risks. Furthermore, experiences of income losses may motivate many to consider unfavourable coping techniques, such as distress sale of properties, predacious loans or child labour (Kimberly 2020).

Large numbers of agricultural employees, both waged and independent, while feeding the globe with their harvests, are also regularly having to deal with high degrees of functioning poverty, malnutrition, inadequate wellness, and an absence of safety, security and defence against other kinds of abuse (Kimberly 2020). Also, migrant agricultural employees are especially vulnerable, as they face risks in their working, transport, and living conditions and struggle to obtain access to support initiatives established by governments (Kimberly 2020). Trade limitations and confinement actions; and border closures have stopped farmers from having access to markets. This included restraints regarding buying inputs; offering their produce, agricultural labourers to collect harvests, which have subsequently interfered with domestic and global food supply chains; and decreasing access to secure, healthy, and varied diet regimens (Kimberly 2020). The COVID-19 crisis has impacted labour concerns, food protection, and public health, more specifically the safety and health of employees (Kimberly 2020). Complying with office safety, security and health techniques; guaranteeing accessibility to proper and stable jobs; and ensuring the security of employee rights in every sector will be critical in responding to the human measurement of the situation and further occupational wellness.

4.2.2 Threat to food security

The effects of COVID-19 have resulted in extreme and extensive escalation in international food instability, subsequently impacting vulnerable homes in nearly

every nation, with impacts anticipated to continue into 2022, and possibly beyond (World Bank 2021). Obviously, high food prices place a strain on those who are not financially able to spend on necessities. Several nations are experiencing increased food inflation costs at the retail level, due to disturbance in supply because of COVID-19 social distancing measures (defect of physical health), monetary devaluations (problem of financial well-being), as well as other elements (general wellness). Escalating food prices have a higher impact on individuals in reduced- and middle-income nations, since these individuals invest a larger share of their earnings on food consumption than individuals in high-income countries (Amiel and Ulitzur 2020).

Surveys conducted by the World Bank in 48 countries showed a substantial number of individuals experiencing reduced access to food or lowering their consumption (problem of physical wellness) (World Bank 2021). For example, decreased calorie intake and poor nutrition may threaten health and wellness benefits; and increase hardship which may have a long-lasting influence on the cognitive advancement of young children (World Bank 2021). The World Bank (2021) reported that between 720 and 811 million people on the planet experienced hunger in 2020, as specified in the UN Record on the State of Food Security and Nourishment in the World. This suggests that starvation and malnutrition will increase, exacerbating wellness challenges (Kutsar and Kurvet-Käosaar 2021).

4.2.3 Education systems

The COVID-19 pandemic is a social challenge, with serious effects on various segments of society. To slow down the spread of the infection, many institutions were subjected to closures across the globe and one year into COVID-19, virtually half of students worldwide continue to be affected by the closure of various educational institutions (Hart *et al.* 2019). Globally, face to face instruction in various educational settings was interrupted, creating challenges in adapting to online learning for teachers and students; increased data costs; gaps in access to technology devices; weak networks and connectivity (Hart *et*

al. 2019). During protracted periods of school closure, many working parents struggled to care for and educate their children. Closure of educational institutions for a prolonged period will more than likely affect student success; variability in academic skills; learning loss; overall progress for students who are lagging substantially academically because of extended closures; and extension of studies to make up for lost ground (Hart *et al.* 2019).

The wellness costs of the pandemic on education are several and varied. With disruptions to education systems, COVID-19 will further undoubtedly broaden inequalities in society; weaken progression in curbing worldwide destitution; threaten skills development; and affect labour supply (World Bank 2021). Additionally, the interruption in learning and education may have long-term repercussions on quality education, future employment opportunities, and capacity development (UN DESA n.d.).

4.2.4 Exposure of vulnerable groups

Social distancing and lockdown measures to prevent the spread of the pandemic have increased fears of increasing levels of domestic violence, which includes emotional, physical, and sexual abuse (Nicola *et al.* 2020). Vulnerable people have been more exposed to abuse, and it may not be easy for them to seek help (Nicola *et al.* 2020). The pandemic has affected all sectors in society. However, it is significantly damaging to vulnerable social groups, including older persons, people living in poverty, persons with disabilities, youth, ethnic minorities, and indigenous people. People with no shelter or homes such as migrants, refugees, or displaced persons will continue to disproportionately suffer the effects of COVID-19, not only during the pandemic but also in its aftermath (Mofijur *et al.* 2020). According to OECD (2020a), the COVID-19 pandemic has harmed the social, health, and material wellness of individuals globally, with the poorest families, including children in detention and homeless children being worst affected. Social distancing and confinement; and school closures, have increased the risk of poor nutrition among families; stress and

anxiety; their exposure to domestic violence; and reduced access to important family support and social-care services (Mofijur *et al.* 2020).

Fisher *et al.* (2020) indicated that COVID-19 has worsened pre-existing inequalities, both due to consequences immediately resulting from the drastic measures taken to mitigate its spread, and the potential long-term consequences (UNESCO 2021). The socio-economic crisis induced by the pandemic may also increase discrimination, inequality, and medium and long-term unemployment if appropriate policies are not developed to address such issues (World Bank 2021). Any kind of economic healing will likely not be even, thereby expanding inequality in the future. For example, females have been worse affected economically by the pandemic because they comprise a large percentage of the employees in industries severely affected by Covid-19, including accommodation, food solutions and front-line professionals such as social-care and healthcare employees (UNESCO 2021). With the closure of schools and other educational institutions, they are more likely expected to perform more domestic chores, while placing them at risk of adolescent maternity, child marital relationships and violence (UNESCO 2021; World Bank 2021).

4.2.5 Environmental issues

COVID-19 has been slowing down the progression on clean power, as a result of diminished investments, as well as delays in the growth of clean energy innovations (UNESCO 2021). However, the World Bank (2021) reported some favourable climate news, in that global energy-related carbon dioxide emissions decreased by 5.8% in 2020. Emissions are anticipated to climb by 4.8% in 2021, the second greatest rate increase in history, as the increased need for gas, coal, and oil resurges with economic resuscitation (UNESCO 2021). Furthermore, decreased land use because of rebounds in food demand and declining economic activities may not benefit ecosystems and biodiversity services. With the start of vaccine campaigns, it is anticipated that there is a lesser risk of a prolonged pandemic, but the rate at which life 'returns to normal' remains

uncertain. There is no certainty about the extent to which recovery programmes will be 'green', and it is yet to be ascertained the nature of the effect of COVID-19 on environment quality relating to sea levels; air pollution-related mortality; and the concentrations of GHGs (OECD 2020b).

4.2.6 Economic downturn

COVID-19 has caused several negative impacts on economic growth due to two factors. Initially, the exponential spread of the worldwide epidemic directly contributed to major confusion about instability in the capital and financial markets (UN DESA n.d). Secondly, countries strictly regulated transport and human movement to monitor the growth and spread of the epidemic which significantly reduced economic activity, thereby placing pressure on both productive economic activity and consumers (Mofijur *et al.* 2020). The strict control over business activity and people's movement due to COVID-19 has led to a socio-economic decline, subsequently reducing the wellness of people in multi-dimensional ways: emotional physical, social, spiritual, intellectual, occupational, financial and environmental (Swarbrick and Yudof 2015). Middle- and lower-income nations are much worst affected because they do not have strong supports to waiver financial shocks, and are prone to depend on a few sectors, such as products and tourism (Bedford *et al.* 2020).

A report by Oxfam which evaluated government actions to support people during the pandemic in 126 middle and income nations, discovered that 97% of the support provided for the affected was inadequate to fulfil even basic demands (Storen and Corrigan 2020). The protection measures taken to save lives have severely affected the sustainability of many organisations and economies all over the world. Most of the industries/organisations were shut down due to lower mobility, and workplace closures decreased productivity and interfered with supply chains (Berglof and Farrar 2020). The situation became particularly calamitous in the global travel industry and hospitality-related sectors, including hotels, airlines, casinos, and cruise companies, which have

been facing decreased business activity of more than 90% (Mofijur *et al.* 2020; Elgin, Basbug and Yalaman 2020).

4.2.7 Impact on family practices

Over time, family practices like attending prayer meetings, funerals, and public entertainment programmes came to a halt, with families adopting new ways of living, socialising and staying connected with family and friends (Kutsar and Kurvet-Käosaar 2021). In a study by Kutsar and Kurvet-Käosaar (2021), interviews with children revealed that their attitudes on the infection and their behaviour patterns were mainly influenced by the how their families managed the pandemic. Some expressed fear and feeling insecure; complied with the very stringent self-isolation actions, for instance by remaining inside for months, and/or staying clear of all public locations (Kutsar and Kurvet-Käosaar 2021). The study also revealed that the children complained about needing to spend too much time with their families (24/7), causing tensions, arguments and conflict (Kutsar and Kurvet-Käosaar 2021).

Various other scholars identified COVID-19 related stressors including high degrees of anxiousness, depression, loss of social and physical room because of confinement in the home, moving away from normal everyday living, managing distance learning, and perceptions of adult stress among family members as potentially triggering new issues in parenting which had an influence on the capacity of youngsters to handle the pandemic (Brown *et al.* 2020; Spinelli *et al.* 2020; Fegert *et al.* 2020; Gadermann *et al.* 2021; O'Sullivan *et al.* 2021; Chaturvedi and Pasipanodya 2021; Idoiaga *et al.* 2020; Stoecklin *et al.* 2021). However, while secure family life was fortified by communal activities such as board games, table talk, and outside tasks as a household team, families were already revealing worry about the effect of lockdown measures on their interaction with close friends and the broader community; boredom; and stress from family relationships (Kutsar and Kurvet-Käosaar 2021).

Relatedly, institutional and business closures, integrated with restricted mobility extensively affected the socio-psychological climate of family members, often changing perceived truths about everyday life (Spinelli *et al.* 2020; Idoiaga *et al.* 2020). For example, in some parts of the globe, the workload of parents aiding children with online learning and caring for pre-school youngsters increased noticeably, as well as parents who travelled across geographical borders for work being struck by restrictions on border crossings and by border closures (Kutsar and Kurvet-Käosaar 2021; Scott *et al.* 2021). Similarly, a study of trainees, instructors and parents throughout the first lockdown in 2020 revealed that 44% of parents reported a build-up of duties and boosted anxiety levels, especially for parents with children and family members with numerous children; while 36% of parents were utilising their residences as offices (Lauristin *et al.* 2020). Invariably, wellness was affected, since poor occupational wellness affects the financial, emotional and social domains.

As such, negative family settings can aggravate the negative effects of lockdowns such as exhaustion, boredom, and strained family relationships; and prevent family members from effectively managing unanticipated modifications in their everyday lives (Kutsar and Kurvet-Käosaar 2021). Additionally, in terms of communication, it has been commonly noted that interactive contexts in which children and adults were operating via social media extended past nationwide borders to a passion in multinational and worldwide events, which helped in managing their time during lockdowns (Kutsar and Kurvet-Käosaar 2021). However, online communication did not adequately make up for the curtailment of real-life contact with family and friends, which came to be a major problem for personal wellness (Kutsar and Kurvet-Käosaar 2021).

4.2.8 Impact on older persons

Older persons are notably at risk to the danger of infection from COVID-19, especially for such individuals with persistent health and wellness conditions including high blood pressure, diabetes and cardiovascular disease. They are not just battling with higher wellness dangers but are also more likely to be less

able to support themselves during isolation (UN DESA n.d.). Although social distancing is needed to reduce the spread of the virus, if it is not executed and supported correctly, such procedures can bring about more stress and anxiety among older persons during times when they may need the most support (UN DESA n.d.).

The debates around COVID-19, in which it was initially viewed as a condition mostly afflicting older people, intensifies negative stereotype arguments concerning older persons who are commonly viewed as weak, inconsequential and a problem in society (UN DESA n.d.). Such age-based discriminatory thinking may very well manifest in the prioritisation of services because the therapy of older individuals may be perceived to have much less value than treating younger people (UN DESA n.d.). In this context, supporting the right to health; and accessibility to medical services, information and care are essential (UN DESA n.d.).

4.2.9 Impact on native families

Indigenous peoples are specifically at risk due to contagious conditions, the absence of culturally suitable health care (or wellness), poor access to essential services, and under-equipped and under-staffed local clinical facilities (UN DESA n.d.). In addition, if information in indigenous languages is not disseminated extensively regarding COVID-19, then people may be reluctant to seek health services. The vast number of aboriginal people who are beyond the social security system makes them more susceptible, specifically if they are dependent on revenue from the wider economic environment for financial wellness. Many are dependent on revenue generation through tourists, handicrafts, agriculture and herbalism for occupational wellness (UN DESA n.d.). A one size fits all support initiatives from governments and other organisations may not be successful, considering their needs, culture, lifestyle and beliefs. Aboriginal peoples are likewise seeking their very own solutions to this pandemic and are acting and using conventional expertise and techniques along with safety nets to reduce the influence of COVID-19 (UN DESA n.d.).

4.2.10 Family financial instability

Inequality in earnings between households increased substantially throughout the pandemic. In May 2020, a study revealed that 55% of the population experienced a reduction in their own or their household earnings, and 36% of the jobless reported that they became unemployed during the crisis (Kutsar and Kurvet-Käosaar 2021). The same study reported that a year later, when joblessness support systems were withdrawn, 25% of the population experienced issues with coping financially (Kutsar and Kurvet-Käosaar 2021). Unanticipated financial modifications in the daily lives of people adversely impacted their ability to sustain themselves (Kutsar and Kurvet-Käosaar 2021). While many government support systems have been introduced globally to help individuals and families, many of such initiatives do not equate to the earnings before COVID-19. Hence, individuals have had to make major lifestyle adjustments, sometimes dipping into savings and bonds, which has added to financial stress (Haldre 2020).

4.2.11 Increased domestic violence

Issues of domestic violence during COVID-19 have been well documented in many countries. With psychological and physical health risks; loneliness and isolation; the closure of many businesses and educational institutions; job losses and economic vulnerability; mothers and their children have become more vulnerable to the risks associated with domestic violence (Haldre 2020; Kutsar and Kurvet-Käosaar 2021). Internationally, the surge has shown upsurges in family violence during COVID-19 such as an increase of 40%-50% in Brazil; 20% in Cyprus; and 25% in the UK (Bright, Burton and Kosky 2020).

Haldre (2020) argued that for adults and children living under conditions of familial and domestic violence, home has not been the safest of places to live in as it is often the space for psychological, physical and sexual abuse. During lock down and stay at home measures, the breeding grounds for power struggles, abuse, and violence have been perpetuated (Bright *et al.* 2020).

Further, restricted movement closed off prospective means of escape, seeking help and ways of coping for victims and survivors, while abusers were able to employ coercion, control, and surveillance strategies behind closed doors (Bright *et al.* 2020). Thus, the emerging increase in domestic violence during COVID-19, highlights the devastating and unintended consequences for victims and survivors of abuse. Evidence of increased domestic violence during the pandemic has created an imperative to alter social behaviours; address the needs of victim-survivors; and listen to the voices of victim-survivors of domestic violence as a means of drawing attention to some of the troubling paradoxes of staying safe during isolation and social distancing (Bradbury-Jones and Isham 2020). Undoubtedly, COVID-19 has brought risks for the vulnerable regarding domestic violence, thereby drawing attention for protection and support services to provide therapeutic and crisis support to victims and survivors (Sharma and Borah 2020). In the absence of targeted helpline services; campaigns, discrete ways of contacting emergency services; access to crisis and therapeutics services; and the use of online technologies and phone support; especially during lockdown, it is highly likely that the safety, well-being and health of the abused may be compromised (Sharma and Borah 2020). While governments have called for everyone to play their part in tackling the pandemic by staying at home, a crucial mindfulness of what this implies for many, especially children and women is also important (Bradbury-Jones and Isham 2020).

4.2.12 Socially excluded people

The health and wellness as well as economic influences of the virus have not spared socially excluded people (UN DESA n.d.). An example is homeless people who may not have been able to safely shelter in a place and are extremely subjected to the threat of infection (UN DESA n.d.). Evacuees, migrants, or displaced persons without access to running water, medication, shelter, food and clothing also stand to endure disproportionately the effects of both the pandemic and its results, whether because of restricted activity, fewer job opportunities, or increased prejudice (UN DESA n.d.). If challenges afflicting the socially excluded are not properly addressed, then the social crisis produced

by the COVID-19 pandemic might additionally boost inequality, exemption, discrimination as well as global unemployment among such groups (UN DESA n.d.). In the absence of comprehensive social defence systems, the frequency of hardship for socially excluded groups will increase and potentially compromise QOL (UN DESA n.d.). Based on the global impact, it is evident that the COVID-19 pandemic spared no sector in society. Additionally, the onslaught of globalisation and interdependency of various systems, multiplied the effects (Saladino, Algeri and Auriemma 2020). The accompanying destruction and disruptions were not always timeously halted, in some cases causing irrevocable damage. Adjusting to the 'new normal' will not be easy, as communities need to build resilience, flexibility and adaptability to new ways of doing things.

4.3 REVIEW OF GLOBAL WELLNESS APPROACHES DURING COVID-19

According to Samsha (2016), wellness is about how individuals live their lives; and the joy, fulfillment and health they experience. When individuals faced the effects of the unprecedented crisis of COVID-19, their wellness was affected in diverse ways. For example, individuals (unemployed and low-income people), became more worried about money, such as being unable to afford what they need, and people may have experienced anxiety (emotional) due to financial constraints. This situation may have led to medical problems (physical), and challenges in finding work and sources of income (occupational/financial). When this occurs, individuals may question their own sense of purpose and meaning (spiritual). At the same time, when under COVID-19 lockdown, people who were not working or working in isolation (occupational), often experienced diminished opportunities to interact with others (social) and may not have been able to afford good quality medical care/support they needed to stay well (physical). Some individuals even moved from certain locations (their home) to places that felt safer and secure (environmental) (Detrano 2021). Thus, in considering the interconnectivity among the eight wellness dimensions of Swarbrick and Yudof (2015), embracing approaches associated with overall

wellness is important. In considering the adoption of any wellness strategy, it is important to persevere toward optimal wellness. This study believed that implementing multi-dimensional wellness strategies may improve outlook, resilience and flexibility. As such, historical parallels show evidence that perseverance is as inevitable as pandemics, and that we should navigate through this unprecedented time by persevering to focus on overall wellness (Bansal *et al.* 2020).

The discussion which ensues, examined the various attempts made by governments and organisations to assist people, businesses and even other governments in dire need during and post COVID-19. It can be argued that the various initiatives which were rolled out globally during and post COVID-19 may have directly or indirectly benefitted families in the various dimensions of wellness.

4.3.1 Emotional approach

Swarbrick and Yudof (2015) asserted that emotional wellness constitutes the ability to cope with stress and traumatic life experiences; enjoy life; express feelings; and adjust to emotional challenges. It consists of habits, a daily routine, and valued activities in life which build and maintain an individual's emotional wellness. According to Shaukat, Ali and Razzak (2020), individuals at work or home have reported having emotional, mental, or psychosocial problems during the pandemic. For example, Shaukat *et al.* (2020) reported that during the COVID-19 pandemic, health care employees suffered from mental health issues, as a result of the infectious outbreak. Psychologically, the impact on healthcare employees included the following conditions: depression, overall anxiety, stress disorders, and insomnia (Shaukat *et al.* 2020). Likewise, other individuals experienced compromised emotional or mental health during the pandemic. Thus, maintaining emotional wellness entails engaging with support groups; understanding the nature of feelings; learning relaxation techniques to cope with anxiety, stress and depression; developing the capacity to express feelings, adjusting to emotional challenges,

coping with stressors in life; and enjoying life. It also includes knowing what we want to get better at; our strengths; working and living on our own, but also allowing others to help us from time to time (Samsha 2016).

Emotional research linked to medical care suggests that the psychological responses of individuals when experiencing events can seriously affect their health (Barello and Graffigna 2020). This holds true of the current COVID-19 pandemic that has lately been stated as "a public health emergency of international concern (PHEIC)" by the WHO (Wang Xu and Gao 2020). When handling a massive emergency similar to the COVID-19 pandemic, individuals often report a wide variety of emotional requirements, including out-of-control emotional responses, as demonstrated by recent studies on the psychological effect of COVID-19 on populations across the world (Barello and Graffigna 2020; Lee 2020; Zhu 2019).

Prior experiences with catastrophes, pandemics, and major stressful events shows that enhanced assistance to healthcare professionals, allowing them to become aware of their own emotions and effectively sharing their viewpoints and lived experiences with patients can help them remain reliable and concentrated throughout stressful situations (Barello and Graffigna 2020; Zhu 2019). This is because medical care is not merely a purely scientific willpower, but also requires empathy and interactive abilities to share that compassion (Bansal *et al.* 2020). Consequently, if we want to be helped by wellness employees and the associated approaches, then it is important that we look after health employees to aid us. Members of the public need to develop an environment of support for registered health employees to ease their fear of infection. For example, the Korean government has a national injury centre to give emotional support and assist the affected to deal with stress as well as psychological health and wellness throughout the COVID-19 pandemic (Lee 2020). Furthermore, at the Montefiore Hospital (New York), the treatments instituted to assist people including registered nurses incorporated Staff Support Centres (SSCs); psychoeducational sources; mental health and wellness care; a phone support line; a professional therapy programme; team

assistance sessions; peer support outreach; and clergy upkeep (Bernstein *et al.* 2021). The most intensely used service during the pandemic were the SSCs, while the least utilised was the clergy upkeep (Bernstein *et al.* 2021).

In a related study, Rose, Hartnett and Pillai (2021) located humour in the workplace, transparency, regular communication, accessibility to PPE, acknowledgment and a financial settlement as additional important variables for healthcare workers (HCWs) in combating the negative effects of a sustained pandemic. In a study, HCWs stated that they were assisted by a sense of friendship among healthcare professionals interacting with each other, as well as sharing jokes or wit with co-workers helped to reduce anxiety (Rose *et al.* 2021). This is congruent with a previous study which concluded that positivity as well as a cheerful outlook is necessary for protection against stress, lowering psychological fatigue and boosting positive effects. (Rose *et al.* 2021). However, although this holds true, to lower possible unneeded direct exposure to the infection, in another study, a medical facility dissuaded staff from engaging with each other both within and outside the healthcare facility, while personnel conferences were virtual (Pfattheicher *et al.* 2020). While this is a time when individuals may wish to look for support from each other, they are cautioned to refrain from doing so, hence potentially raising their emotional and psychological concerns.

During a medical care situation, a design of interaction that is well understood is one of the most reliable solutions when attempting to urge the population to take preventive actions or to avoid damaging behaviours. For example, compassionate feedback and reacting sensitively to others, has related to a more frequent adoption of suggested wellness precautions during a pandemic (Larsen 2020; Kitamura and Yamada 2020). Moreover, empathy that includes a commitment to understanding what others are really feeling by acknowledging their viewpoints and responding in helpful methods, has been connected with benefits, not only for laypeople but also for health providers (Barello and Graffigna 2020). Furthermore, research points to empathy inspiring a variety of behavioural outcomes in assisting and shielding vulnerable people throughout

COVID-19 (Pfатtheicher *et al.* 2020). The research of Pfатtheicher *et al.* (2020) showed that compassion for people most at risk to the virus illustrates an emotional basis pertaining to the inspiration for social distancing and putting on a face mask.

Furthermore, in research studies that included examples from Germany, the US, and UK, Pfатtheicher *et al.* (2020) showed that in addition to standard information, affective empathy was relatively an emotional aspect which further increased the inspiration to adhere to procedures during the pandemic. For that reason, they advised that when creating treatments and developing communication resources to transform behaviour throughout COVID-19, policymakers ought to consider improving plain educational web content with emotional web comfort (Pfатtheicher *et al.* 2020). In other relevant studies, scholars have additionally shown that messages mounted properly to enhance adherence to measures during the pandemic generated positive outcomes, thereby highlighting the importance of communication on emotional responses (Lammers, Crusius and Gast 2020; Kitamura and Yamada 2020). As such, the studies point toward multiple strategies potentially promoting emotional wellness.

Two steps implemented in numerous countries to stop the spread of the COVID-19 illness were minimising close interaction with people (physical distancing) as well as the using of face masks (Pfатtheicher *et al.* 2020). To understand emotional motivations associated with these practices, it is essential to keep in mind that both come at a substantial personal expense such as, physical distancing and decreasing social contact with those closely valued (Pfатtheicher *et al.* 2020). Meanwhile, practicing physical distancing not only safeguards oneself, it additionally has clear prosocial elements in the sense that it assists in safeguarding other individuals, particularly those increasingly vulnerable to the virus, and the same reasoning may apply to the use of face masks (Pfатtheicher *et al.* 2020; Cheng, Lam and Leung 2020). However, individual costs exist when one puts on a face mask, since it modifies one's look and

breathing; and facial expressions; and some people find it odd (at first) to use a face mask in public (Cheng *et al.* 2020).

From an employment perspective, managing feelings is essential for minimising unfavourable emotions and boosting health both inside and outside the workplace. In a study of 260 employed students, Diefendorff, Richard and Yang (2008) discovered that young working adults made use of a number of emotional regulation methods to handle their adverse feelings, which included reaching out and seeking others to help them feel good; keeping oneself busy or working on other activities; engaging in appealing and enjoyable tasks to enhance one's state of mind; and trying to resolve an issue. However, they also mentioned an essential difference regarding one of the most generally and least used commonly reported methods: techniques of active approach when coping with tight spots and negative feelings. Additionally, the least typically made use of approaches showed a passive and avoidance-oriented technique in coping with negative feelings and difficult situations. This prompted some scholars to recommend that more aggressive-oriented strategies for emotion regulation are most likely to be reliable in aiding employees to manage negative feelings than avoidance-based techniques during COVID-19 (Restubog, Ocampo and Wang 2020; Diefendorff *et al.* 2008).

In a different study, analysing over 600 weekly diaries completed by over 200 social workers in training, Pekaar *et al.* (2018) showed support for not using avoidance techniques. In their research, trainee social workers in areas such as addiction-care and nursing- care providers reported lowered stress and anxiety; and boosted energy throughout their traineeship when they addressed their own emotional experiences at the office and initiated initiatives to promote their emotional self-care (Pekaar *et al.* 2018). These research findings highlight the need to take control of one's emotions throughout the pandemic in active and responsible ways.

Additionally, while there may be more persistent work and household demands on employees during the pandemic, taking time out to 'check in' with oneself or

normal and energetic appraisal of emotions may assist in preventing individuals from being bewildered with tension as well as succumbing to inefficient emotions (Shaukat *et al.* 2020). This consequently would enable employees to preserve emotional wellness as well as durability over time (Restubog *et al.* 2020). Some of the strategies noted by Shaukat *et al.* (2020) to deal with emotional stress during COVID-19 included:

- Seeing challenges and change as opportunities for growth.
- Allowing oneself to be amenable to and acknowledging one's feelings without making judgments.
- Accepting responsibility for own actions.
- Finding and developing safe relationships with individuals or groups where one can express one's thoughts and feelings.
- Seeing opportunities for growth when confronted with challenges.
- Recognising one's limitations and learning from one's mistakes.
- Believing that one has considerable control over one's life.
- Being able to laugh at oneself and life.
- Feeling good about oneself.
- Being able to appropriately cope with stress and tension.
- Making time for leisure activities.
- Being able to recognise personal shortcomings and learning from one's mistakes.
- Being able to recognise and express one's feelings.
- Enjoying each day.

4.3.2 Financial approach

Financial wellness involves having a sense of knowledge and control about personal finances; and the capacity to have financial resources to meet needs (Yale School of Management 2020). It also involves habits, daily routines, and valued life activities that build and sustain an individual's financial wellness. Cassata (2021) reported that the American Psychological Association revealed that 64% of Americans claimed that money is a significant source of stress and

52% reported having experienced a negative financial impact due to the COVID-19 pandemic. In addition, Cassata (2021) emphasised that the stress individuals experienced during the pandemic is affecting ways in which they handle finances. Every person feels anxious about something, and an individual's response to anxiety gets overly activated when they perceive danger in multiple areas of their lives. It can be overwhelming, and it makes rational and sound decisions even more difficult (Cassata 2021). Cassata (2021) suggested the following eight ways to improve financial wellness during challenging times.

- Hit the reset button: A study showed that 52% of millennials and Gen Zers in America regretted how they handled their finances in 2020 during the COVID-19 pandemic. Therefore, it was suggested that a fresh start for a new year could provide a clean slate to reconfigure financial plans. The expenditure habits of the previous year belong in the past; new ways to handle finances should be considered (Cassata 2021).
- Uncover your money beliefs: Cassata (2021) suggested that traditional therapy consists of finding help from a therapist and seeking support via phone or video sessions (online support).
- Practice mindfulness: Cassata (2021) indicated that when making financial decisions, practicing mindfulness keeps people/individuals in check with their emotions. She maintained that depression and anxiety often lead to a disconnection with our bodies and when our heads are in the clouds, we do not attend to the sensation in our bodies. She suggested that before one is about to look at personal finances or talk to others, it is important to look at the surroundings - the colours in the room, where one is sitting, and the layout of workspaces (Cassata, 2021). As a result, emotions may become easily noticeable, and individuals may be able to approach those emotions with the rational, sound decision-making section of the brain, which will help to connect with others.

- Plan a budget: This consists of setting time aside to write down one's income and spending. She suggested using the 50/30/20 rule for budgeting:
 - 50 percent goes to fixed costs like rent, utilities, and car payments.
 - 30 percent goes to flexible spending such as variable costs for groceries, entertainment, or shopping.
 - 20 percent goes to financial goals like building an emergency fund, paying down credit card debt, and saving for retirement.
- Set realistic savings goals: Cassata (2021) suggested that the budget should be used as a guide to determine a percentage of income that one is able to put toward savings. For those who may be unemployed due to the pandemic, the pressure to save should be relaxed. If there are concerns about diminishing savings, consider planning on how to rebuild savings once re-employed (i.e. forecasting what one needs to save over the forthcoming year to rebuild the nest egg).
- Refinance loans: refinancing loans to a lower interest rate or different payment plan can maximise total savings on debt and reduce overall monthly expenses. It is important to consider a digital lending channel that is simple and personalised. While most lenders require employment as a condition for refinancing, this is a possibility to keep in mind when one is in stable employment and can build savings (Cassata 2021).
- Do not panic about debt: Paying off debts immediately is unrealistic. This is especially for 'good debt', debts which are used to pay for something that has long-term value, such as student debt. Taking steps to budget and save are first steps toward being able to address debt (Cassata 2021). There are also channels available to manage particular kinds of debt, like refinancing loans for debt or negotiating a lower credit card interest rate for credit card debt. It is always wise to remember that financial

wellness is quite a personal journey, and every journey will be different (Cassata 2021).

- Get people into your corner: Cassata (2021) asserted that while talking about finances may be taboo and uncomfortable, discussing it is a way to financial wellness. For example, if one is having struggles with financial wellness, whether it is needing to know more about money, or not having ways to connect with others for financial advice, may make it more stressful. Reaching out to others for help is a way to success. Getting people into your corner may include engaging with family and friends, or getting professional help from a therapist, financial counselor, or financial planner. Furthermore, there are also nonprofits that provide one-on-one financial counseling or Credit Counseling Services. Trying to do it alone may be difficult during the pandemic, as it may become a tedious task. There are plenty of resources to help build that circle of people who can help one to get to a better place (Cassata 2021).

Globally, various strategies have been adopted to aid individuals and businesses to recover from the pandemic, especially from the financial lens. For example, in the USA, childcare facilities and schools are balancing their function of helping to prevent the spread of disease transmission, with ensuring accessibility to food for children who depend on the federal nutrition safeguard (Dunn *et al.* 2020). Additionally, the U.S Department of Agriculture (USDA) National Institution Lunch Program, College Morning Meal Program, as well as the Youngster and Adult Care Food Program help nearly 35 million children daily, delivering crucial financial and nutrition support to families in need (US DAERS n.d.). Meals and treats from institutions or childcare centres fulfil up to two thirds of the daily nutritional requirements of children, considering that food instability may cause emotional, developmental, and physical injuries in the long-term (Dunn *et al.* 2020). For example, the USDA has released national waivers for congregant meal-setting and mealtime demands, enabling educational institutions to adopt ingenious strategies to provide meals as well

as ideal social distancing, thereby ensuring that the basic needs of low-income students are fulfilled (Dunn *et al.* 2020).

Another initiative is that of the Division of Education in South Carolina (where more than 15% of the populace reside in the backwoods), which established the "Grab-n-Go" dish websites throughout the state that provides as much as five days' dishes at once (Dunn *et al.* 2020). The USDA also started a public-private collaboration in the backwoods to supply shelf-stable food bundles that include food which children can prepare separately (Dunn *et al.* 2020). These gestures are attempts to provide financial relief to fight the ongoing pandemic. However, the roll out of such programmes needs to be versatile, tailored, and thoughtful, so as not to stigmatise the destitute from getting emergency meals, which might prevent participation (Dunn *et al.* 2020). This approach is necessary to ensure that the concerted efforts to fight the negative effects of COVID-19 through financial wellness is not thwarted.

From a business support perspective, many countries have deployed a broad arsenal of tools to cope with the unavoidable financial recession, promising aid to businesses in Europe as well as the United States (The Economist 2020). Many of the plans focus on aiding businesses to manage the dilemma, while enhancing their probabilities of survival. Ultimately, this will help in retaining employees and mitigating further financial stress. Some of the initiatives in the USA include (Dunn *et al.* 2020):

- Under the Stafford Act, funds were utilised to increase accessibility to food and health assistance.
- The Families First Coronavirus Action Act, makes provision for short-lived, emergency supplies under the Supplemental Nourishment Aid Program (SNAP) to homes currently signed up in the programme with children that would typically obtain cost-free or lowered-price meals, up to the optimum month-to-month allocation of \$646 for a family of four.

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, which includes a \$15.8 billion allocation for breeze funding and \$8.8 billion for child nutrition programmes.
- Lowering of Basel III funding needs charged to banks, such as countercyclical resource buffers, conservation buffers, and systemic risk barriers.

Additionally, in Spain, financial health steps were associated with special actions for prone households in terms of leasing; home mortgage halts; and approval of a specific line of financing from the Official Credit Score Institute (ICO) to fulfil the liquidity demands of businesses and freelance tourism employees, ICO offers lines of warranties to help with the provision of car loans to businesses and consultants that have cash requirements and temporary measures for employment regulation files (ERTE) to prevent the dismissal of employees (García-Sánchez and García-Sánchez 2020). Apart from the USA and Spain, policy makers around the world have tirelessly worked toward stabilising the economic situation in the middle of the pandemic shock. These have included guarantees that credit moves swiftly to businesses, especially those dealing with severe money shortages because of the collapse in their revenues and that funding needs will likely increase with the ensuing economic recession from the COVID-19 (The Economist 2020). Pertaining to small and medium scale enterprise (SME) funding, some nations have taken advantage of state-owned banks, which have explicit mandates to support SMEs, and various other nations have scaled up public credit warranty programmes, such as guarantees for car loans (Efip 2020). Governments have also provided incentives to banks to absorb some of the debt- dangers of businesses, while absorbing some of the costs (Efip 2020).

Overall, financial wellness entails ensuring that one has sources of income to meet financial obligations; a well-planned budget to meet expenses such as groceries and rent; and a little surplus to enjoy; and when necessary, seeking help for personal financial or money management matters. These strategies

may become even more pertinent when income is affected due to crisis situations like COVID-19.

4.3.3 Physical approach

Physical wellness involves good nutrition and exercise routines; the maintenance of a healthy body; accessing appropriate health care; engaging in healthy daily physical routines and habits; valued life activities that build and maintain physical wellness; quality nutrition; and appropriate health care (Samsha 2016). According to Shaukat *et al.* (2020), studies showed that COVID-19 risks were linked with physical illness when working in high-risk jobs; suboptimal hand hygiene before and after contact with the sick; inadequate hand hygiene; long daily contact hours with the sick; improper PPEs; close contact with patients; and unprotected exposure. In terms of food security, examples of responses to the impact of the pandemic on food security included:

- At the nation level, the World Bank Group has been working with various governments as well as global companions to closely keep track of agricultural supply chains and residential food; tracking how the loss of jobs as well as revenue is impacting people's capacity to get food; and guaranteeing that food systems continue operating despite COVID-19 obstacles (World Bank 2021). "Responding to the Emerging Food Protection Crisis", a report summed up the World Bank's action in the poorest countries: IDA has provided \$5.3 billion in brand-new commitments between April and September 2020 for food security (World Bank 2021). This has been via a mix of temporary COVID-19 investments and responses to address the drivers underpinning food insecurity. Furthermore, the World Bank has also instituted initiatives for improvement in the employment sector, as well as releasing long-lasting funding (financial wellness) (World Bank 2021).

- In Bangladesh, where an Emergency Situation Activity Strategy is underway, the World Bank mobilised as part of an Animal and Milk Advancement Task, US\$ 87.8 million in money transfers (financial wellness) to 407,000 at risk dairy and chicken farmers to sustain their businesses (occupational wellness) (World Bank 2021). Financing likewise went toward supplying personal defence equipment (well-being), ranch devices (occupational health) and improved vet services through the establishment of 64 mobile veterinary clinics (well-being).
- In Bhutan, the World Bank (2021) re-aligned its portfolio to sustain food circulation in the short term, as well as to enhance food manufacturing (well-being) in the long term with various inputs such as irrigation equipment.
- In Chad, \$30 million in emergency financing was set in motion to provide food; help with the complimentary distribution of food kits to 437,000 at risk people suffering from serious food and dietary insecurity in the city and backwoods; and provided small farming equipment and seeds to 25,000 vulnerable smallholder farmers (World Bank 2021). This will undoubtedly have a favourable impact on their occupational wellness.
- In Guatemala, in responding to COVID-19, the Modern and Resilient Agri-food Value Chain initiative aims to give emergency support and increase climate and economic (environmental wellness) by enhancing the effectiveness of key agricultural value chains as well as supplying contemporary technologies and techniques (World Bank 2021).
- In Haiti, the Resilient Productive Landscape Project set in motion emergency funding to assist over 16,000 farmers to gain access to fertilizer and seeds, as well as guard manufacturing for the next two cutting seasons (environmental wellness) (World Bank 2021).
- In India, female self-help groups, sustained under the National Rural Livelihoods Objective, co-financed by the Globe Financial institution, was activated to fulfil shortages in sanitizers and

masks; recover fresh food supplies; run community kitchens; provide support and food to susceptible and high-risk families; supply monetary solutions in rural areas; and disseminate COVID-19 advisories among country communities (World bank 2021). Such self-help groups, which was built over 15 years, promotes the well-being of about 62 million women across India.

- In the Kyrgyz Republic, the World Bank (2021) supported the GAFSP-funded Agricultural Performance and Nourishment Enhancement Job, which concentrates mostly on boosting water facilities, and developing the capability of Water Users' Associations (WUAs). It distributed \$1.1 million in farming inputs such as fertilizer and seeds to 30 WUAs projects to assist at risk populaces.
- In Rwanda, the Sustainable Agricultural Augmentation and Food Safety project was given additional funding to resolve the negative influences of COVID-19 lockdowns. The Financial institution's existing Social Defense Task team was also adapted to be COVID-19 receptive (World Bank 2021).
- In Senegal, a \$150 million IDA debt is aiding increased export of high-value plants such as horticultural products and shelled groundnuts; boost dairy farming efficiency; minimise the death rate of tiny ruminants; and curtail the adverse impact of COVID-19, while embracing much more resistant and productive practices (World Bank 2021).
- In Sierra Leone, financing for emergencies under the ongoing Smallholder Commercialization and Agriculture Advancement project supports government reaction initiatives to the pandemic with inputs, land mechanisation services, and expansion solutions to support rice farmers (World Bank 2021). The World Bank-financed Social Safeguard Project likewise scaled up its money transfer system to assist the most susceptible households (World Bank 2021).

- In Tajikistan, through an existing Targeted Social Assistance system, the World Bank (2021) funded cash transfers to households experiencing food insecurity, especially those with children under the age of three to mitigate the effects of the pandemic, boost food accessibility and secure nourishment for children.

With regard to physical activity, in the past thirty years, scientists have discovered that normal physical activity engagement has a valuable impact on general health wellbeing, especially among older people (Zhu 2019; Chen 2018). Virtual reality (VR) has been used as a strategy during the COVID-19 pandemic to encourage physical activity at home (Jurak *et al.* 2020). One such example is the Xbox 360 video game console and 'Your Shape Fitness Evolved' software program that contained Tai Chi as well as Yoga workout programmes (Kim 2013). Thus, any form of physical activity will enhance stamina, reduce excess weight, and improve overall physical wellbeing (Jurak *et al.* 2020; Park and Yim 2016). Also, encouraging people to engage in online cognitive-behavioural therapy (CBT) is helpful during stressful times, thus helping to minimise poor mental, emotional and physical health (Guernsey, Prescott and Park 2020; Thomas and Bond 2014).

It is important to note that exercise and physical activities, not only maintain mental and physical wellness, but helps the body to respond to the unfavourable consequences of co-morbidities such as diabetes mellitus, respiratory diseases, hypertension, and heart diseases during the COVID-19 infections (Lavie *et al.* 2019; Jiménez-Pavón *et al.* 2020). Physical inactivity as a result of the current pandemic limitations is a significant public health concern, as it is risky for reduced life expectancy and several physical health issues (Jurak *et al.* 2020; Bentlage *et al.* 2020). For example, Shaukat *et al.* (2020) argued that maintaining physical wellness during COVID-19 included having access to healthy food, eating at home to better monitor eating habits; setting healthy diet goals; engaging in fun physical activities; using the stairs instead of the escalator or lift; walking rather than driving short distances; getting 7 to 8 hours

of sleep when possible; avoiding large meals before going to bed; visiting the dentist, doctor, or other health care providers for monitoring and routine care; routinely checking blood sugar levels, blood pressure, and waist circumference to obviate chronic conditions; looking for free training videos/magazines for training at home; finding support groups for substance addictions; and being mindful of triggers which may negatively affect physical wellness.

4.3.4 Social approach

Samsha (2016) opined that social wellness includes having healthy relationships with family, friends, and the community; having an interest in and concern for the needs of others; maintaining habits, daily routines, and valued activities in life that build and maintain the social wellness of individuals; and fostering greater engagement and cooperation from family, friends and colleagues to cultivate support systems and create unity. Miyamoto (2021) reported that along with social and psychological factors; social behaviours including the quantity and quality of people's social relationships have been shown to protect well-being during the pandemic. In addition, Miyamoto (2021) argued that despite social distancing behaviour, maintaining high-quality social relationships have shown to improve well-being during the pandemic. Furthermore, Miyamoto (2021) asserted that limited social connection and increased loneliness during COVID-19 was addressed through online support websites, family chats and discussions via various social platforms; playing group online games/family leisure games; attending online religious programmes; and engaging in family domestic activities at home.

Additionally, numerous businesses showed their dedication to society by working with the third sector to boost the living conditions of at-risk groups of people, while they released economic strategies to promote financial wellbeing (García-Sánchez and García-Sánchez 2020; Aguinis, Villamor and Gabriel 2020; He and Harris 2020). For example, in Spain, businesses donated clinical devices and PPEs; provided funds for research; and offered to transport medical care resources, amongst several other activities (García-Sánchez and García-

Sánchez 2020). As part of corporate social responsibility (CSR) activities, Table 4.1 illustrates activities by businesses in Spain against the COVID-19 pandemic (García-Sánchez and García-Sánchez 2020).

Table 4.1: Activities performed by businesses and their social effects

1. Customer commitment: Commercial measures to ensure the quality and continuity of services
Execution of steps for the defence and safety of general clients such as fortifying of online existence (electronic commerce); supply of and access to solutions; and telephone and on-line support (video clips, chats phone call, infographic solutions, video clips as well as digital tours) were some of the actions taken. Other enhancements in the quality of services supplied to customers included extension of the solutions supplied beyond what was specified in agreements; expansion of the conditions for returning items; product discounts; approving of acquisition vouchers; termination of payment collections; adaptability in the payment of billings and charges; development of pension payment plans and unemployment benefits and raised compensation of accounts.
2. Society commitment: Other programmes for society in general
Social commitment included information campaigns in the media such as blog sites or podcasts with ideas and referrals on online activities; crafts, and sports to do in the home during lockdown; details on campaigns on gender-based physical violence during COVID-19; training for online counselling; and uploading of educational videos for students.

Source: Adapted from García-Sánchez and García-Sánchez (2020)

Ultimately, even the most introverted individual needs connection to others for their physical and mental well-being. Some of the strategies noted by Shaukat *et al.* (2020) to deal with social stress during COVID-19 included picking up the phone and catching up with family and friends who are too far away can lift one's

spirits; volunteer work which enables meeting people from different backgrounds; and browsing through local newspapers to determine what is occurring in your area, may be an avenue to make friends; and setting aside quality time to spend with friends and family. In view of social distancing, some of these activities were pursued via various online technologies (Shaukat *et al.* 2020). As such, virtual forums where one can contribute or merely relax and enjoy the chatter; online book clubs; virtual coffee groups; and co- working in virtual spaces with others helped to obviate feelings of social isolation (García-Sánchez and García-Sánchez 2020). Additionally, Dickerson (2020) suggested that social wellness strategies during the pandemic included the following:

- Manage expectations

Since isolation may be accompanied by emotional and cognitive overload, low motivation, difficulty concentrating and lower productivity, it is important to adapt to the new rhythm of isolation. As this may take time, we ought to be realistic in the goals we set for ourselves and others under our charge, while adapting our expectations to the 'new normal' way of living and working.

- Manage stress thresholds

While under social isolation, it is important to adopt proactive measures to build a solid foundation of wellness. This may entail prioritising sleep and good sleep hygiene, eating well and exercising.

- Be aware of alarm bells

Being alone can contribute to a cycle of feeling overwhelmed and distressed. This cycle can be amplified by negative thoughts, feelings of sadness, physical distress such as jitters, and compulsive actions such as continuously checking COVID statistics. Thus, proactively knowing red flags which trigger emotional cycles may help to consider techniques to control the emotional cycle.

- Make routines a habit

Routines under isolation helps to adapt more easily and quickly to the reality of the pandemic. Creating clear boundaries between non-work and work time can bring joy and help to maintain clear thoughts.

- Be compassionate

Stress induced through the pandemic, may invoke the worst in us sometimes. We cannot control everything under challenging times. Thus, asking for help or reaching out when help is needed can be a powerful buffer to overwhelming circumstances. As such, developing and maintaining close relations with others; sustaining strong communication skills; and creating a robust support network of family and friends are important considerations for social wellness.

4.3.5 Spiritual approach

A range of activities to support spiritual wellness includes prayer; meditation; praise and worship; chaplain services; and bereavement counseling. It also includes recognising an individual's search for purpose and meaning in human existence; and developing an appreciation for the natural forces which exist in the universe (Roman, Mthembu and Hoosen 2020). Spirituality offers a critical objective in an individual's health, and one of its many recognised worth is that it helps individuals deal with significant life stressors (Del Castillo 2021). Del Castillo (2021) argued that spirituality provides essential assistance for positive mental wellness, during demanding circumstances such as COVID-19. Several studies testified that the unstoppable nature of COVID-19 and its catastrophic impact has produced widespread devastating effects, with many of the affected seeking spirituality to find comfort and a sense of belonging (Coppola *et al.* 2021). Coppola *et al.* (2021) argued that spiritual wellness involves having an enhanced perception of well-being, and employing behavioural and cognitive efforts to maintain purpose, meaning, and connection in the face of challenging situations. COVID-19 has tampered with people's resilience to deal with such a

disruptive and pervasive event, thereby creating daily fear, fragility, and uncertainty. Thus, the need to find meaning in life and avoiding one's identity being undermined may potentially raise existential questions about the causes of particular suffering (Fyanka 2021) Therefore, Coppola *et al.* (2021) asserted that spirituality and religion are quite fundamental and worthy of pursuit to mitigate the physical, social, and psychological consequences of COVID-19. Coppola *et al.* (2021) highlighted different situations wherein spiritual wellness is essential for individuals under crises and difficult circumstances, such as the COVID-19 pandemic:

- In stressful situations, spirituality and faith appear to positively influence the immune system, especially for older people who may be also those mostly involved in spiritual and/or religious activities.
- Spiritual well-being can be considered as a state that connects the body and mind of the individual, society, health and intelligence, thereby supporting the individual in his/her life goals and attitudes.
- Spiritual well-being includes both a religious and a psycho-social dimension, a unifying force which aims to integrate the emotional, physical, and social dimensions of health.
- Spirituality in people with health issues have wider associations with measures of physical and psychosocial symptoms, rather than belonging to a religious group and that religious affiliation does not only emerge as a reliable and valid predictor of health benefits.
- People with lower levels of spirituality were perceived to have a greater state of emotional fatigue and anxiety.
- Finding meaning, value in one's life, peace, and a sense of connection via a system of beliefs helps in providing feelings of meaning and purpose.

Additionally, religious organisations and their holy places of worship have provided alternative methods of worship by making on-line services available via the media such as television, radio, as well as live streaming during COVID-19 (Olonade *et al.* 2021). While such alternatives do not offer the benefits of face-to-face public contact and prayers such as the divine communion, as it would deviate from social distancing, nevertheless opportunities for spiritual connections have been well received during COVID-19 (Coppola *et al.* 2021).

In an attempt to resolve the social isolation issue of COVID-19, the São Paulo Medical Spiritist Association (AME-SP), a not-for-profit organisation with clinical, academic and charitable objectives, established the 'Spiritual Care Hotline Job-Dr Marlene Nobre', offering free and specialised services relating to spiritual and religious challenges throughout this challenging time (Ribeiro *et al.* 2020). Similarly, mobile apps for prayer and practices to achieve peace and harmony have been established by spiritual leaders or organisations to encourage and keep members in close contact (Simon *et al.* 2020; Noori 2020; Parke 2020). For example, some churches worldwide offered spiritual relief via livestream praises on Facebook; accepted prayer requests on websites; and connected with followers on Twitter (Goldschmidt 2020). The Pope also had numerous livestream services from the Vatican in Rome, that were also videotaped and posted on YouTube for followers to observe on demand (Goldschmidt 2020).

As argued by Bentzen (2019), there is a common link between tragedies and spirituality or religiosity. Once individuals are faced with tragedy, they tend to turn to religion or spirituality to help them to cope with adversities beyond their control (Heren 2020; Pargament 1996). Coppen (2020) confirmed that during this pandemic, there has been an increase in intercessory tasks and prayers. For example, the former American President, Donald Trump, announced to the nation on March 15, 2020, to seek God in petition as a national day (Olonade *et al.* 2021). Additionally, there has been increased searches for the term 'prayer' on google, and this is claimed to have increased with every newly videotaped prayer during COVID-19 (Olonade *et al.* 2021).

A report by the Pew Research Center (2020: 15), revealed that 55% of Americans prayed for the COVID-19 pandemic to stop and within this category, 15% were individuals that “seldom or never ever before had hope in prayers”. Spiritual approaches to help people during COVID-19 have included online dedications; personal commitments and faith-based programming (Simon *et al.* 2020). Thus, being aware of one’s personal beliefs and values about life; and making conscious and deliberate choices about routine activities and actions based on personal values can be beneficial in maintaining spiritual wellness during stressful times. Relatedly, using God’s word, prayer, meditation, appreciating the natural forces of the universe, and/or quiet personal reflection may help in giving direction and meaning; providing optimism and faith; and reaffirming thoughts and attitudes during uncertainty as presented by COVID-19 (Coppola *et al.* 2021). In support, Samsha (2016) posited that deepening one’s spiritual practices such as meditation; exploring different belief systems; being receptive to spirituality during times of pain and suffering; and being aware of one’s values, principles, and beliefs are important considerations for spiritual wellness.

4.3.6 Environmental approach

According to Samsha (2016), the environmental wellness dimension involves being able to feel safe and be safe in clean and safe environments; accessing clean water and air; eating healthy food; preserving the areas where we live, work and learn; occupying stimulating and pleasant environments that support our well-being; promoting relaxation, learning, and contemplation in natural spaces and places; and accessing green spaces to engage in natural therapy. In relation to COVID-19, the OECD (2020b) indicated that the COVID-19 pandemic has highlighted the need for an integrated and comprehensive approach to human health. This includes promoting environmental health through better air, water and sanitation quality; waste management; and safeguarding biodiversity which are important in reducing the vulnerability of people and communities to pandemics; and thus improving the overall societal resilience and well-being (OECD 2020b). For example, exposure to ambient

and indoor air pollution; inadequate water access and quality; and neglected waste management and biodiversity protection are key to making individuals more vulnerable to COVID-19 and spreading the pandemic, while compromising environmental wellness (Maipas, Panayiotides, Tsiodras and Kavantzias 2021). As such, after formal imposition of self-isolation and spending greater time indoors, better air quality and natural light; enhanced ventilation; use of less poisonous materials; and incorporating other natural material and plants have become necessary approaches for environmental wellness (Hui 2011; Specht *et al.* 2014; Thomaier *et al.* 2015).

With the raised acceptance and adoption of distance learning and working; internet buying; cultural connections through internet entertainment and worshipping; and the use of multiple media platforms for information sharing, it is evident that cutting edge options for virtual globe applications during the COVID19 pandemic has impacted the environmental spaces of operations (Chick *et al.* 2020; Goniewicz *et al.* 2020; Megahed and Ghoneimb 2020). As such, strategies like growing home gardens; using green roofing systems; adopting integrated urban farming techniques; and the use of multi-modal transport systems have been recommended to drive sustainability during isolation (Megahed and Ghoneimb 2020; Constable 2020; Makhno 2020; Dmitriy and Alevtina 2019).

Against this background, the WHO presented physical distancing and lockdown as immediate and precautionary steps to control the pandemic. The WHO discouraged crowding in closed environments, while lockdowns prevented meetings in open spaces (Hishan *et al.* 2020; Salama 2020). The WHO suggested keeping an inter-personal range of 1.5 or 2m (6 feet) to lessen the risk of infection. Despite this, recently published research sustains the argument that virus transmission may occur over 2m from a contaminated individual, if the ambient air is stagnant (Bourouiba 2020; Oklahoma State University 2020; Setti *et al.* 2020). Despite this, environmentalists have urged open space walking at the beach and breathing of the eco-systems fresh air as a natural remedy against the COVID-19. In line with this, many countries, allowed their citizens to

take a walk in the open environment before observing a curfew during the earlier stages of the outbreak. This was a natural phenomenon desired by people to connect with the environment and as a result, many countries, including Australians still resist lockdown measures from their authorities.

Over the years, an environmental approach of wellness has traversed beyond clinical conditions to modern building layouts, which were inspired by designs supporting the healing effects of air, light and nature; white paint; and large windows, thereby emphasising the look of sanitation (Chang 2020; Budds 2020; Megahed and Ghoneimb 2020). Such changes over the years have been sustained, thus helping to alleviate the negative environmental effects of COVID-19. The sheer enormity of the pandemic placed tremendous stress on the built environment of majority of nations, with health care centres being built under emergency conditions; various types of recycled building types emerging; and the use of adaptable frameworks for field hospitals and vaccination sites; (Megahed and Ghoneimb 2020; Constable 2020; Lubell 2020). As such, during the initial stages of the pandemic, parking facilities, sports facilities, and other structures were converted into clinical centres and short-term medical facilities (Megahed and Ghoneimb 2020). These environmental approaches were important antecedents for wellness. The following examples illustrate how global environmental changes responded to COVID-19 needs (Allam and Jones 2020; Constable 2020; CNA 2020; Martin 2020; Lubell 2020; Megahed and Ghoneimb 2020; McGinn 2020):

- A modular building and construction approach was adopted at Victoria hospital in Melbourne, Australia where a semi-permanent resuscitation unit was established at the health centre, consisting of a prefabricated semi containerised double story COVID-19 hospital specifically for COVID-19 patients in its car park as shown in Figure 4.4.
- At the Leishenshan medical facility in Wuhan, China, a 1,600-bed hospital was created in a parking area (to take advantage of the

open environment from prefabricated components placed into steel skeletons over concrete structures.

- In Milan, intensive-care capsules inside a shipping container called CURA were linked by inflatable passages and was fitted with biocontainment systems, which was meant to boost environmental wellness.
- In New York City, a re-use strategy was adopted to turn the Javits Convention Centre into a 2,910-bed hospital facility for COVID-19 patients.
- The UK Excel Event Centre was converted into a 500-bed medical facility fitted with oxygen and ventilators, with the ability to combat COVID-19 in the open-air environment.
- In Pachuca, Mexico, a light weight 1,000-square-meter health centre was developed to provide instant treatment.
- At the UCSF Medical Centre, San Francisco Bay, USA, camping tents with emergency expansion spaces were set up for treatment, therapy and waiting to prepare for a possible increase in COVID-19 cases.

All the above efforts or techniques were environmental approaches to provide more space in an open atmosphere to fight against the COVID-19 pandemic. Apart from changes in the built environment to support the requisite wellness, other approaches included sterilising areas which were either infected or susceptible to infection; cancelling sports, spiritual, political and cultural events to restrict transmission or infection; and suspending activities in the educational and business sectors (Debata, Patnaik and Mishra 2020). However, essential service providers like drug stores, health centres, banks and grocery store shops were kept open owing to their daily demands (Debata *et al.* 2020). The benefits from the lock down included clearer skies; lowered carbon discharges and pollution levels; improved water quality; and cleaner breathing air (Debata *et al.* 2020; Budds 2020). Wright (2020) and Debata *et al.* (2020) reported that in India there was a 71% reduction in nitrogen dioxide emissions; decreased contamination of rivers; better quality breathing air due to extended networks of

smaller sized greening techniques, and improved water quality for bathing and the propagation of wildlife and fisheries during COVID-19. As such, as industries and other economic activities come to a standstill globally, favourable effects on the environment became visible.

Figure 4.5: A semi-permanent resuscitation unit at a hospital in Melbourne's southeast built during COVID-19



Source: Adapted from News.Com.Au (2021)

Thus, during COVID-19, green living strategies such as recycling, buying recycled products, checking gas emissions, spending time outdoors, getting rid of clutter at home, and adjusting living spaces which engender joy and happiness were valuable options which not only enhanced environmental wellness, but also impacted other wellness dimensions (WHO). In short, despite the various negative effects identified with COVID-19, benefits to the environment have accrued to help restore wellness, even though not optimally.

4.3.7 Intellectual approach

Keeping our brains stimulated and active; and expanding our intellectual capacity are dependent on activities such as application of knowledge learned; lifelong learning; and sharing knowledge (Samsha 2016). Additionally, Larsen (2020) reported that intellectual wellness is a person's ability to expand his or her skills and knowledge; discovering the potential for sharing intellectual gifts with others; engaging in mentally stimulating and creative activities; learning skills and building thereon; and being committed to a lifetime of learning and growth. According to Larsen (2020), engaging in intellectually stimulating activities has the possibility to decrease depressed moods and negative thoughts during COVID-19. As such, while the academic environment has drastically changed as a result of the pandemic, there were many ways to stimulate and maintain individual intellectual wellness such as listening to Podcasts or Ted Talks, reading books or articles, learning a new language, playing puzzle games, keeping a journal, and taking an online course. Through various activities from learning about topical and current events to organising online game nights, individuals may broaden their perspectives, understand diverse points of view and become intellectually active (Larsen 2020).

Additionally, during the period of the COVID-19 isolation and social distancing, there has been a growing dependence on using technology and innovation to study, work, live, and stay linked (Goldschmidt 2020). The global pandemic has forcibly driven us into a completely new arena of accelerated digital makeover and has increased digital platforms to perform tasks. Digital reality alternatives are expected to constantly rise, requiring all categories of individuals to become more competent in using technology to undertake tasks, especially during COVID-19 (Gracy 2020; Muggah and Ermacora 2020). The impact on continuous and life-long learning has become increasingly noticeable. As such, with 80% of transmittable illnesses transferred by touching contaminated surfaces, touchless innovation became a brand-new user interface to eliminate the demand for literally pressing or touching a surface area (Megahed and

Ghoneimb 2020). One such example, is the use of robots to deliver food to COVID-19 patients in China (Megahed and Ghoneimb 2020).

The Web accessibility is currently a necessity, and no longer an option. Access to a computer system has become an essential for learning in institutions and workplaces, online therapy options; purchasing products and services; and real time communication between families, friends and colleagues (Guernsey *et al.* 2020; CDC 2020a). The tidal wave of online learning in schools, higher education institutions; businesses and government institutions has been adopted to continue education and learning (Goldschmidt 2020; CDC 2020a). Brand new models of learning and education have emerged but are accompanied with challenges like costs for internet connectivity; gaps in competencies to use technology apps; and nervousness and fear when engaging with new ways of working and learning (Guernsey *et al.* 2020). For example, in the USA, Individual Education Plans (IEPs) have been developed for children with impairments such as mental, emotional, behavioural and physical, to support their unique learning requirements under lockdown conditions (Silva 2020). Additionally, in the USA online therapy programmes have been developed for children and adults, in some cases at no costs (Goldschmidt 2020).

Another example is the Dutch online support service DigiContact, which provides internet support for people with intellectual and developmental disabilities (IDD) (Zaagsma *et al.* 2020; Vijfhuizen and Volkers 2016). People with IDD can get in touch with a group of specifically experienced assistance employees 24/7, either through videoconferencing techniques or a routine phone link during COVID-19. This is a well-considered approach as numerous support services for people with disabilities have been restricted because of strict procedures for face-to-face contact (World Health Organization 2020a).

In terms of support for health professionals, the American Academy of Pediatrics (AAP) (2020c) introduced a tele-mentoring COVID-19 emergency situation readiness as well as a reaction programme (COVID-19 Project

Extension for Community Health Care Outcomes Model), to help paediatric primary care suppliers stay abreast of policies, treatments, and recommendations for treating young children during the COVID-19 pandemic. Similarly, other activities to improve intellectual wellness outside professional domains included leading workshops based on personal skills, knowledge, or experience; flipping through travel books or going online to find places which one may enjoy visiting or reading about; developing creative skills such as pottery or photography; taking part in discussions, intellectual conversations, or debates to gain an enhanced understanding of issues; and playing brain games, fun memory-enhancing games or mind teasers (Larsen 2020). As evidenced from numerous initiatives to support intellectual wellness during COVID-19, additional resources such as technological devices; human capital; equipment, training and development; online information; establishment of new websites; financial investments and technological innovations are further required to effectively respond to the needs of various sectors of society and the economy (Zaagsma *et al.* 2020).

4.3.8 Occupational approach

Occupational wellness includes participating in activities that provide purpose and meaning, including employment. Many occupations were severely impacted by isolation and lockdowns. Working from home, flexible working hours, video meetings, and increased online communication were some of the global initiatives used during COVID-19 (World Health Organization). While these measures have lessened the danger of a much more serious impact of the pandemic, revised working conditions from home were also accompanied by domestic stress and chores; family conflict; sharing of devices and internet connectivity; limited domestic space; and difficulties in managing time with the family around (Oh *et al.* 2020).

Occupational stressors associated with COVID-19 accentuated people's sense of suffering, discomfort, flexibility, adaptability, resilience and conflict management (Howard 2008). Such stressors were also aggravated by being

infected, loss of family members and friends, caring for the aged and being disconnected from the world through personal contact. As such, modifying how people work and from where they work may incur emotional and mental challenges, which may require organisations to build in interventions to keep employees inspired, positive, encouraged and motivated (Hobfoll *et al.* 2009). Such wellness programmes are integral for ensuring employees believe in their capabilities, strengths and sense of self-worth (Buselli *et al.* 2020).

In some cases, employees from the health sector, for example, were compelled to use all personal protective equipment (PPE) to ensure compliance under risky conditions (Foster *et al.* 2020). Often, these were complemented with psychological and psychiatric treatments for health employees who often reported emotional fatigue, detachment from others, pain, worry, anger, shame, deteriorating job efficiency, and hesitation to work during COVID-19 (Buselli *et al.* 2020). For example, in the USA, apart from the surveillance of physical signs and symptoms; and laboratory and microbiological tests for health employees, the Occupational Medication System established the PsicoCovid19 programme to monitor and offer support to employees who already struggled with psychological and emotional troubles before the pandemic; and provide rapid and targeted aid based on the new psychosocial challenges faced by employees associated with the COVID-19 emergency situation (Buselli *et al.* 2020). CBT techniques such as mindfulness, acceptance and dedication therapy (ACT) were integrated into the Psicocovid19 support programme to aid people to accept their thoughts and sensations, rather than dealing with or feeling guilty about their COVID-19 related dilemmas. This helped in psychological flexibility; and aided people to dedicate themselves to facing the issue head-on instead of avoiding stressors (Bond, Hayes and Barnes-Holmes 2006). With COVID-19, many individuals have become unemployed. Hence, striving toward occupation wellness should include the following (Coppola *et al.* 2021; Laker and Roulet 2021):

- Being able to actively pursue work and/or training.

- Being able to consider your options regarding getting additional education, career change, or even pursuing self-employment options.
- Being able to pursue an organised job search, keeping comprehensive records, and engaging in daily job searching activities.
- Using online resources to updating skills, look for work and networking regarding job searches.
- Assertively marketing yourself through personal networking.
- Being aware of and using common community resources for individuals seeking work.
- While you are waiting to secure employment, use your time productively to maintain and sustain your skills.
- Be hopeful in your job search.

However, individuals who are unemployed due to retirement, being a full-time student, having family responsibilities for caregiving, or through personal choice may consider the following options under lockdown conditions (Shaukat *et al.* 2020):

- Having plans for things to do.
- Frequently doing things with other people so that you do not feel isolated.
- Using time meaningfully and purposefully.
- Making good use of experiences and strengths in the things you are doing each week.
- Look forward to daily and weekly activities.
- Volunteer in the community.
- Be productive consistently.

Despite the numerous challenges associated with COVID-19, maintaining occupational wellness entails openly communicating about your state of job satisfaction and stimulation; exploring future career options; adopting a work-

life balance; and feeling a sense of accomplishment and pride in what you do (Shaukat *et al.* 2020).

4.4 OVERVIEW OF COVID-19 IN AUSTRALIA

Australia reported its initial cases of COVID-19 in January 2020 (Johns Hopkins University n.d.). By April 26, 2020, 6714 cases as well as 83 deaths were reported in Australia, with the number of cases reported each day peaking at 500 by March 28 (Lasry *et al.* 2020). There had been 323 285 confirmed cases of COVID-19 with 2 202 deaths, 34 990 recoveries in Australia reported to WHO, with a total of 41,202,316 vaccine doses administered as of 17 December 2021 (WHO 2021c). Although the WHO report indicated that the data is constantly changing, the staggering figures shows the devastating effects of the recurring COVID-19 pandemic in Australia, with the second wave in Victoria leading to about 80 per cent of fatalities (WHO 2021c).

4.4.1 Background on COVID-19 lockdowns

Despite over 350 000 confirmed cases of the COVID-19 positive cases in Australia since the pandemic reached Australia, the number of affected individuals declined since late March 2020 (Australian Government Department of Health 2020a). Australia has to date prevented a 'worst-case' scenario, by adopting preparation models to ensure that the health system's capability can meet the demands of the pandemic (Australian Government Department of Health 2020a). In analysing vital epidemiological and action factors such as the strength and programming of public health interventions, Australia undertook an early and preventive approach to COVID-19. The goal was to suppress transmission, rather than total elimination of the spread of the virus. This meant interventions to push transmission to zero, while anticipating new outbreaks. This contrasted to the mitigation strategies developed and implemented by other countries such as the United States (Australian Government Department of Health 2020a).

Furthermore, on 1 February 2020, when China was the only country showing uncontained transmission, Australian authorities prevented all traveling from mainland China to Australia to lower the danger of importation and transmission of the virus (Shearer *et al.* 2020). Australian residents were allowed to take a trip back from China to Australia, but they were required to self-quarantine for 14 days from their date of arrival (World Health Organization 2020a). Additionally, boundary actions, consisting of the provision of extra guidance and enhanced testing were placed on arrivals from various other nations, based on a risk-assessment device established in early February (Shearer *et al.* 2020). The day prior to Australia imposing these restrictions (January 31, 2020), 9720 cases of COVID-19 were reported in mainland China (World Health Organization 2020a). Australia had until then detected and handled nine cases imported in the country, all with a direct epidemiological link to or current travelling history from Wuhan (Australian Government Department of Health 2020b). Prior to the constraints, Australia was expecting to get around 200,000 air travellers from mainland China throughout February 2020 (Australian Bureau of Statistics 2019). However, the number of travellers fell substantially in complying with the imposed travelling restrictions. These limitations were not planned, and not likely to prevent COVID-19 being imported into Australia (Errett, Sauer and Rutkow 2020).

The objective of the Australian government was to halt the establishment of an epidemic, buying beneficial time for health and wellness authorities to prepare (Errett *et al.* 2020). Throughout the month of January 2020, substantial testing as well as instance targeted treatments (case seclusion and getting in touch with those quarantined) started (Australian Government Department of Health 2020d). At the same time, around the world, the geographical level of transmission as well as everyday counts of confirmed cases and deaths remained high (World Health Organization 2020d). In early March 2020, Australia extended travel limitations to a number of nations with massive uncontained outbreaks, particularly Iran (as of 1 March) South Korea (as of 5 March) and Italy (as of 11 March) (Australian Government Department of Health 2020a; Australian Government Department of Health 2020b; Australian

Government Department of Health 2020c, Australian Government Department of Health 2020f). Closing their borders and non-essential services to varying degrees continued periodically during localised outbreaks.

Despite increasing travel restrictions, case counts rose sharply on a daily basis in Australia throughout the first half of March 2020. While the huge bulk of these instances were linked to travellers returning to Australia from overseas, localised area transmission was reported in locations of Sydney (NSW) and Melbourne (VIC) (Australian Government Department of Health 2020d). The situation in Australia revealed an early trajectory very similar to the outbreaks experienced in China, the United States and Europe, where health and wellness systems became overloaded (Australian Government Department of Health 2020f). On 15 March 2020, authorities imposed a self-quarantine requirement on all global arrivals (Commonwealth Government of Australia 2020e). From 16 March 2020, the Australian government gradually implemented various social distancing measures in order to lower and stop further neighbourhood transmission (Australian Government Department of Health 2020d). On 19 March 2020, Australia shut its borders to all non-citizens as well as non-residents (Australian Government Department of Health 2020f), while on March 27 2020, Australia moved to a plan of compulsory quarantining for any type of returning people and locals (Australian Government Department of Health 2020f). By 29 March 2020, social distancing actions had been intensified to the extent that all Australians could only leave their homes for crucial tasks to minimise being infected, and public celebrations were limited to two people (Australian Government Department of Health 2020e). By late March 2020, daily new cases seemed to be declining, suggesting that these actions had successfully minimised transmission. Throughout the period of cluster outbreaks of the pandemic, various 'snap lockdowns' measures had been intermittently introduced. By October 2021, Melbourne would have been under six lockdowns totalling 262 days since March 2020 (Australian Government Department of Health 2020f).

4.4.2 Strategies used by government and other organisations in Australia to mitigate the impact of COVID-19

Life in Australia changed drastically due the COVID-19 pandemic. Just like many other countries around the world, various organisations and the Australian government followed common protocols and practices such as practising social distancing and quarantining; allowing employees to work from home; advising people to go for vaccinations and widespread dissemination of COVID-19 information to mitigate the impact of COVID-19 (Maclean and Elphick 2020). Australia implemented several public health measures to offset the epidemiology of the virus under the Biosecurity Act 15 (Furlong and Finnie 2020). The government's approach included sharing information to provide optimal care; ensuring government responses are integrated and consistent across Australia; minimising the number of people being infected or sick with COVID-19; managing the demand on the health system; assisting people to manage personal, family and community risks; making vaccines available to all; and minimising mortality rates (Australian Government Department of Health 2020b). Such health sector responses are guided by values such as privacy; equity; individual liberty; confidentiality; and proportionality protection of the public (Australian Government Department of Health 2020c).

Various social distancing interventions were applied in stages, with escalating stringency. Stage 2 measures were reflected when schools closed on 26 June 2020. Stage 3 was implemented on 2 July 2020. As positive cases continued to grow, Stage 4 measures were activated on 3 August 2020, which required people to remain at home unless they needed healthcare, had to shop for essentials; or were employed in approved occupations (Australian Government Department of Health 2020a). For those compelled to report to work, stricter guidelines were applied such as partitioning walls; ventilation; using personal protective equipment such as masks, gloves, and other protective clothing; and restricting the number of employees physically present in the workplace (Australian Government Department of Health 2020a).

Early and rapid activation of social distancing and quarantining strategies helped to suppress the exponential growth in transmission among the population. The Australian government first imposed quarantine restrictions in January 2020 for travellers from China, two weeks after the first confirmed case. This was followed by quarantine requirements for all overseas travellers returning, and thereafter followed by a ban on all international travel (Australian Government Department of Health 2020a). The strict cross border restrictions and physical distancing played an important role in decreasing, thereby flattening of the travel curve (Australian Government Department of Health 2020b). Subsequently, suppressing rapid transmission allowed the relaxation in social distancing measures; the introduction of efficient testing; monitoring and tracking of cases; and earlier resumption of social and economic activities (Errett *et al.* 2020).

The nation established its first non-travel-related reduction plan, a ban on events of greater than 500 people on March 15, 2020, around two weeks after recognition of its first case (Moss *et al.* 2020). A series of various other plans over the following two weeks lowered the number of people allowed at gatherings, prohibited the entrance of non-residents, instituted necessary stay-at-home orders; expanded the summertime institution holiday, and advised that the elderly, persistently ill, as well as aboriginal people stay in their homes (Anon 2021; Anon 2020). Australia's mitigation policies were usually needs based and consisted of non-compliance penalties. The fast application of significantly limiting mitigation plans was followed by a gradual decrease in movement, with the largest adjustment happening in public transit-associated movement (Anon 2021). However, case counts and modifications in mobility after the execution of mitigation policies reflected unequal results, further illustrating distinctions in enforcement; risk assessments; and encouraging the use of devices to assess symptoms and to keep abreast with reviewed control measures (Phys.org 2019).

Additionally, in February 2020, the Australian government announced the Australian Health Sector Emergency Response Plan for Novel Coronavirus to

guide a precautionary approach aligned to preparedness and response guidelines to minimise disease transmission through extensive communication activities and strong border control measures (Australian Government Department of Health 2020e). In December 2021, the government announced the National Preventive Health Strategy, a 10-year plan to improve Australia's health system, more importantly focusing on the treatment of diseases and illnesses such as COVID-19; and increasing preventative measures to maintain wellness and health (Australian Government Department of Health 2020f). Furthermore, \$1.1 billion dollars was allocated in funding for the implementation of domestic abuse programmes; coronavirus-wellness call centres; and critical mental health services (Prime Minister of Australia 2020). Responses from the Australian public health system included increases in the number of available health staff available; establishment of screening clinics for COVID-19; creation of a national database for disease tracking; promotion of messages of safety and security; transferring health employees and other resources to emergency departments; implementing telehealth; and monitoring for a resurgence of the pandemic (Australian Government Department of Health 2020e).

This was a progressive endeavour to enhance existing health support services, due to the dramatic increase in job losses; catastrophic experiences of families under lockdown; and a surge in domestic violence, mental illnesses and suicides (Australian Government Department of Health 2020e). Subsequently, state and region level governments were permitted to differently apply state as well as regional level policies including economic plans and interstate border limitations (Morrison, Payne and Dutton 2020). For example, the Governor of the Reserve Bank of Australia and the Treasury Assistant postponed loan repayments by 6 months for small businesses affected by COVID-19 (Prime Minister of Australia 2020). In addition, subsidies, financial liquidity injections; tax relief to support financial liquidity, and loan guarantees were some of the measures introduced to help businesses manage their financial obligations during the pandemic. Additionally, sick-leave benefits were paid for people with COVID 19, through the activation of new pandemic-related top-ups or payments; increasing unemployment benefits; extended access to sickness

benefits for those who are self-employed and infected with COVID-19 or quarantined; income security by providing short-time work benefits or crisis payments for sick and quarantined employees; extending the duration of extended special paid leave; providing financial means to cover the costs for child care services; the introduction of the Job Keeper Payment Scheme to subsidise hours worked or top-up of income of employees on reduced hours; support for businesses through job retention schemes; cash transfer schemes targeting vulnerable groups during emergency situations who did not have immediate existing minimum-income benefits; lifting existing sanctions for jobseekers who were non-compliant with regulations; suspending in-person job search support for many public employment services; and shifting training to offer online services (Australian Government Department of Health 2020f; Hale 2020).

However, some sectors in Australia, such as higher education institutions embraced a 'watch and also wait' approach, up until it became swiftly noticeable that travel restrictions severely mitigated the mobility of staff and students; and social distancing became an imperative (Truu 2020). This resulted in the adoption of online lectures and meetings; closure of campuses; and a review of academic processes (Perpitch 2020). This was reinforced by the decision of the Tertiary Education Quality and Standards Agency (TEQSA), which is an independent national quality control and regulatory body for higher education in Australia, to amend regulations in an effort to deal with COVID-19 obstacles (Saunders 2020; Johnston 2020). As such, many higher education institutions were able to initiate a business continuity plan, especially for international students who were forced to return to their home countries (Davies and Karp 2020; Saunders 2020).

Overall, Australian citizens have played a critical role in contributing to the efficacy of various interventions. According to Davies and Karp (2020), citizenship trust in government decisions and communication significantly contributed to support for solutions and policies regarding mitigation measures such as lockdown measures; hotel-quarantine practices; rapid testing and mask

wearing. For example, despite periods of low prevalence of infections, Australian citizens embraced a collective effort to safeguard the well-being of themselves and others by reducing their movements and testing in large numbers for the virus. Overall, these measures were relatively effective in constraining the infection rate in the early stages of COVID-19 and limiting subsequent outbreaks in various states in Australia (Davies and Karp 2020).

4.5 MOVING FORWARD

It is vital to acknowledge the experiences from COVID-19 and use the lessons learnt to build back more resilient societies and economies as noted the WHO (2020d). By merging experiences, proficiencies, resources and innovative ideas, opportunities exist to attain the Sustainable Development Goals. It has become clear that waiting for the appropriate course of action to emerge during this global crisis has not been beneficial. Rather, countries, organisations and people must collaborate to forge pathways toward wellness (Rappaport *et al.* 2020).

Thus, concern must be given to resolving issues relating to food safety and security; lack of nutrition; poverty; unemployment; health systems; safe movement pathways and promoting the formalisation of the informal economic climate, among others (WHO 2020d). Climate change and environmental destruction should be tackled with passion and as a necessity. In shielding people from such adversities, a 'new regular normal' may become a more resilient space to deal with pandemics (Newman College 2021). As such, purposeful and immediate measures to save lives as well as livelihoods should entail prolonging social defence (environmental wellness) towards global wellness coverage (wellness); as well as earnings support (financial wellness) for those most affected such as employees in the casual economic arena and in improperly shielded and low-paid work affecting youth, older employees, and migrants (International Monetary Fund (IMF) 2020; Kimberly 2020). In addition, specific interest must be accorded to women who are over-represented in low-paid jobs as well as care duties. Moreover, various forms of assistance are

essential, consisting of cash money transfers (financial health); child grants (financial wellness); healthy and balanced school meals (well-being); sanctuary and food relief measures (well-being); support initiatives for employment retention and recuperation (occupational wellness); and monetary relief for businesses (financial wellness) (Kimberly 2020). In designing and executing such measures, it is necessary that governments collaborate with all stakeholders, both locally and globally, to devise measures which may curb the destruction of overall wellbeing (Kimberly 2020).

Countries taking care of existing altruistic crises or emergency situations (such as the bushfires experienced in Australia prior to the pandemic) are especially subjected to the effects of COVID-19 (Kimberly 2020). Reacting quickly to the pandemic, while making sure that humanitarian and recuperation support gets to those most in need, is essential. It is now the time for global solidarity and assistance, specifically for the most at risk in our societies, especially in the emerging world. Collaboration can help to achieve holistic well-being, while preventing pandemics and other disasters from accelerating into a protracted humanitarian catastrophe, with the prospective loss of years of gains achieved (Kimberly 2020).

An additional substantial difference between COVID-19 and other earlier epidemics is the unique abilities of late twentieth-century medication and research. Without the growth in intellectual and medical competence; and research, there is a better understanding of epidemics and pandemics (Wu and McGoogan 2020). The availability of cognitive medical modifications, research and tests throughout the course of the recurring pandemic has played a valuable role in understanding pandemics and the requisite responses (Department of Parliamentary Services 2020). With the onslaught of protective resistance against COVID-19; situation recognition and seclusion through call tracing and monitoring; and antiviral medications and vaccinations, there has been a noticeable reduction in fatalities and destructive mutations of the virus (Efip 2020; Geldsetzer 2020).

Central to control measures are ensuring physical wellness especially that of health employees (e.g. use of PPEs); implementing support measures for overall family wellness; dissemination of educational resources on prevention and control of the virus (e.g. social distancing); case isolations; and monitoring and tracing (Eriksonas 2020). From a family wellness perspective, it must be suggested that cognizance should be taken of children removed from normal schooling routines, being physically less active; having unfavorable diets; and experiencing irregular sleep patterns (Jiménez-Pavón *et al.* 2020; Li *et al.* 2020). This can be compounded, when other family members have to work from home, and may experience similar wellness issues. Since such challenges can be complemented by boredom, frustration, fear of infection, and inadequate in-person contact, Howard (2008) noted that time for relaxation and recharging is an important resource for family members to protect their own psychological and physical wellness. From an occupational perspective, places for respite outside the workplace, innovative staff scheduling, allocating time for employees to decompress and the provision of hygienic supplies were some of the interventions used by organisations to support their staff (Dickerson 2020).

Since no one should be left behind, vulnerable and marginalised groups in society should also benefit from more inclusive wellness interventions (Fixsen, Barrett and Shimonovich 2021). Fixsen *et al.* (2021) opined that a fully integrated approach is needed for such groups as they are already in dreadful situations during the pandemic regarding inequities in health, education, social, food security, and accommodation. Since wellness dimensions intersect and have been disrupted by the pandemic, it is imperative to identify how the inequalities have been further impacted by the pandemic and develop appropriate intervention mechanisms for wellness improvement.

Finally, the COVID-19 pandemic has demonstrated the preparedness from several sectors to support robust auxiliary and mainstream needs within the realm of holistic wellness. However, since recovery may take time considering the ongoing mutations of the virus, ongoing sustainable initiatives are needed for countries, societies, communities and individuals who have restricted

resources and continue to suffer through crises (Alvarez, Argente and Lippi 2020).

4.6 CONCLUSION

During the COVID-19 pandemic, various conscious and deliberate strategies were implemented and adopted across different sectors of society to support a lifestyle of wellness. More importantly, such strategies helped to reduce the burden of health consequences on wellness, as people became more aware of the need to make choices which supported a lifestyle of wellness in the social, physical, spiritual, occupational, emotional, intellectual, financial, and environmental domains.

The key protection measure adopted universally has been the lockdown, which has forced people to work from home wherever possible. In many instances, travel bans; closure of borders; and the prohibition of mass gatherings and sporting events; are in place to prevent transmission. Additionally, measures such as discouraging the use of public spaces for example, restaurants, shopping centres and public attractions, and use of public transport, were implemented in many parts of the world. Self-defence techniques included overall personal hygiene, refraining from touching the eyes, nose, or mouth, face washing, avoiding travel, and maintaining physical distance. Many countries have already implemented preventive measures, including the implementation of social distancing; forestation; vaccines; social, health and financial support; and a global ban on wildlife trade. As such, governments, stakeholders and policymakers around the world should take necessary initiatives and steps toward ensuring social, physical, spiritual, emotional, occupational, intellectual, environmental, and financial wellness (healthcare services for all citizens). At the time of the research writing, COVID-19 continued to pose a severe risk to overall wellbeing. Thus, the aim of this chapter was to understand how the COVID-19 pandemic impacted families and strategies used to alleviate the suffering of people adversely affected by the pandemic and the lockdown measures. Various accounts testified to the need for safety steps and

being prepared to abide by health and wellness protocols. The evaluation likewise took into consideration the role played by policies presented by the UN, World Bank, and governments to mitigate as well as turn around the passing, and longer-term impact of the restrictive actions on wellness (World bank 2020; UN Secretary General 2020). It is posited that much more could be done, by applying for example wellness approaches, to boost the focus on support measures for family members. Whatever the result in the longer term, the findings from this evaluation research verifies the importance of listening to people, as well as ensuring their experiences are taken seriously throughout the interactive policy making process of wellness programmes.

The review of the chapter illustrated that short-term policy remedies might help deal with instant problems of food insecurity, such as loss of accessibility to meals offered by schools or childcare centres. However, wider policies that prevent enrolment or minimise access to nutrition-assistance programmes have weakened the responses relating to the impact of COVID-19 (Dunn *et al.* 2020). As we face COVID-19, it is essential to make sure that the dietary requirements of susceptible children are fulfilled to avoid worsening differences in wellness as well as academic attainment for several years to come. We must check out in real time the techniques being utilised, recognise the more comprehensive political landscape in which they are being implemented, and improve our capability to adapt just how, when, and where we offer assistance to all.

To this effect, the present wellness dilemma should drive us toward constructing an environment to raise the protective layers that assist in preventing the spread of infectious diseases. In this context, there are numerous locations of studies needed that relate to COVID-19. One positive effect of the existing pandemic is that it offers opportunities for researchers to review previous occasions and discover what can be enhanced for future (Goniewicz *et al.* 2020; Otsmaa 2021). For example, COVID-19 may potentially have comparable impacts on design as well as urban planning growth (Budds 2020; Chang 2020; Saadat, Rawtani and Hussain 2020).

Furthermore, a lesson learnt is that the pandemic revealed the possible decrease of air contaminant discharges as a result of broadened remote working and during the quarantine, most individuals have actually been compelled to work from home (Nakada and Urban 2020; Megahed and Ghoneimb 2020). Also, countries are examining their levels of preparedness to manage such a prolonged pandemic to improve their disaster preparedness strategies, which invariably impacts wellness in all dimensions (Megahed and Ghoneimb 2020; Lubell 2020; Wahba and Vapaavuori 2020). Additionally, incorporating internet support throughout a period of seclusion and social distancing, was important for the world to remain linked. Technology is best utilised to leverage as well as keep social, physical, psychological, intellectual, and spiritual wellness (Goldschmidt 2020). Hopefully, this period of disturbance thrusts us toward a brand-new lifestyle improved with technology in a way that improves health and wellbeing for all. Finally, health and social support systems need to be more inclusive and responsive to the needs of diverse groups so that no one is left behind because of obstacles in accessing services much needed during a pandemic. The sustainability of various support initiatives from different sectors is crucial for reconstructing wellness.

CHAPTER 5

RESEARCH METHODOLOGY

5.1 INTRODUCTION

The previous chapters which were aligned to the review of pertinent literature, provided the foundation for developing the research methodology applied in this research. The literature review examined the eight dimensions of wellness; and wellness approaches adopted globally during COVID-19, which provided greater clarity and direction for the focus of the study. The literature review provided the theoretical basis from which a set of beliefs, ideas, decisions and rules informed the direction of the qualitative approach, thereby cumulatively addressing the research objectives and questions. Through a comprehensive review of scholarly literature, the researcher was able to critically analyse the phenomenon of wellness, and align it to the research objectives, questions and data findings. This thereby contributed to the development of a theoretical framework.

An extensive review of literature capacitated the researcher to mould a solid and robust thesis, since through the voices of other scholars the researcher was able to give a detailed account of research relevant to the current study (De Vaus 2014). As articulated by Sekaran and Bougie (2013), any robust study must start with a thorough investigation of credible scholarly research. In systematically reviewing the extant literature on wellness and COVID-19, the researcher was able to solicit different findings and perspectives of other scholars, which laid a solid foundation for determining varying angles and debates in analysing the research problem. As such, a critical analysis of the phenomenon of wellness during COVID-19 helped the researcher to gain a clearer picture of how families reconstructed wellness during the pandemic, via interviews. In gaining valuable insights from other scholars, the researcher was able to give adequate attention to analysing wellness among families during COVID-19, and the development of a wellness framework. The researcher used the literature review and qualitative findings to guide the completion of this

research. In the process of doing so, the original contribution of the research to knowledge generation was actualised.

Research entails the theoretical analysis of the body of principles and methods associated with a dimension of knowledge (Creswell 2015). Likewise, Rajasekar, Philominaathan and Chinnathambi (2013) explained research methodology as the systematic approach to tackling a research-based problem, which involves the art of studying the manner in which an investigation should be carried out. Rajasekar *et al.* (2013) noted that the research methodology requires the researcher to describe, explain and forecast phenomena. In addition, the research design is a detailed and logical outline that acts as a guide to the researcher in the collection, analysis and interpretation of the data on specifically observed phenomenon (Yin 2013).

Furthermore, the scientific methods adopted by the researcher directed the interview guide which was utilised to collect primary data. In the opinion of Creswell (2015), acceptable findings tend to be more robust, if the data collection used can hold out against any rigorous methodical investigation. Thus, findings should be premised on verifiable data, underpinned by coherent data exploration; free of any partiality; and informed by prior knowledge (Yin 2013). As such, interpretivism as a philosophy was used to explain wellness approaches adopted globally during COVID-19; as well as how families reconstructed their wellness as they transitioned through COVID-19 (Rajasekar *et al.* 2013). An exploratory design informed by a qualitative approach succinctly analysed the problem of COVID-19 from a wellness perspective and in doing so, the researcher believed that the research questions were comprehensively answered.

This chapter discussed the research methodological approach adopted in this study. It argued for adopting the relevant research process, research design, and qualitative approach. The interview guide used to collect data; the method of collecting data; the method used for data analysis; and inclusion and exclusion criteria were also examined. Furthermore, the steps to ensure the

trustworthiness, validity, and reliability of a qualitative research were discussed. This chapter concluded with ethical considerations of the research, which included sharing the letter of information with prospective participants; obtaining informed consent from participants; ensuring anonymity and confidentiality; and obtaining ethical clearance from the Durban University of Technology.

5.2 RESEARCHER'S ROLE AND REFLEXIVITY

When using qualitative research as an approach for data collection, the researcher relies on non-numerical data collected from interviews; first-hand observations, focus groups, documents; participant-observations, recordings undertaken in natural settings, and artefacts (Yin 2015). However, this research only focused on interviews. Reflexivity is increasingly considered as an important strategy for generating knowledge by means of qualitative research (Gemignani 2011).

From an epistemological viewpoint, a reflexive approach views knowledge as constructivist, which is developed during the research process and is dependent on existing beliefs and understandings (Reid *et al.* 2018). Therefore, transparency about the researcher's potential beliefs, assumptions and biases is important in determining the authenticity of qualitative research findings and conclusions (Berger 2013). Additionally, reflexivity encompasses measures to uphold autonomy in gaining access and consent; protecting vulnerable participants; managing power relations and multiple roles; and mitigating harm in the dissemination of research findings (Dodgson 2019). In doing so, researchers are expected to focus on sensitivity; self-knowledge; biases and beliefs; and the maintenance of a balance between the universal and the personal (Berger 2013). Thus, in the current study, the researcher ensured the following as proposed by Yin (2013):

- Continuous internal dialogue to ensure that personal beliefs and biases did not affect the research process and outcome.

- Ensuring that the knowledge production from interviews was objective and independent from the researcher.
- Continuous awareness of the researcher's reactions to participants to ensure that contextual and personal issues did not affect the interview process.
- Awareness of unconscious editing of data due to personal sensitivities, which may compromise in-depth, unbiased and comprehensive analysis.

In separating the positionality of the researcher from the research process and outcome, the researcher was able to access more willing participants to participate in the interviews; ensured that the researcher-participant relationship promoted willingness to share their experiences during the pandemic; and used appropriate language and communication skills to garner meaningful information from participants, without any tensions (Berger 2013). Accordingly, Dodgson (2019) argued that the detachment of the researcher from the research is critical for enhancing the trustworthiness and accuracy of findings.

For example, ensuring that the recruited participants were not known by the researcher in the current study was one of the ways of enhancing the rigour and ethical premise of the study. Thus, such reflexivity ensured that the researcher was not exploitative, did not use power negatively, and while the findings were interpreted through the eyes and standards of the researcher, the researcher did not compromise the research process (Gemignani 2011). Further, the researcher is a masters graduate in counselling, and has the capacity to manage personal biases.

Additionally, in drawing on the experiences of families during COVID-19, the researcher observed the following (Gemignani 2011; Rice and Ezzy 1999):

- An empowering experience since family members were in expert positions to share first hand experiences.

- The interview questions navigated the data collection toward a unique direction, without any leading from the researcher.
- The researcher had not personally experienced COVID-19 in a family context in Melbourne, therefore the participants were in a more powerful position than the researcher.
- Writing notes concerning individuals' comments as well as the researcher's ideas during the interviews; and repeating the questions elicited more genuine responses and avoided the influence of other family members.
- Memoing as soon as possible after an interview to note pertinent observations.
- Developing and continually modifying the researcher's subjectivity declaration when deciding which responses to document in the findings.

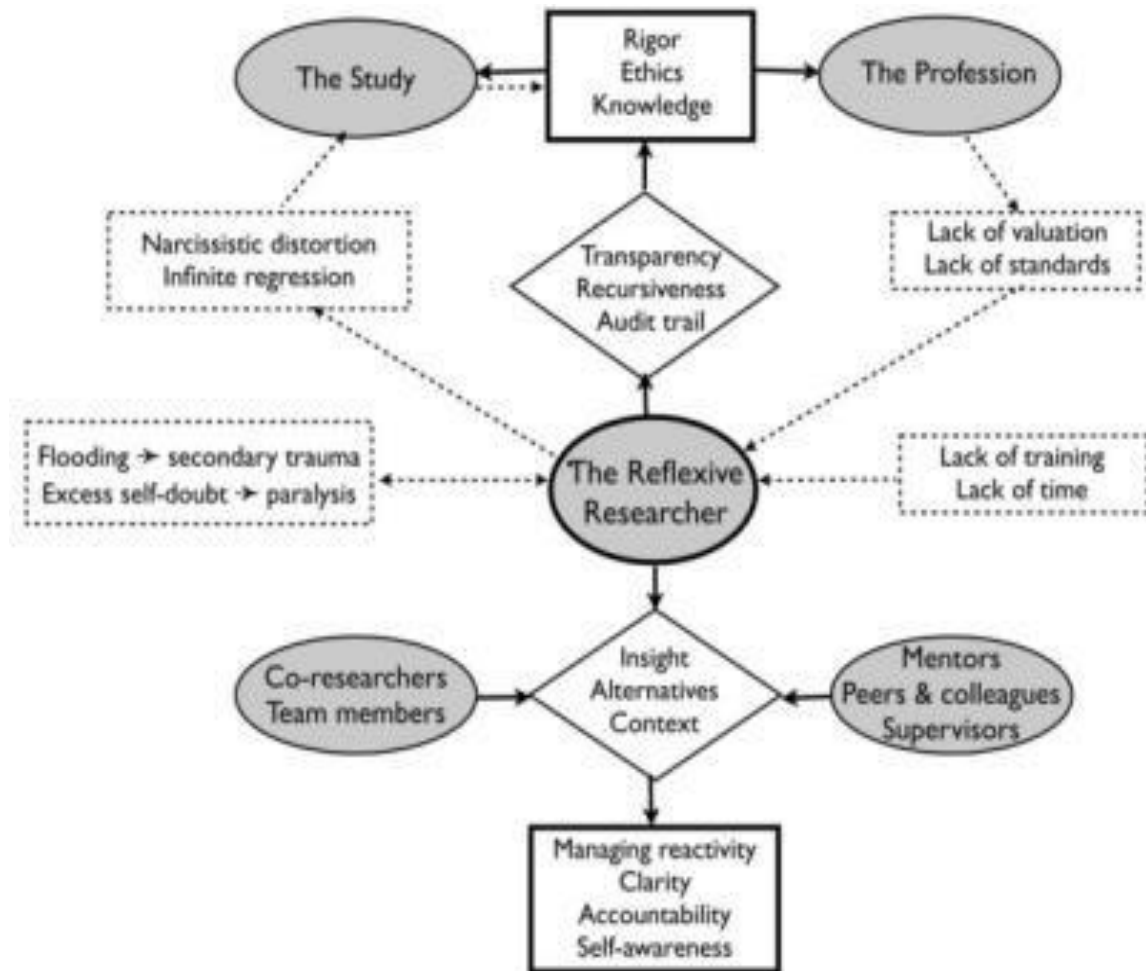
By engraining the above observations and practices as part of the research process, the researcher submerged himself in the process of reflexivity, by asking: What do I recognise?; How do I recognise what I understand?; What forms have shaped my viewpoint?; With what voice do I disseminate my viewpoint?; and What do I do with what I have discovered? (Rice and Ezzy 1999).

Since it was not possible to pursue the current research totally free from assumptions, biases and beliefs, reflexivity allowed the researcher to reflect on his actions and decisions during the research process to secure non-exploitative, credible and trustworthy research outcomes (Dodgson 2019). In doing so, the researcher was aware of the potential influence he may have had over the participants and the research process, as well as recognising the effect of the research experience on him as a researcher (Creswell 2015). Thus, reflexivity enabled the researcher to better understand the experiences of participants during the pandemic, while constantly avoiding his own views to cloud his understanding of their experiences or influence the participants.

As succinctly stated by Probst (2015), the researcher has to view two directions simultaneously, which is viewing the world and being aware of personal biases and assumptions at the same time. However, Dodgson (2019) argued that this is no easy task, since the researcher may potentially become submerged in a confusing and murky swamp, riddled with excessive self-disclosure, self-analysis and layered subjectivity. Thus, reflexivity is not as simple as it appears. Therefore, Probst (2015) suggested some of the following considerations as illustrated in Figure 5.1.

- Adequately training.
- Keeping journals and memos to clarify salient points and have tangible evidence to ponder over in the future.
- Access to tools and models which help with learning by doing.
- Peer briefing and supervision.
- Ensuring rigour and trustworthiness through managing the relational aspect between the construction of knowledge and robust self-reflection.
- Managing the integrity of the research process with accountability, ethical support, and record-keeping.
- Using feedback from others involved in the research process (participants involved in pilot test and guidance from the supervisor) to analyse new and diverse layers of meanings; and multiple viewpoints.
- Managing feelings of being overwhelmed and flooding of emotions, anxiety and self-doubt.

Figure 5.1: Reflexivity considerations by researchers



Source: Adapted from Probst (2015)

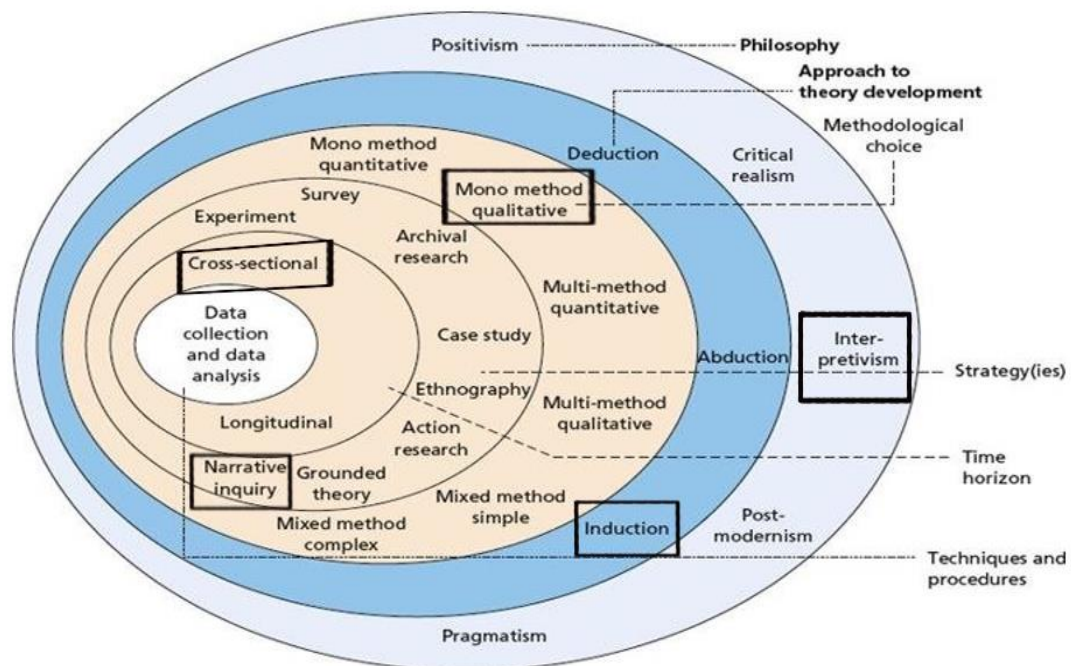
Ultimately, the research experience can be risky during the process of building on knowledge. Thus, it is incumbent upon researchers to consider various ethical issues during the research process. Reflexivity helped the researcher to minimise the effect of bias through an awareness of his personal positioning; critical representation of knowledge created from this study and how that knowledge was created; and using rigour to acknowledge the constraints of the study and legitimacy of the research findings (Guillemin and Gillam 2004; Rice and Ezzy 1999; Finlay 1998; Koch and Harrington 1998). Additionally, reflexivity helped the researcher to understand more; comprehend more objectively; and appreciate better (Guillemin and Gillam 2004). Therefore, the researcher

believes that the act of reflexivity offers the listener or reader of this study information desirable to examine the data findings and conclusions by illustrating the position of the researcher (Rice and Ezzy 1999).

5.3 PEELING THE RESEARCH ONION FOR THE CURRENT STUDY

Saunders, Lewis, Thornhill and Bristow (2015: 29) described the research methodology process as a “research onion”, during which the researcher progresses from the outside toward the inside of the “onion”. This is useful in thinking holistically about and understanding the research methodology process. Figure 5.2 clearly illustrates that the decisions made by a researcher regarding the outer layers of the onion provide the parameters and context within which data collection, processing and analysis procedures and techniques are chosen (Saunders *et al.* 2015). The outer layers provide the foundation and building blocks of any robust research.

Figure 5.2: Research onion



Source: Adapted from Saunders, Lewis, Thornhill and Bristow (2015)

As the researcher worked from the outside toward the inside of the onion, the following six choices were made:

5.3.1 Research philosophy

The research philosophy provided the foundation as it described the beliefs upon which the current research was based (Saunders *et al.* 2015). The research was described from an epistemological perspective, explaining the reality of the wellness experiences of the participants from their perspectives. The epistemological philosophy was based on the interpretivism assumption, focusing on the thoughts, emotions, actions and social contexts of the families as they transitioned through the pandemic (Saunders *et al.* 2015).

5.3.2 Research approach

The inductive research approach informed the decisions regarding qualitative data collection and data analysis. The inductive approach facilitated the generation of theory from the data findings and analysis. The researcher gained information from families regarding their wellness as they transitioned through COVID-19, thereby investigating a phenomenon not rooted in prior research (Saunders *et al.* 2015).

5.3.3 Research strategy

Narrative inquiry uses field texts such as journals, stories, letters, autobiographies, conversations, field notes and interviews (Saunders *et al.* 2015). The research strategy for this study was based on interviews as a type of narrative inquiry, whereby families shared their perspectives of their wellness experiences specifically during the pandemic. The narrative interviews provided an in-depth understanding of wellness issues experienced by families in Australia, thereby providing a deeper understanding of how their experiences was aligned to the reconstruction of their wellness (Saunders *et al.* 2015).

5.3.4 Choices

The mono method of qualitative data collection was used in the research (Saunders *et al.* 2015). The interviews provided data on the opinions and views of the families regarding their reconstruction of wellness during the pandemic (Saunders *et al.* 2015).

5.3.5 Time horizon

Data was collected within a cross sectional time horizon (November 2021 - March 2022), as data was collected for purposes of a thesis focusing on the period of the pandemic (Saunders *et al.* 2015).

5.3.6 Techniques and procedures

The nonprobability, convenience sampling technique was used for the sample population. One-on-one semi-structured interviews, either face-to-face or via Zoom, with various types of family units were undertaken. The researcher ensured that the participants constituted the various types of family units; and were easy to recruit as referrals were made by the manager of the NGO and other subsequent families who participated. Thematic analysis provided answers to the research questions (Saunders *et al.* 2015).

Thus, the decisions made by the researcher during each layer of the research onion, aligned with the other layers, as well as with the research aim, objectives and questions (Saunders *et al.* 2015). A more extensive discussion of the various layers is discussed in the following sections.

5.4 RESEARCH DESIGN

A research design constitutes the approach used to collect sound, accurate, and reliable information, with the intention to provide useful evidence (Rudolph *et al.* 2015; Yin 2015). As such, the research should be pursued in collecting

relevant information and data through the conceptual structure, with minimal expenditure on time, money and effort. A research design is a blueprint for the collection and analysis of data, based on the research aim, objectives and questions of the research (Saunders, Lewis and Thornhill 2012). It is also a set of procedures and processes used in collecting and analysing measures of specified variables highlighted within the problem statement (Lundberg 2003). However, Blair *et al.* (2019) detailed five types of research designs as illustrated in Table 5.1.

Table 5.1: Types of research designs

Research Designs	Description
Explanatory Research Design	Highlights the cause and effect between two or more events or variables, and it differentiates among the causal bonds between variables.
Causal-comparative Research Design	Attempts to discover a cause-effect association between two or more groups.
Correlational Research Design	Measures two or more variables to determine scores for each entity. This assists in identifying patterns which exist between the variables.
Exploratory Research Design	Collates background information on the topic to explain the problem being investigated.
Descriptive Research Design	Identifies characteristics of a research topic through data collection. The researcher does not have control over the variables. The study publicises what, who, when, how, where, or how much.

Source: Adapted from Blair *et al.* (2019)

The nature of this research influenced the researcher to select the exploratory research design. As such, exploratory research design, as opined by Rahi (2017), is predominantly qualitative in nature and may be employed to gain a better understanding of underlying opinions, motivations, and reasons. A key advantage of the exploratory research is that it provides insights into enquiries

and problems that were not well researched in different contexts. In adopting this approach, the researcher was able to formulate a better-researched model, while generating new data from participants (Webb and Auriacombe 2006). According to Leedy and Ormrod (2015), in pursuing an exploratory research design, three basic steps should be followed, namely:

- Step one – Identifying the problem: The researcher identifies the subject or topic to be researched, and the problem is addressed by implementing multiple methods to answer the questions.
- Step two – Creating the research objectives/questions: When the researcher confirmed that no prior studies exist and that the problem is not precisely resolved, the researcher will develop the research objectives/questions based on the questions obtained while identifying the problem.
- Step three – Furthering research: Once the data has been collected, the researcher will embark on the study through descriptive investigation.

Qualitative methods are used to further study in detail and find out if the information is authentic or not. The three aforementioned steps were adopted in this research and determined the structure of the research. Additionally, the study gathered historical details, including functioning terms on the topic to clarify the problem being investigated, thus, making it an exploratory study. An exploratory research design is sought when not much is discovered or done regarding any type of problem at hand (just like the present topic), or no details are readily available to direct solutions to problems (Sekaran 2003). Such a situation requires broad introductory work to be undertaken in order to obtain knowledge of and recognise what is happening. This study provided a more comprehensive account of how families reconstructed their wellness as they transitioned through COVID-19 in Australia.

The study defined the characteristics of the research topic in chapter one. The researcher did not have control over the variables, and the study discussed

who, when, what, or how much is known about the topic of study in chapters two, three and four. This made the study a descriptive one as well, as the wellness approaches used during COVID-19 were described, while the qualities relating to the eight dimensions of wellness during COVID-19 were described and tested within the context of Swarbrick and Yudof's (2015) model. The researcher was subjected to varying understandings of individuals/families about their experiences during the COVID-19 pandemic, more especially in relation to the eight dimensions of wellness. The real-life experiences of participants strengthened the objectivity of the arguments developed in the study. The views and understanding of the affected individuals/families during COVID-19 and how they responded to their wellness issues was informed by a social construction based on awareness; creating relevant experiences to deal with issues such as wellness; and consequently, contributing to scientific knowledge (Swarbrick and Yudof 2015).

The interviews revealed differing perceptions and experiences of the participants during COVID-19, thereby developing theory toward an existing phenomenon (Creswell 2015). Therefore, the descriptive style was followed in order to designate the functions of the variables of the study. It was also carried out to recognise the physiognomies of the people who complied with particular typical wellness practices (Assensoh-Kodua 2018). However, while the style of research might vary in many specifics, all research studies ought to settle on the following (Creswell 2015):

- They must be activity and time-based (as specified in the proposal stage of this study);
- The design is always based on the research objectives/questions (similar to what this study did);
- The research design illustrates procedures for every research activity (as shown in the research methodology chapter);
- The design guides the types of information and selection of sources (as shown in the literature review chapters);

- The design constitutes a framework for identifying the relationships amongst the study variables (eight wellness dimensions).

As such, the research design answers the questions about the type of techniques which ought to be used to manipulate data, sampling type to be used, and how to manage issues such as cost and time constraints. The research problem is an important component in informing the research design. Once it has been well formulated, the nature of the method of data collection, data collection processes and data analysis follow (Creswell 2015).

5.5 RESEARCH PHILOSOPHY, APPROACH AND STRATEGY

The growth of expertise as well as the nature of that understanding is referred to as the study philosophy (Saunders, Lewis and Thornhill 2009). Any research requires the growth of understanding, whereby researchers ought to have a viewpoint, the importance of which is to enhance the study strategy, as well as specify the philosophy of the researcher, regarding the analysis of the research focus area. This study used the epistemological approach to guide the research process.

5.5.1 Epistemology

According to Saunders *et al.* (2009), epistemology refers to the philosophy of knowledge and justification. Therefore, the study of the theory of knowledge explains an understanding of something and provides opportunities to answer questions such as why or how questions in establishing, confirming or refuting knowledge (Nieuwenhuis 2017). More importantly, the research process has demonstrated how the research design corresponded to the epistemological perspectives of this research and provided clarity about the relevance of the research philosophy in determining the way wellness interventions can strengthen family wellness during pandemics (Mason 2017). This research process allowed possible recommendations for wellness approaches, which

may potentially assist families, not only in Melbourne, Australia, but also globally to reconstruct their wellness as they transition through pandemics (UN secretary-General 2020).

The current study sought to rebuild wellness amongst Australian households transitioning through the COVID-19 pandemic as a contemporary ideology that has not been explored with much information, if any at all. Hence, the researcher believes that a study examining this viewpoint in Australia and making use of the eight dimensional design of wellness will not just help to make an incremental difference, but also aid in recognising the various levels of wellness factors which play crucial roles in shaping the understanding of this phenomenon for transition (Mason 2017). It is thought that this understanding will assist mitigate various other arising variants as well as offer wellbeing to families, even globally. The COVID-19 pandemic is experiencing a recurring mutation and therefore, any study that leads to new knowledge and methods must be welcomed.

Based on the exposition by Saunders *et al.* (2009), this study adopted the epistemological-assumptions which deals with a qualitative research design, since the researcher interrogated the lived experiences and perspectives of individuals and families on the phenomenon of wellness through interviews (LoBiondo-Wood and Haber 2017; Green 2014). These interactions were subjected to COVID-19 protocols. The existing study's epistemological stance is referred to as interpretivism of an inductive, qualitative type. Thus, the task of the researcher entailed describing and understanding the experiences and situations of families during COVID-19, before testing and/or developing general explanations and theories (Frankel and Devers 2000). As such, while the research used the qualitative strategy of in-depth interviews, it also offered an understanding of differences between human beings (Saunders *et al.* 2009). This was accomplished through a process of systemisation and rigour during data collection and analysis; and analytical induction to assist in constructing a wellness framework (Creswell 2015; Frankel and Devers 2000). In adopting the

interpretive paradigm, the following considerations applied (Saunders *et al.* 2009; Frankel and Devers 2000):

- The participants were selected based on theoretical considerations such as interviewing families who may have consciously been involved in wellness practices or have a good understanding of wellness strategies, and therefore consented to being interviewed.
- The participants possessed characteristics which made them suitable for the study such as belonging to family units of varied types which was representative of the diverse Australian population.
- The researcher ensured an unbiased stance during the data collection and analytic processes.
- The interpretations focused on the perspectives of the participants involved in reconstructing their wellness as they transitioned through the pandemic, thereby making the interpretive analysis contextual.
- The data was rigorously interpreted to ensure that the complex, authentic and diverse perspectives of the participants were credibly captured.
- The researcher ensured that data was interpreted from the subjective perspectives of the participants and a thick description of their responses was presented to accurately communicate their wellness experiences.
- The researcher maintained robust data management procedures such as accurate transcription of interviews; completion of letters of information and consent; and storage of data.

After critically reviewing other options such as a quantitative technique, their nature, were thought to be inappropriate for this study as a result of its deductive nature. For example, a deductive study is consistent with a measurable study or quantitative research, since it focuses on scientific concepts, an analysis of

partnerships between variables, organised study tools, scientist independence from the subject, and sample selection that are large to generalise conclusions (Zou 2012). Apart from interviews with participants, a comprehensive literature review ensured that the research covered all pertinent aspects of the phenomenon being explored.

5.5.2 Interpretivism

A research paradigm is a research approach which is used to conduct research. It is used as a guideline for developing the research methodology in an appropriate and valid manner (Creswell 2015). Rajasekar *et al.* (2013) defined research methodology as a systematic approach to tackling a problem; and the art of conducting investigations, which entails explaining, describing, and forecasting phenomenon. Additionally, Sekaran and Bougie (2013) argued that the research methodology provides a specific work plan and guide to research, with the intention of acquiring information toward knowledge generation. Creswell (2015) posited that a research paradigm provides a way of observing the world, underpinned by a set of logically related principles, concepts and assumptions.

The qualitative research method used in this study, was guided by an interpretivist approach. Accordingly, in defining the research problem and statements; identifying the research objectives; defining the research design; describing the research framework, analysing data; drawing interpretative conclusions; and discussing conceptual conclusions, a robust and rigorous attempt was made to contribute to the body of knowledge (Gemignani 2011). This process was valuable in identifying wellness strategies used by Australian families, as well as gaps or factors which mitigated the adoption of certain wellness strategies.

Furthermore, the overall goal of applying the interpretivist approach was to explore the views of families regarding their state of wellness, and their use of wellness approaches in transitioning through COVID-19. In view of the

unprecedented demands experienced by families during the pandemic, the qualitative method used in this study was not only important to explore the myriad impacts on family life, but also to give families a voice in sharing their experiences of reconstructing wellness. This approach allowed for the inclusion of a diverse range of authentic experiences; unexpected findings; and capturing unique ways in which families adapted to the wellness challenges associated with COVID-19 (Creswell 2015). Therefore, the qualitative approach followed the various elements of the research process, which was deemed indispensable and appropriate to investigate and explore how Australian families reconstructed their state of wellness as they transitioned through the pandemic.

5.5.2.1 Interpretivist approach

Interpretivists argue that the behaviour of humans is multilayered and is dependent on environmental and situational factors. As such, human behaviour cannot be easily controlled like a scientific variable. Thus, various factors impact human behaviour, and is generally subjective in nature (Sekaran and Bougie 2013). Interpretivism focuses on numerous interpretations since there is no single truth or reality (Saunders *et al.* 2015). Interpretative reasoning looks at understanding the attitude and behaviour of humans, thereby making subjective interpretations difficult to portray in the real world in a precise way (Creswell 2015). The interpretivist approach was appropriate for this study for the following reasons (Creswell 2015; Saunders *et al.* 2015; Sekaran and Bougie 2013):

- Opportunity to study human behaviour in real life settings and through the views of individuals/families.
- Obtaining information which provided a verbal expression of the participants, thereby providing more depth and detail.
- The responses were close to the truth and valid.
- Access to information from participants which reflected multiple interpretations.

- Allowed the researcher to source rich explanations and descriptions in a local context, thereby preserving chronological flow; highlighting the consequences of the pandemic on wellness dimensions; and the determination of explanations.
- Assisted the researcher in measuring what was intended to measure, as the interviews provided a good reflection of how individuals/families were feeling.
- The researcher was able to build a rapport with the participants.
- Understanding complexities in a unique context.
- Ability to describe and understand experiences of families in their social context.

As such, families interpreted their worlds differently during the pandemic, and acted on such interpretations. Thus, the researcher was able to gain a deeper understanding of the diverse effects of the pandemic on families in Australia and how they reconstructed their wellness as they transitioned through the pandemic. In support, Yin (2013) stated that interpretivism helps researchers to comprehend the diverse ways of experiencing and viewing events through different settings, contexts and cultures. As such, the interpretative and descriptive approach assisted the researcher in understanding the behaviour, actions and experiences of families.

In addition, data was collected and analysed based on authentic information from participants, thereby ensuring interpretation of actual data from the participants (Yin 2013). Such valuable data emerged through a process of probing the thoughts, feelings, views and perceptions of the families regarding the pandemic and wellness.

5.5.3 Qualitative research methodology

Inductive research follows a qualitative technique, as it aims to understand how people respond in different situations, and to ascertain a close understanding of the research context (Díaz Adrade 2009). In addition to being more versatile

in its framework to enable emphasis on various elements of the research to move away from generalisation, qualitative research allows the researcher to be immersed in the study process (Saunders *et al.* 2009). As such, qualitative research is a type of social science research that collects and analyses non-numerical data; and attempts to interpret meaning from these data, which assists in helping to understand social life through the study of places or targeted populations (Sekaran and Bougie 2013). Thus, qualitative methods are useful for not only developing theories, but also for refining theories.

Creswell (2015: 51) described qualitative research as an understanding of the procedures and cultural and social settings, which cause various behavioural responses. In this research, the data generated from the interviews described how families reconstructed their wellness under various kinds of family settings, relationships, constraints and interactions. The qualitative research further clarified the values and meanings attributed to family members playing different roles within the family unit (Ritchie and Spencer 2012).

Qualitative research is mostly concerned with discovering the 'why' questions of the research. According to Creswell (2015), qualitative research procedures entail selecting the analysis approach based on the research objectives. As such, the qualitative data included information relating to the wellness strategies used by Australian families living in Melbourne, Australia. The qualitative data involved an investigation of appropriate wellness strategies adopted by the participants and possible factors which mitigated the adoption of the various strategies aligned to the eight wellness dimensions. Nevertheless, the qualitative research was supported by interview questions, which were based on the eight wellness dimensions. The benefits of using a qualitative research technique for this study is noted by Creswell (2015: 5) as follows:

- The provision of detailed perspectives of a few people;
- The capturing of interacting voices from participants;
- With interactive enjoyment, the views and opinions of participants are freely expressed and

- The experience of participants allows a better understanding of the research context.

Arguments on qualitative research have mostly hinged on threats to quality since quality is a fundamental requirement in research among those adhering to the tenets of qualitative research (Struwig and Stead 2001). To ensure qualitative research meets quality standards, the researcher noted several elements including (a) worthy topic, (b) rich rigour, (c) sincerity, (d) credibility, (e) ethics, (f) resonance, (g) significant contribution, and (h) meaningful coherence (Bhattacharrya and Johnson 2014). In other jurisdictions, triangulation, structural corroboration and referential adequacy have been proposed as guarantees for quality assurance (Struwig and Stead 2001).

Furthermore, Creswell (2015: 29) opined that qualitative research “explores a social or human problem” in which, the researcher “conducts the study in a natural setting” among other things. This study drew on family wellness experiences in Melbourne, thereby requiring the researcher to capture and interpret how the diverse family units understood wellness and the descriptions of their experiences (Yin 2013). Additionally, in this study, the qualitative method was complemented by a rigorous analysis of secondary sources of information, which assisted the researcher to obtain useful results about wellness approaches used during the pandemic globally; solicit depth and breadth in understanding the wellness dimensions, and corroborate various phenomena associated with wellness and pandemics (Bhattacharrya and Johnson 2014).

5.5.3.1 Appropriateness of the qualitative research approach for this study

This study used a qualitative approach for many reasons. The first was that the researcher intended to study how COVID-19 affected family wellness during the pandemic. This may be better executed through a qualitative enquiry because advocates of qualitative research are of the opinion that knowledge production should be sensitive and flexible to the social context within which data is collected and generated, rather than relying on remote, rigid, and inferential

methods (Al-Roomy 2017). Again, a qualitative method was deemed appropriate because the study needed a detailed understanding of interconnected and complex wellness issues. Such details could only be elicited through direct interaction with the participants and further allowing them to narrate their experiences unencumbered (Creswell 2015). In-depth interviews, as the primary data collection approach, are considered appropriate for collecting qualitative data suitable for qualitative research, since participants offered varying and diverse perspectives to the interview questions (Yin 2013; Saunders *et al.* 2009).

In addition, the participants were allowed to respond in their own voices, who otherwise may not have been heard. The participants were representative of the Australian society and included Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants and retirees. This proved to be valuable, as it helped to understand how diverse family units were consciously involved in wellness practices as they transitioned through the pandemic (Frankel and Devers 2000).

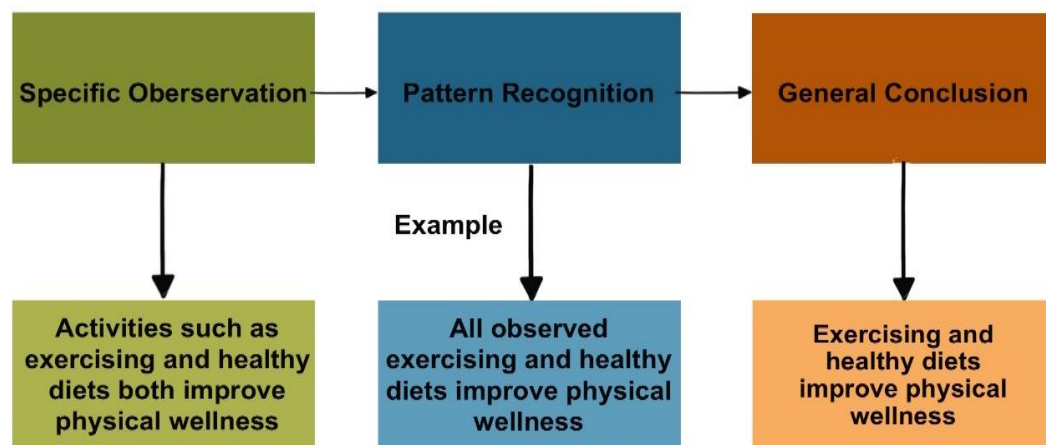
The continuous proliferation and growth in qualitative research is viewed by proponents as a response to the cons of traditional quantitative approaches which have influenced many social science disciplines over the years (De Vaus 2014). Qualitative research has also gained recognition on the grounds that the claims of traditional positivists to objective knowledge have serious theoretical limitations that do not permit a deeper understanding of human behaviour (Rudolph, Leedy and Ormrod 2015). Interviews with families potentially obviated theoretical limitations.

5.5.3.1.1 Interpretivism, inductive reasoning and qualitative research

Interpretive or inductive methods, such as interviews are intended for purposes of building theory. The inductive method is compatible with qualitative research in this study as it provided an understanding of wellness and COVID-19, to

which the participants attached meaning in the context of the research objectives (Ritchie and Spencer 2012). Describing, interpreting and understanding data from interviews in this qualitative study provided a rich narrative design of how people felt, thought and acted in relation to their wellness during COVID-19 (Ritchie and Spencer 2012). As such, in this research, the researcher analysed the observed data from the interviews to derive a theory about the reconstruction of wellness among Australian families as they transitioned through COVID-19 (Rudolph *et al.* 2015). An exemplar of the applicability of the inductive method for this research is illustrated in Figure 5.3.

Figure 5.3: Use of the inductive method and interpretivism in qualitative research



Source: Self-generated by researcher

In using the perspectives of the families' wellness experiences, the researcher was able to embark on a theory building process. As noted from the aim of this research, the quest was to determine how families reconstructed their wellness during COVID-19. The aim was based on a presumption that there was existing behaviour associated with the wellness dimensions. Through in-depth interviews, the researcher was able to interpret the meaning emerging from their responses, explore recurring patterns and progressively move toward theory building (Saunders *et al.* 2015).

In using the interpretative research paradigm, the researcher reconciled the subjective interpretations of the various families in their social settings. This was informed by the assumption that the experiences of the families were embedded in social realities shaped by their social contexts. Their social realities were not independent of the social context, and therefore the qualitative data collection was subjective in nature (Rudolph *et al.* 2015). While interpretative research is criticised for being biased, considering the subjective nature of the data collection and interpretation, the researcher ensured the validity and reliability of the interpretations (Creswell 2015). This afforded the researcher the opportunity to generate new insights on the family wellness related experiences of the participants.

5.6 STUDY SETTING

The research setting is the physical, social, or experimental context within which research is undertaken. This research sought to understand, explain and describe the social phenomena (families) in their natural settings, to produce a thick description and interpretation of their experiences during the pandemic (Frankel and Devers 2000). The actions of families during the pandemic were infused with their own socially constructed meanings, in terms of beliefs, values, social rules, intentions, and motives, which the researcher had to take into account in understanding and explaining how they reconstructed their wellness as they transitioned through COVID-19 (Yin 2015). The researcher gained an insider perspective of the wellness experiences of families during the pandemic in a non-contrived man-made context (Frankel and Devers 2000).

5.7 POPULATION/TARGET POPULATION

Australia is approximately the geographic area of the United States, with a population of about 25.7 million people, with 29% of them being born overseas (Australian Bureau of Statistics 2021). Immigrants are mainly from China, England, and India (Australian Bureau of Statistics 2021). The Indigenous population includes Torres Strait Islanders and Australian Aboriginal people,

who constitute about 3.3% of the population (Australian Bureau of Statistics 2021). The 12 families were from Melbourne, which is in the state of Victoria. Melbourne is the capital and most-populated city in the state of Victoria, with an approximate population of over five million people (Australian Bureau of Statistics 2021). Melbourne has the tenth largest immigrant population among global metropolitan areas. The inhabitants in Melbourne are generally referred to as 'Melburnians' (Australian Bureau of Statistics 2021). Some of the renowned landmarks in Melbourne includes the Royal Exhibition Building; National Gallery of Victoria; and Melbourne Cricket Ground. Recently, Melbourne has been recognised as a UNESCO City of Literature and a global centre for live music, street art, the Australian Open and Australian Grand Prix (Global Victoria 2021). The most widely held religious faith in Melbourne is Christianity. The public health system, transport and infrastructure are well established and reliable (Global Victoria 2021).

5.7.1 Population

Sekaran and Bougie (2013) defined a population as the total membership of a defined class of events, objects, or people. According to Sekaran and Bougie (2013), a population represents the total set of people, activities, things of interest or events, which the researcher intends to investigate. From a research perspective, a population can be described as the universe of subjects, elements, or attributes from a sample drawn by the researcher (Kenton 2018). Melbourne's 2021 population is now estimated to be 5,061,439 (Global Victoria 2021). The population for the research were families living in Australia during and post COVID-19 and affected by the pandemic in various ways. But the understanding is that it is not every individual living in Australia that can be included in the study population, as this is simply impossible. Thus, a sample of the population was selected, consisting of the proportion of the number of units selected for the study (Creswell 2015).

5.7.2 Target population

The target/sample population according to Serantakos (2012) is the accessible population, which is all individuals of the target population, who have met two conditions: willingness to participate in the study and availability to participate at the time of data collection. Sekaran and Bougie (2019) defined a target population as a sample population of interest to which the researcher intends to apply the results of the research. Therefore, a sample of the population, which constitutes a typical representation of it as a subset and provides qualitative data from rich and relevant cases, was used.

In light of the aforementioned, a target population can be described as the full set of people, activities, events or things of interest from which samples are drawn. Demographically, the study only included families in Melbourne, Australia. The selected families were based on typical representivity of Australian families (research focused on families) comprising of Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants, retirees, and opened to all races to ensure diversity and representivity in recruitment of the overall population. The 12 families constituted a single household and interacted with each other in their respective social positions as spouses, parents, children, siblings, grandchildren; or a nuclear family living together as a unit. In essence, the 12 families as a target population were more refined compared to the general or total population, since it contained no attribute that controverted a research goal, assumption, or context (Yin 2013).

Thus, the researcher aimed to investigate how the selected families reconstructed their wellness as they transitioned through COVID-19. The motive in targeting these families is linked to the aim and objectives identified for this study, as well as to the vital role that health and wellness plays in all dimensions of life. Families living through COVID-19 were faced with innumerable challenges, which together present a constellation of risks that require immediate wellness mechanisms. Australia is no exception. Recent

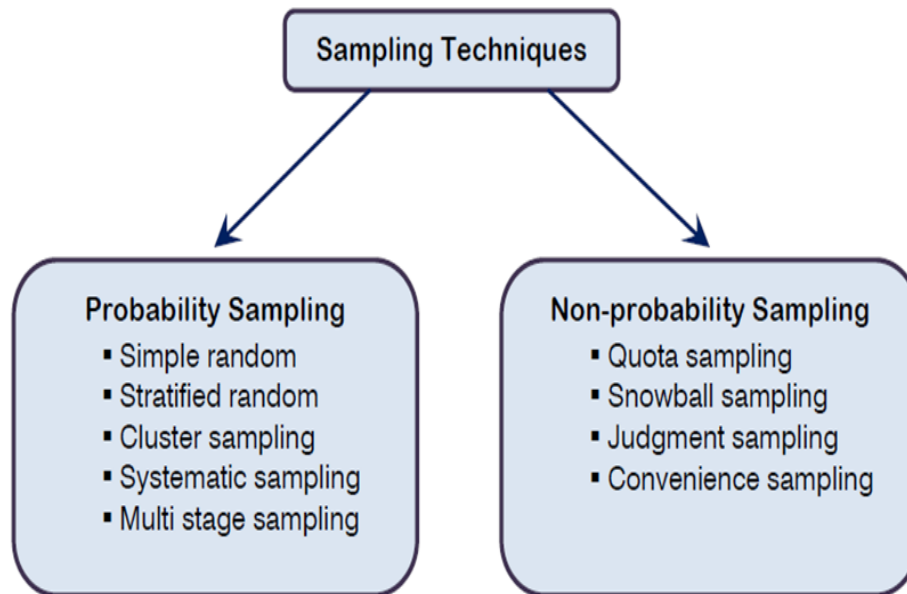
research has identified that the top stressors faced by carers and parents during COVID-19 included work; their children's wellness; and the wellness of friends and family members outside their households (Waite and Creswell 2020). Therefore, it is crucial to understand Australian families' specific responses, given that their financial and psychological resources may have already been compromised before the start of the pandemic. This needs to be tested in the Australian context, given that there has been limited research in this area. Furthermore, the lack of a holistic approach to guide the reconstruction of wellness amongst Australian families makes this study valuable. The practical implications include opportunities for further research on wellness in different contexts; use by health professionals when considering wellness approaches in therapy; and families and individuals using the findings and recommendations to improve their wellness coping strategies.

Valuable information from the target population facilitated and helped the researcher to identify the need for wellness interventions during pandemics. Consequently, targeting this population was useful in ascertaining deeper views/perceptions of families in relation to the defined objectives.

5.8 SAMPLING METHOD

Kothari (2004: 55) defined the selected participants from the population as a sample population and the selection process a sampling strategy or technique. Taherdoost (2016) argued that the sampling method or strategy is the process chosen by the researcher to ensure that the selected sample will be a fair representation of the population. Figure 5.4 reflects the various sampling techniques.

Figure 5.4: Sampling techniques



Source: Adapted from Taherdoost (2016)

As mentioned by Kothari (2004), probability sampling gives every subject in the population an equal chance of being chosen to form part of the sample. Thus, probability sampling from a finite population guarantees that each sample combination has an equal probability of being chosen, and each item in the population has an equal chance of being included in the sample (Taherdoost 2016). Kothari (2004) explained that non-probability sampling, which is qualitative in its nature, is a sampling procedure that does not consider the probability of each item in the population being included in the sample. Non-probability sampling is also known as purposeful or deliberate sampling.

In this study, the researcher deliberately selected non-probability based on the understanding that the sample was representative of the various types of families living in Australia, hence excluding everyone in the population having an equal chance of being included in the sample. After selecting non-probability sampling, the researcher employed convenience sampling. One of the weaknesses of this technique is that it may be prone to researcher prejudice or bias. As such if the researcher is biased in selecting items from the population, then the data collected may potentially be skewed. However, if the researcher

works without bias and is experienced, then the data collected may be reliable (Kothari 2004). The advantage of conducting such a study using non-probability/convenience sampling is the presumable savings in time and costs associated with the research. However, Taherdoost (2016) explained that while the sample of participants do not have to be random, a clear rationale must be used to explain why some items have been included over others.

5.8.1 Sampling strategy used in the study

This study used non-probability sampling, whereby a convenience sampling strategy targeted participants (families) referred by the manager, and within the reach of the researcher. In using non-probability sampling, the researcher ensured that the selection of the 12 families was based on typical representivity of Australian families comprising of Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants, retirees, and opened to all races to ensure diversity and representivity. Furthermore, the 12 families, constituted a single household and interacted with each other in their respective social positions as parents, spouses, siblings, children, grandchildren, or a nuclear family living together as a unit. Since, the population of various types of families was too large to consider and examine, the researcher selected the families who were conveniently available to the researcher based on the referrals (Taherdoost 2016).

The advantages of using non-probability sampling for this study included quick responses for data collection; financial savings; less complicated sampled population; and being easy to use (Welman, Kruger and Mitchell 2008). A convenience sample was available to the researcher by virtue of the referrals of different types of families representing the broad Australian population and accessibility of the participants. This enabled the researcher to contact families relevant to the research topic and then use them to contact other families (Bryman and Bell 2017). From its name, convenience sampling encompasses the collection of information from members of the populace who are conveniently and readily available to offer the information (Creswell 2015). This

type of sampling made potential participants easy to find, helped to set the ball rolling by picking up more participants through referrals; and allowed the study to take place because of the availability of participants (Wisniowski *et al.* 2020; Welman *et al.* 2008). Nevertheless, it is most often used in exploratory, qualitative research and is probably the best means of getting fundamental information swiftly and efficiently. Hence, it was used in this study.

The experiences of families transitioning through COVID-19 provides a good opportunity to gather data from a convenience sample. Since there was no accessible sampling frame for the population from which the sample could be drawn, convenience sampling was a feasible approach. The researcher approached families referred by the manager of a local NGO and further referrals from them to recommend other families who fell within the inclusion criteria (typical representivity of Australian families), considering the practical aspects of the study. This also minimised bias in recruiting families who were possibly linked to the researcher.

Furthermore, such an approach allowed the use of saturation to ensure an appropriate sample size for a qualitative study. At the end of the 12th interview, the researcher found similar responses repeatedly, with no additional data emerging. Thus, with such saturation, the researcher felt empirically confident that no further data analysis was necessary (Yin 2013). Also, from an exploratory, interpretivist perspective, there were escalating instances of the same themes, which did not lead to new themes emerging and thereby warranted the termination of further analysis (Yin 2013). Additionally, the findings provided a springboard for further research (Kothari 2004: 56).

5.8.2 Sample size

Qualitative studies are known to provide deep and rich insights on a phenomenon of interest (Sekaran and Bougie 2013). This is attributed to qualitative research methods often being concerned with gaining an in-depth understanding of a phenomenon or may be focused on meaning and variances

in meaning (Yin 2015). As such, the research focuses on the 'why' and 'how' of a particular situation, issue, scene, process, subculture, or set of social interactions (Sekaran and Bougie 2013).

As there are ongoing debates regarding what is the right sample size for qualitative research, generally researchers argue that saturation is the key critical factor to consider when determining sample size in qualitative research (Mason 2017). Saturation is reached when the data collection process no longer offers any relevant or new data; fails to generate new theoretical insights or ceases to reveal new properties of the core theoretical categories (Yin 2015). As a result, in selecting the sample size of 12 families, factors such as the scope of the study; quality of data; the nature of the topic; the use of shadowed data; the amount of useful information obtained from each family; and the qualitative method used were given consideration (Mason 2017; Struwig and Stead 2001). Therefore, instead of focusing on how many families were interviewed, it was deemed more important to focus on developing a scope of relevant conceptual categories for the interviews, saturating these categories, and comprehensively explaining the data (Yin 2015).

5.9 INCLUSION AND EXCLUSION CRITERIA

5.9.1 Inclusion criteria

The research focused on the wellness approaches used during the lockdown by participants who consented to participate based on the letter of information. Thus, the study was aimed at families who were representative of the Australian society and included Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants and retirees. Only participants above the age of 18 were included in the study. To ensure further representivity of Australian families, it was also opened to Australian families with diverse ancestral backgrounds.

5.9.2 Exclusion criteria

The exclusion criterion was non-residents/non-permanent or undocumented citizens in Melbourne, Australia and those below 18 years of age. Undocumented migrants, whether in a family or not were not included in the study. In understanding the different holistic approaches underpinning wellness models to guide the development of a model for families affected during COVID-19, individuals with intersecting identity factors such as mental or intellectual disability were excluded to keep the outcome of the study fairly consistent.

5.10 RECRUITMENT

Families are independent units, who do not belong to any organisation or institution which controls their rights to participate in a study. The manager of a local NGO was first approached to grant permission to recruit participants until saturation was reached. However, since a convenience sampling method was employed, families referred by the manager were approached first, as various types of family units (Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants; retirees; diverse ancestral backgrounds) generally constitute their stakeholder population and the research focused on families. The families who were referred also provided further referrals to ensure representivity of the various types of family units.

Thus, in using the inclusion and exclusion criteria, the researcher recruited families referred by the manager and others recommended from the referrals. This also ensured that bias associated with recruiting participants linked to the researcher was obviated. Once permission was granted by the manager, they were approached as individual family units to seek permission to participate in the study. They were either personally approached face-to-face, emailed or telephoned to inform them about the purpose of the study. If they consented, they were given a letter of information and consent forms to complete. In the case of face-to-face recruitment, all social distancing protocols were observed.

5.11 INTERVIEW GUIDE

Sileyew (2019) opined that the primary data collection method in qualitative data consists of journals, field observations, story-telling, informal discussions and interviews. Sileyew (2019) asserted that the advantage of conducting interviews is that it permits the participant to enquire about areas that the researcher did not consider during the research. Mason (2017) argued that interviews are one of the most used methods of collecting qualitative data and is important when people's knowledge, experiences and interactions in a specific domain of research is required.

Leedy and Ormrod (2015) stated that an interview may be defined as the way a dialogue, conversation, talk, discussion, meeting or consultation involves an interviewer reading or asking questions to participants and recording their responses. In the field of social science research, an interview refers to a conversation garnered toward gathering interpretation of the meanings of the described phenomenon from a participant (Lundberg 2003). Thus, the interview seeks to describe and explore the nature and quality of how participants understand a phenomenon by freely expressing their opinions, feelings, perspectives and views based on the knowledge and experience they have in the field of study (Leedy and Ormrod 2015). Additionally, an interview may be described as an extendable conversation between different parties, aimed at generating in-depth information about a subject or topic through which a phenomenon may possibly be interpreted according to the meanings shared by interviewees (Lundberg 2003). In-depth interviews are not predisposed toward making generalisations about a larger population of interest; does not tend to rely on hypothesis testing; and is more emergent and inductive in its process (Leedy and Ormrod 2015). As such, the aim of in-depth interviews was to create "categories from the data and then to analyse relationships between categories", while focusing on how the "lived experiences" of research participants can be understood (Yin 2013: 101). The arguments influenced the researcher to use interviews as a data collection method.

Mason (2017) asserted that an interview guide is required prior to conducting an interview and this is best compiled with a blend of structured and unstructured interview techniques. Structured interview techniques yield reliable results when assessing the experiences of participants on a certain event, while unstructured interviews are more appropriate when the interviewer is required to probe the interviewee to provide more insight on the area of research concern (Mason 2017). Structured interviews are typically organised by setting predetermined direct or straight questions which require immediate answers from participants. The advantage of this type of interview is that it provides uniform information and assures the comparability of data (Leedy and Ormrod 2015). On the other hand, semi-structured interviews allow depth to be accomplished by giving the interviewer an opportunity to follow, probe and expand on the responses of interviewees, without leading during the interview process. This type of interview allows the researcher to use a basic interview guide, which helps to cover all the relevant areas of the research objectives/questions.

Creswell (2015) stipulated that semi-structured in-depth qualitative interviews with participants who are recognised as being considerably knowledgeable on the subject matter can provide rich qualitative data. Semi structured interviews were used in this study, as the open-ended questions were effective in collecting qualitative and open-ended data; to explore the feelings, thoughts, and beliefs of participants about COVID-19 and the effect on wellness; and to delve more deeply into wellness issues. The interviews helped the research to comprehensively cover the phenomenon of wellness, through an exploratory approach. The interviews were also useful in ascertaining different interpretations of individual/family wellness, and the attitudes of the participants toward reconstructing their wellness during COVID-19.

Creswell (2015) added that when designing the interview guide, the researcher must consider:

- Breadth and depth required on a specific matter.

- Scope to be covered.
- Whether there should be follow up questions.
- The sequence of the interview.

The five points were considered when drafting the interview guide. The main research objectives which were aligned to the research questions formed the basis for the interview guide, are as follows:

- To inquire how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic;
- To explore how families created pathways of wellness within the context of the COVID-19 pandemic;
- To explore the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic;
- To inquire about the holistic wellness approaches used by families to support themselves and other families during the pandemic;
- To understand the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic; and
- To recommend strategies to reconstruct family wellness during the pandemic.

The interview guide probed to cover the eight dimensional wellness themes in the interview with questions that this study intended to seek answers for, under the various dimensions of wellness. The researcher ensured that open-ended questions flowed for each dimension, the interview questions were aligned to the research objectives, and avoided leading questions, which are all important considerations for an interview guide (Bryman and Bell 2017). The interview guide, which had themes and sub-themed open-ended questions, allowed multiple sided interactions with the participants, thereby enabling deeper analysis of the findings; interpretation of the research problem and the collation of responses to the interview questions (Leedy and Ormrod 2015).

The advantage of an interview guide is that it allowed for in-depth probing, while allowing the interviewer to ensure the interview remained within the parameters identified by the aim and objectives of the research. It also covered lines of questioning, which helped the researcher to generate ideas for the study's recommended model. Refer to Appendix C for the interview guide. The interview guide covered three open ended questions, with the first question specifically focusing on the eight dimensions of wellness, with further sub-questions. The second and third questions focussed on wellness support programmes.

In terms of interviews, eight in-depth face-to-face interviews were conducted, while the other four were conducted via Zoom video calls. The interview responses produced narrative data, which allowed the researcher to investigate participants' views in greater depth, regarding how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic; how families created pathways of wellness within the context of the COVID-19 pandemic; what was the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic; and what holistic wellness approaches were used by families to support themselves and other families during the pandemic?

5.12 PILOT STUDY

Hertzog (2008) stated that a pilot study is a small-scale preliminary study conducted to assess feasibility, adverse events, cost, time, and effect size (statistical variability) to improve the research instrument prior to the implementation of a full-scale research project. According to Creswell (2015), a pilot study is a trial run or mini version of a full-scale study undertaken in preparation for the complete study. Thus, the pilot study gives the researcher a clear indication of the research topic, aim, objectives and questions; the method and techniques which were applied; and an understanding of the research schedule (de Vaus 2014).

The pilot study for this research was both a feasibility study and a pre-testing of the interview guide (de Vaus 2014). A pilot study of the interview guide was conducted among five families based in Melbourne, Australia, who were not included in the original sample. Once the pilot study was completed, all deviations were corrected in the interview guide by refining or changing the questions or setting additional questions that supported the study. Therefore, the pilot study assisted the researcher in determining if there were flaws, limitations, or other weaknesses in the design of the interview and interview guide and allowed the researcher to undertake the necessary revisions prior to the implementation of the final study (de Vaus 2014: 116).

5.13 DATA COLLECTION

Data collection, as described by Creswell (2011), is a process of obtaining useful information on distinctive features relevant to a study. Data can be collected through research instruments such as questionnaires, interview guides, observations, artefacts, audio recordings or through videos (Sileyew 2019). Kothari (2004) posited that research is a process which involves collecting data; and analysing and interpreting data to answer questions related to the research objectives. Thus, the research process must be informed by a well-controlled and rigorous system; be empirical, critical and systematic; and verifiable and reliable. Additionally, Mason (2017) claimed that the process of collecting, analysing and interpreting data provides the researcher with vital information to understand a phenomenon of concern or interest. As such, data collection and analysis can be viewed as a formal research process, in which the researcher intentionally embarks upon enhancing the understanding of a phenomenon and to disseminate the results of the research findings to the larger scientific community (Rajasekar *et al.* 2013).

Creswell (2015) explained that the nature of information to be collected determines what data collection method will be used. In qualitative research, data is generally collected from a smaller sample, which provides deep and rich insight into the phenomenon under study. In this study, qualitative data was

collected to determine the views and perceptions of participants; meanings and definitions of the COVID-19 pandemic; their construction of reality regarding their wellness; and strategies used to cope with wellness within the realm of the eight wellness dimensions (Sekaran and Bougie 2013).

The primary data in respect of how COVID-19 affected wellness, which is the crux of the study, together with what holistic approaches enabled individual and family wellness was sourced using the interview technique. The researcher used the semi structured interview approach as a data collection method. This method enabled the participants to share their experiences on the effects that they personally encountered and those which they may continue to encounter as a result of the pandemic (Surmiak 2018). It enabled both the researcher and the participants to unearth other possible effects that might not have been included in the scope of the study (Gemignani 2011).

The interviews were conducted by the researcher either face to face, or via Zoom video calls. The interviews generated electronic data through voice recordings, which were saved for transcriptions and analysis. Data was collected personally to ensure there were no ambiguities in the responses. Appointments were set up with all participants. Before the agreed date and time of interview, the researcher shared the letter of information and consent form with participants (refer to Appendix A and B respectively) to facilitate a better understanding of the purpose of the study. Due to the COVID-19 pandemic, the researcher and subjects adhered to all COVID-19 protocols, such as the wearing of masks and social distancing during face-to-face interviews. To also limit the spread of the virus, interviews were carried out in a spacious environment, in cases of face-to-face interviews. The venue was sanitised before and after each interview. The researcher interviewed 12 families, constituting a single household and interacting with each other in their respective social positions as parents, spouses, parents, siblings, children, grandchildren; or a nuclear family living together as a unit. Participants were subjected to open ended questions through semi-structured interviews conducted by the researcher from November 2021 - March 2022. Each

interview lasted approximately 45 minutes. The interviewing was terminated when saturation was reached. Information collected from participants were transcribed by the researcher and analysed at a later stage.

5.13.1 Purpose statement and research questions

The purpose statement refers to the aim of the study. Thus, the purpose of this study was to explore how wellness can be reconstructed amongst Australian families during and post COVID-19, through an understanding of how family wellness was affected during COVID-19. Regarding the qualitative purpose statement, Creswell (2015) asserted that a qualitative purpose statement highlights the overall purpose of the qualitative study; the type of qualitative design used in the study; identifies a central phenomenon; and determines the participants and the site for the study. Research questions play a pivotal role in the process of conducting a study, especially the decision to use a qualitative approach (Lundberg 2003). The following qualitative research questions were linked directly to the overall statement of the research purpose:

- How the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic?
- How families created pathways of wellness within the context of the COVID-19 pandemic?
- What were the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic?
- What holistic wellness approaches were used by families to support themselves and other families during the pandemic?
- What are the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic?
- What recommended strategies can be offered to reconstruct family wellness during the pandemic?

Creswell (2015) stated that research questions channel the purpose statement into specific predictions and questions, which were examined in the study. Thus, this study used qualitative questions as reflected in Appendix C and were informed by the research questions. Sekaran and Bougie (2013) posited that qualitative research questions narrow the qualitative purpose statement, and are mentioned as questions, and not hypotheses. Yin (2013) claimed that the research questions, if written directly and clearly, can be comprehensively and coherently answered; and generate new insights. The researcher ensured that the questions in the interview guide were simple and easily understandable to the participants.

5.14 DATA ANALYSIS

According to Vosloo (2014), data analysis is a process involving organising, arranging and classifying a mass of data into meaningful information. Belotto (2018) also defined data analysis as a logical and an analytical reasoning process used in assessing individual components of data presented. Qualitative data was captured through interviews. This was achieved with the help of an interview guide. The researcher captured the responses from participants in audio form, using an audio recording device for face-to-face interviews and the recording option for Zoom videos. The responses of participants were saved on a computer folder and transcribed, using an audio to text-converting software, into a word processing document. Participant's responses were verified against the questions/sub questions in the interview guide to ensure that participants answered all questions.

During the process of gathering and analysing the qualitative data, this research used the Nvivo software package (12 Pro) for the analysis of qualitative data. This method ensured that the process of coding data; developing descriptions and themes; and grouping codes and interrelated themes into sub-sets of themes were undertaken. Through thematic analysis, each interview was evaluated for emerging themes based on the research objectives. As inferred by Hennink, Kaiser and Marconi (2017), thematic analysis is a qualitative

research tool which may be used to identify the occurrence of specific words, concepts, or themes in qualitative data. Furthermore, Belotto (2018) noted that thematic analysis can be used to analyse the meanings, relationships and presence of peculiar themes, concepts, or words. This was carried out during the data analysis to ensure that the qualitative data were aligned to the research objectives.

5.14.1 Interpretation of qualitative data

Qualitative data analysis includes presenting the findings in the form of discussions and descriptions; categories or themes; providing evidence for description/themes such as quotes, rich descriptions; and the use of figures, visual models, and/or tables about the descriptions or themes (Creswell 2015). The current study used thematic analysis, supported by quotes from the participants to support the interpretation of the qualitative data.

According to Creswell (2015), the interpretation of qualitative data analysis must be thoroughly undertaken through a chronological and robust process. In this study, the interpretation of qualitative data analysis included summarising the main qualitative findings; analysing the findings in relation to the research questions; relating the findings to past theories and/or literature; presenting a personal analysis of the findings; identifying some of the limitations of the study; and identifying emerging implications for future research (Creswell 2015).

5.15 VALIDITY, RELIABILITY AND TRUSTWORTHINESS

According to Creswell (2015) and Leedy and Ormrod (2015), validity assists in checking or verifying the quality of the data, the findings, and the interpretation of the data. Therefore, validity is a process of verifying if the data collection procedures achieved what it intended to achieve (Hansen 2005). Validity also refers to the extent to which the data provides relevant information about the research problem being explored. As such, de Vaus (2014: 95) argued that a valid question is one which measures what people think it intends to answer by

referring to the question: "How valid is it?" Since qualitative research is often defined by emergent ideas, uncertainty and fluidity, validity in qualitative research is generally illustrated through primary criteria (credibility, integrity, authenticity, and criticality) and secondary criteria (explicitness, creativity, vividness, thoroughness, congruence, and sensitivity) (Maxwell 1992).

The researcher ensured that research procedures were correctly and properly adopted and implemented to get relevant information from the relevant questions in the interview guide which related to the phenomenon being researched. The phenomenon under research was linked to how wellness was affected by COVID-19 and how families reconstructed their wellness as they transitioned through the pandemic. In adopting a stance of researcher reflexivity, the researcher always ensured awareness of personal bias; interpreting the truth value of the different perspectives of participants; and conscientiously recording and storing all data from the interviews (Hansen 2005). Furthermore, saturation as a form of thoroughness and congruence between the research objectives, method, data collection, and data analysis also helped in contributing to validity in the research (Lincoln 1995).

Creswell (2015) stated that in qualitative research, there is a greater focus on validity than reliability. With regard to reliability, the researcher ensured that the accuracy of the information was strengthened by making sure that the questions were clear and unambiguous (interview questions were pilot tested); participants had adequate time to answer (most interviews were approximately 45 minutes); and participants were not intimidated during the interviews (Hansen 2005). In doing so, unreliable responses were avoided. Some of the ways in which the validity and reliability were achieved in the study included (Nowell *et al.* 2017; Connelly 2016; Yin 2013):

- Guidance was obtained from the supervisor while creating the data collection schedule (interview guide);

- The supervisor and researcher ensured that the corresponding research objectives and interview questions were appropriately aligned to the research design;
- The researcher pursued trustworthiness when analysing the data;
- English, which was the language medium of the participants was used when constructing the interview guide;
- A pilot test was undertaken;
- Enough time was given to the participants to think carefully before responding to the questions, which aided the quality of their responses.

Additionally, Nowell *et al.* (2017: 3) argued that knowledge is generated from research, with the aim to apply it in practice through collaboration with key stakeholders. It is thus important that any research is recognised as familiar and transparent to fellow researchers, the public, practitioners and policy makers. One way of achieving this is through trustworthiness, whereby researchers can persuade themselves and readers that their findings are noteworthy. Nowell *et al.* (2017: 3) categorised the concept of trustworthiness in qualitative research through the use of the criteria of transferability, credibility, dependability and confirmability.

▪ **Transferability**

Nowell *et al.* (2017: 3) explained that transferability is made possible by providing evidence that the findings from a research may be applicable to other contexts, times, situations, and populations. It is imperative to note that a researcher cannot prove that the findings from research will be applicable in qualitative research, but rather has the responsibility to provide the data base so that other researchers may make judgements regarding transferability (Shenton 2004). Nowell *et al.* (2017: 3) explained that since “a researcher cannot know other sites that would want to transfer the findings, the researcher is responsible to ensure that comprehensive descriptions are provided, so that

those who seek transfer of the findings to their own sites can make an independent judgement on transferability". The researcher enhanced transferability in this qualitative research via a thorough description of the research setting; the context surrounding data collection, and the assumptions that were central to the research, so that other researchers who wish to 'transfer' the results to a different context must then take the responsibility for making the judgment of how sensible the transfer is (Nowell *et al.* 2017).

- **Credibility**

Credibility addresses the congruence between the researcher's presentation of gathered information and the viewpoints of participants (Nowell *et al.* 2017: 3). In the current study, the researcher ensured that the data was accurately interpreted according to the experiences lived and perceived by the participants (Nowell *et al.* 2017: 3). By allowing the participants to share their wellness experiences, without the researcher influencing their responses also helped to ensure that the participants spoke authentically about their experiences and likewise their responses were authentically captured in the data interpretation (Hansen 2005).

- **Dependability**

Nowell *et al.* (2017: 3) asserted that dependability in research is confirmed when the research process is clearly documented, logical, and traceable. When readers are able to scrutinise the research process, they are more capable to critique dependability. The researcher consistently checked that the findings were consistent with the data from the interviews. Dependability is crucial for trustworthiness as it ensures that the findings are consistent (Shenton 2004).

- **Confirmability**

Nowell *et al.* (2017: 3) asserted that confirmability is achieved when the pre-conditions of transferability, credibility, and dependability are achieved. Thus,

confirmability focuses on establishing whether the findings and interpretations by the researcher are clearly concluded from the data, which requires the researcher to show how the findings and interpretations were reached. The researcher ensured that the narratives of participants were clearly captured in their words during transcriptions to confirm that the findings were based on the participants' words and narratives, thereby obviating potential bias from the researcher. Furthermore, the researcher maintained self-awareness of personal biases, to ensure that personal preconceptions did not interfere with the research. Instead of leading the direction of the interviews, the researcher followed the responses of the interviewees, only asking questions when clarification was required (Schloemer and Schröder-Bäck 2018).

The concept of trustworthiness; that is credibility, transferability, dependability and confirmability was used in this research. The researcher ensured that rigour and quality were observed during the process of data collection and interpretation. This was discussed extensively in the previous sections.

5.16 RESEARCH ETHICS: KEY CONSIDERATIONS

Ethics is of key importance in any study, and it was consistently employed in this study. Ethics in research is concerned with the welfare of participants during the process of collecting data and in the final reporting of the findings (Creswell 2015). This study was aligned with the ethical requirements of the Durban University of Technology (DUT), which emphasised preventing and protecting participants from any kind of risk. Therefore, the researcher was aware of not engaging in any questions, tasks, stimuli, investigations or procedures, which may have caused stress, anxiety, trauma or unpleasantness during or after the research process.

The ethical considerations for this research included the following:

5.16.1 Ensuring participants were given letters of information/have given informed consent

According to Saunders *et al.* (2012: 238), informed consent involves participants being given sufficient information; being given time to consider participation without any pressure or coercion; the opportunity to ask questions; being able to reach a fully informed, freely given and considered decision about whether or not to participate. Participants were made aware of the study and its purpose in the letter of information as contained in Appendix A. The researcher requested consent from participants via a consent form as shown in Appendix B.

5.16.2 Ensuring no harm comes to participants

Potential harm to the participants was avoided due to the adherence to strict COVID-19 protocols and the anonymous nature of results. According to Saunders *et al.* (2012: 231), the researcher must ensure that participants do not endure any harm. The researcher ensured each of the participants was at ease during the interviewing. The researcher is a graduate in counselling and used his expertise to avoid any harm/discomfort to the participants.

5.16.3 Ensuring confidentiality and anonymity

Anonymity and confidentiality are two important aspects of research (Punch and Oancea 2014). According to Simpson and Cherouvis (2015), anonymity means no identifiable description such as name, identity number, telephone number, home address or other detail may be used to link the provided information to a research participant. No mention of the participants names were made in this study. The interview guide did not require the participants to provide any personal details such as their names, identity numbers, or other details that may be used to identify them. This infers that, participants included in this study may not be traced by a third party or those not involved in a study (Punch and Oancea 2014).

Confidentiality is initiated through an agreement between the interviewer and interviewee through a written consent. This means the information shared during the interview is not disclosed to others in ways inconsistent with the understanding of the original disclosure (Simpson and Cherouvis 2015). The participants' responses or views were kept confidential unless interviewees agreed otherwise in writing. The researcher safeguarded the interviewee's privacy during the recruitment process, until the study was completed. The information collected from interviewees was stored securely on a password encoded computer. All recordings, transcripts and hardcopies containing research information will be deleted five years after the study is completed.

5.16.4 Ensuring that permission was obtained

According to Saunders *et al.* (2012), individuals, groups or organisations may find themselves in a difficult situation due to external events unrelated to any perceptions about the nature of the request or the person making it, and as such they may have no choice but to refuse access. Even when someone is prepared to offer access, this may be overruled at a higher levels within a hierarchical structure. This may result in a 'false start', and potential feelings of disappointment. In-order to avoid a 'false start', the researcher obtained an ethics letter from IREC at the Durban University of Technology as shown in Appendix D.

Thus, the researcher observed the ethical considerations and opted for moral obligations which ensured that interviewees felt that their anonymity, confidentiality and privacy were protected. As such, efforts were made to protect the privacy of interviewees by not divulging their names, and not exposing their personal thoughts, feelings and experiences. Finally, ethical considerations also included showing respect to the interviewees, and being polite and friendly during data collection.

5.17 LIMITATIONS/DELIMITATIONS OF THE STUDY

5.17.1 Limitations

Limitations are potential weaknesses in the study and are out of the researcher's control (Simon 2011). Mason (2017) stated that limitations refer to the potential problems which the researcher experienced during the study. Limitations also refer to restrictions on the study, which may be limited due to smaller segments of the total population which the researcher intends to study, or the research method selected to conduct the research (Simon 2011). This study specifically focused on families in Melbourne, underpinned by specific inclusion and exclusion criteria. Mason (2017) asserted that qualitative interviews have limitations due to the reliance on talk and text, which is generated through a refined and specific interview technique. Limitations in this study also included effectiveness, which cannot be determined qualitatively, because of limitations imposed by the sample size.

According to Polit and Beck (2014), a study's limitations are features of the methodology which has an impact on the interpretation of the findings. These features may potentially affect the accuracy of the study. A study's limitation can also be defined as the "weakness inherent within a research design which may influence outcomes and conclusions of a study" (Ross and Zaidi 2019: 46). Ross and Zaidi (2019) note that no study design is free from explicit and implicit biases; or may claim to be perfect. However, a number of approaches may be employed to address some of these limitations. The limitations encountered during the study were:

- Interviews were amongst 12 Australian families. The sample size of the participants may not reveal the popular view of the Australians at large;
- Research participants may not have provided detailed or honest answers in all cases;
- Time to complete the study was a limitation;

- Resource availability to travel around for more families was also a limitation.

To address these limitations, the researcher attempted to make each interview session as productive as possible, while participants were made to feel at ease. Also, participants were assured of confidentiality and anonymity. These potentially increased the chances of participants providing more honest answers (Punch and Oancea 2014; John, Loewenstein and Prelec 2012). Since very few families were involved in this study, the researcher ensured that each interview was in-depth.

5.17.2 Delimitations/scope

Delimitations are those features that define the boundaries of the research and limit the scope (Leedy and Ormrod 2015). The scope of the study was the residents of Melbourne in Australia who were willing to share their experiences relating to wellness during the lockdown and their views on holistic wellness strategies that enabled them to cope and may enable others to cope. In addition, the exclusion criteria stated that those with mental/intellectual disabilities did not constitute part of the sample population. Furthermore, non-residents/non-permanent or undocumented citizens in Melbourne, Australia and those below 18 years of age were excluded. Since the research focused on families, it was important to ensure representivity and diversity (Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants; retirees; diverse ancestral backgrounds).

5.18 CONCLUSION

The study has provided thorough methodological steps which were followed to arrive at the kind of conclusions and recommendations provided. This strict adherence to a rigorous expository methodological approach is also aligned to the Durban University of Technology's IREC principles of conducting research. In adhering to this, the chapter discussed the research philosophy, methods and

approach; data collection and analysis processes; reliability and validity, reliability and trustworthiness compliance; delimitation and limitations of the study; and key ethical considerations. The recruitment of participants; the sampling approach adopted; and the identified inclusion and exclusion criteria were discussed in relation to the aim and objectives of the study. Additionally, this chapter discussed the interview guide used to collect qualitative data, and the process implemented for data analysis. Thus, in extensively following all methodological steps, the researcher believes that the research complied with all research requirements.

CHAPTER 6

DATA ANALYSIS AND INTERPRETATION OF FINDINGS

6.1 INTRODUCTION

Generally, wellness is an integrated concept that attempts to combine various aspects of human life. There is a general understanding that wellness is a holistic, multidimensional concept, encompassing various aspects of human life, which complement one another. This study explored how wellness was reconstructed amongst Australian families transitioning through COVID-19, through an understanding of how family wellness was affected during COVID-19.

This study limited itself to the following eight dimensions of wellness namely occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual, at the interface of Australian families transitioning through the COVID-19 pandemic. The focus of this research was based on the eight wellness theoretical dimensions of Swarbrick and Yudof (2015), directed toward reducing anxiety, depression, psychological distress, feelings of hopelessness; and overall symptom severity improvement which are fundamental for individual and family wellness.

This study used a qualitative approach (interviews) for a number of reasons. The first is that the researcher intended to investigate how COVID-19 affected family wellness during the pandemic. This was better conducted through a qualitative inquiry because advocates of qualitative research are of the view that knowledge production should be flexible and sensitive to the social context within which data is generated, rather than relying on rigid, remote and inferential methods (Denscombe 2014). Furthermore, the nature of this research influenced the researcher to select the exploratory research design. Exploratory research design as articulated by Rahi (2017), is predominantly qualitative and was used in gaining a better comprehension from Australian families of underlying motivations, opinions and reasons pertaining to

reconstructing their wellness as they transitioned through COVID-19. A fundamental advantage of exploratory research is that it provides insights into problems or enquiries that were not well researched in different contexts as illustrated in this study. Through this, the researcher was able to formulate a better-researched wellness framework, while generating new data aligned to the research objectives (Babbie and Mouton 2001).

This chapter presents an analysis of the data collected for the study. The interview questions used were framed to elicit data from participants with respect to their opinions on the eight-wellness dimensions and wellness support. The interviews were transcribed and analysed qualitatively, with the aid of the NVivo 12 software. The researcher opted to use thematic analysis (via NVivo) in this study, because it is methodical, adaptable and can fine-tune data into convenient themes and subthemes. Given the lack of empirical research related to family wellness, particularly in Australia, this study explored how family wellness was affected in a multidimensional way by the COVID-19 pandemic. More so, it intended to gain a better understanding of how family wellness may be reconstructed in the light of the stressors relating to the wellness dimensions that have been brought to bear upon these families. Hence, each of the transcripts from participants was painstakingly examined to achieve the purpose of the study.

The interviews were conducted by the researcher either face to face, or through Zoom Video calls. The interviews generated electronic data through voice recordings, which were saved for transcriptions and analysis. This helped to guide against data loss and guarantee trustworthiness and quality. Thereafter, the documents were imported to QSR NVivo 12 software for ease in conducting the analysis. The software presented the coded data as subthemes for the 5 themes identified from the interview guide, thus grouping the data into manageable themes and subthemes. Efforts were made to ensure that data were objectively compared, bearing in mind the focus of the study. This was in line with the recommendation by Spencer (2011: 8), that “the ‘craft’ of qualitative research requires a balance between inductive forces-allowing the collected

data to speak for itself, and deductive forces-structuring, ordering principles derived from theoretical models and concepts”. In addition, Saldaña (2015) posited that as a principle, a provisional list of codes should be determined beforehand (deductively) to harmonise with the study’s conceptual framework. Thus, the themes for the study were determined deductively beforehand for purposes of data collection and analysis, while the subthemes were inductively identified.

6.2 BIOGRAPHICAL INFORMATION ON INTERVIEWED FAMILIES

The researcher interviewed 12 families, constituting a single household and interacting with each other in their respective social positions as parents, spouses, siblings, children, grandchildren; or a nuclear family living together as a unit. The families interviewed in this study were represented as numbers (e.g. Family 1), according to the order in which the families were interviewed. This assisted the researcher in easily recognising the families and their responses; while also maintaining confidentiality and anonymity for purposes of ethical considerations. Table 6.1 illustrates the biographical information of the interviewed families.

Table 6.1: Biographical information

Family	Description	Number of household members	The main source of income
1	Retired	2	Pension
2	Majority group	4	Salary
3	Migrant	3	Own business
4	Single parent family	3	Salary
5	Migrant	6	Own business
6	Minority	7	Own business/salary
7	Migrant	6	Salary
8	Retired	4	Pension
9	Gay couple	4	Salary

10	Minority	5	Salary
11	Aborigine	2	Salary
12	Straight family	3	Pension fund/investment/salary

Source: Self-generated by researcher

6.3 OUTLINE OF DATA ANALYSIS AND ALIGNMENT TO THEMES, SUBTHEMES AND OBJECTIVES

6.3.1 Discussion of subthemes aligned to the themes from the interview guide

Creswell (2015) stipulated that semi-structured in-depth qualitative interviews with people who are recognised as being knowledgeable on the subject matter may provide rich qualitative data. Semi-structured interviews were used during this study, as the open-ended questions were deemed effective to collect qualitative and open-ended data; exploring the thoughts, feelings and beliefs of the participants about COVID-19 and its effect on wellness; and delving more deeply into wellness issues.

The open-ended questions were developed from various sources, including health and social sciences literature, which were adapted and amended to suit the aim and objectives of the study. This was reinforced by the model developed by Swarbrick and Yudof (2015), which provided a descriptive and theoretical framework based on the eight wellness dimensions (occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual) used to understand the experiences of families in Australia.

The interview guide further probed the eight wellness dimensions with questions that this study intended to answer under the various dimensions of wellness. The researcher ensured that open-ended questions flowed for each dimension; the interview questions were aligned to the research objectives; and avoided

leading questions, which are all important considerations for an interview guide (Bryman and Bell 2017). It also covered lines of questioning that helped the researcher to generate ideas for the study's recommended wellness framework. Refer to Appendix C for the interview guide.

The pilot study validated the relevance and appropriateness of the themes aligned to the wellness dimensions and wellness support programmes. Issues on uniformity of formatting, language and style ambiguity were some of the issues addressed. Once the pilot study was completed, all deviations were corrected in the interview guide by changing the questions or setting additional ones which supported the study. The pilot study helped in fully understanding the purpose of the study and validating the feasibility of the study.

The data generated from the interviews were transcribed verbatim and analysed using thematic analysis from the data, in line with the guideline process by Saldaña (2015). In this process, the researcher began the analysis using operating coding to create categories in order to theme the data. The codes were derived from an open-ended process, which Saldaña (2015) referred to as "Eclectic Coding". Here, the researcher read the transcripts in full and then derived codes from the data. Thereafter, the transcripts were read again, and sections of the text were highlighted and deductively coded as per the appropriate code, and quotations were then placed in separate documents. Elms (2018) suggested that this process allowed for overarching themes and subthemes (categories) to be identified across, between, and within each group. In some instances, the generated codes were subsumed under subcategories, which Lewins and Silver (2007: 9) referred to as part of the overall hierarchical "coding scheme".

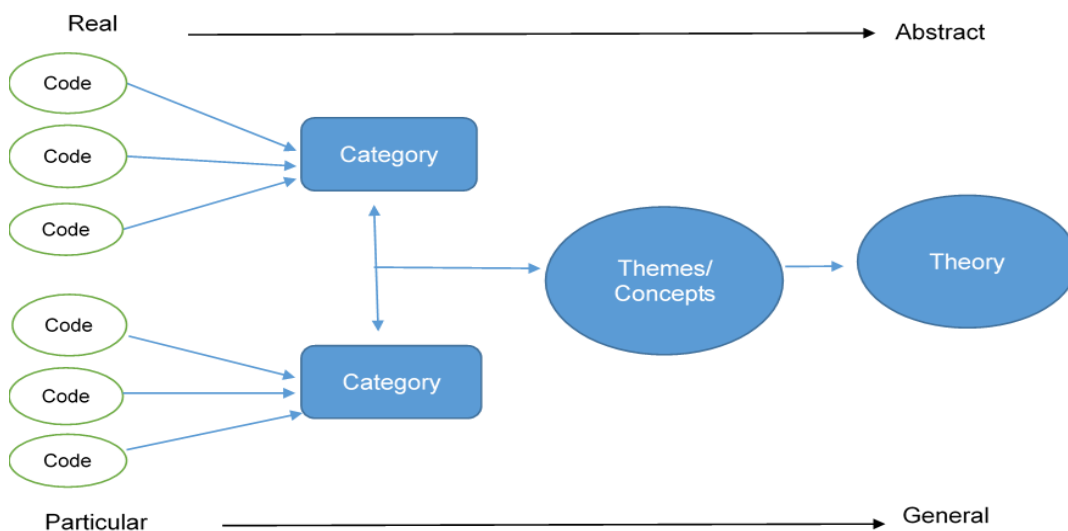
Furthermore, given that the data sets which addressed the eight dimensions of wellness were large, it was reasonable to assume that several of the same codes will be used repeatedly throughout the text. This, Saldaña (2015) indicated to be both natural and deliberate. Natural because there are mostly repetitive patterns of action and consistencies in human affairs, and deliberate

because the researcher's aim was to identify the interconnectivity in the dimensions that were demonstrated in the repetitive patterns of actions and consistencies in human affairs as shown in the data (Saldaña 2015).

6.3.1.1 Themes and subthemes

The researcher ensured a clear, methodological and well-organised analysis of the qualitative data. This enabled the researcher to identify the subthemes emerging from the texts in the transcriptions, which were categorised according to five themes identified from the interview guide. It also helped to make sense of large amounts of data relating to the experiences, knowledge and opinions of Australian families as they transitioned through the COVID-19 pandemic so that the data may be aligned to the research objectives and questions. In achieving this, the researcher familiarised himself with the data; engaged in coding the data; generated subthemes from the main themes; defined subthemes; and reported on the findings as illustrated in Figure 6.1.

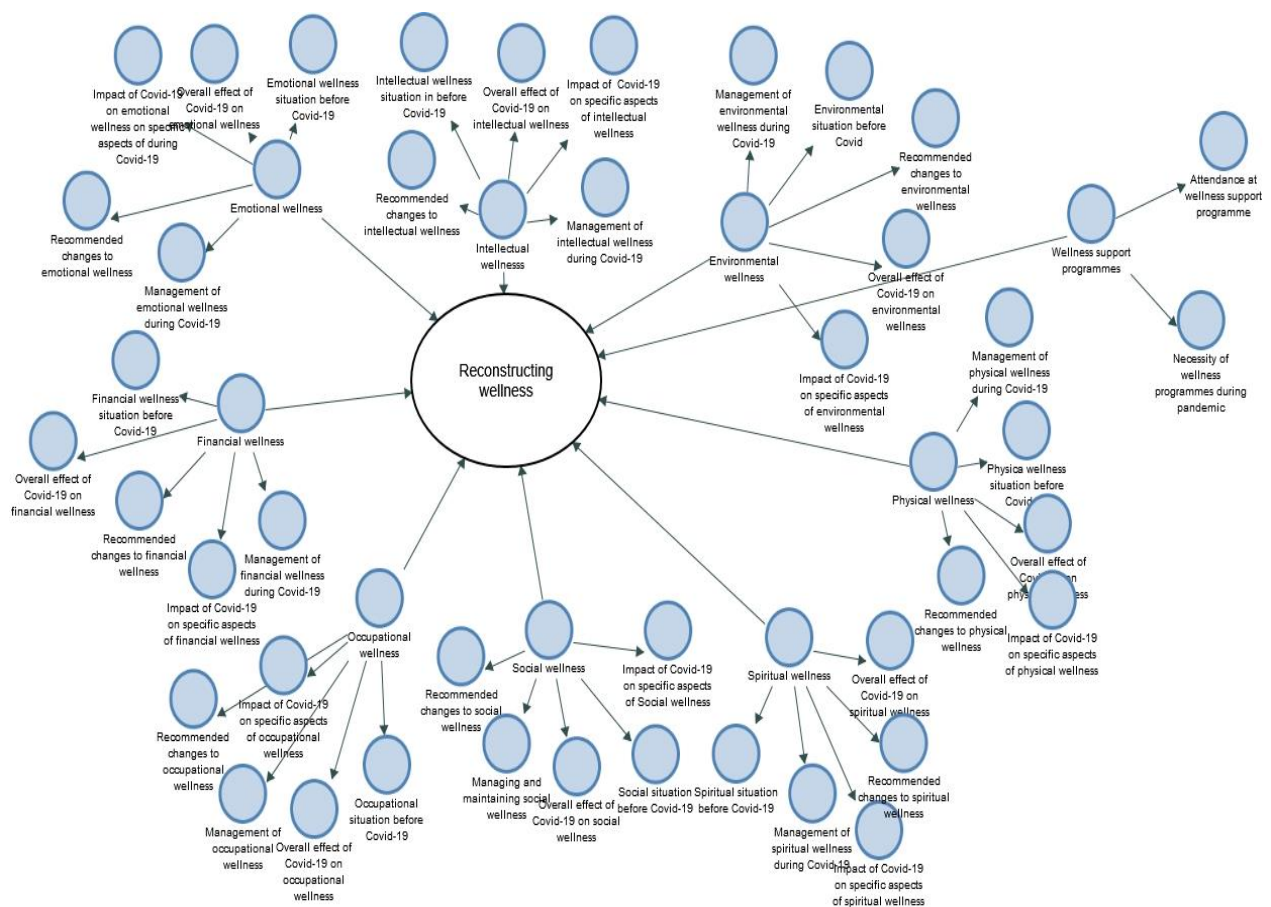
Figure 6.1: A streamlined codes-to-theory model for qualitative inquiry



Source: Adapted from Saldaña (2015)

In pursuing the inductive approach, the researcher identified the subthemes/ frequently emerging patterns from the data collected according to the 5 main themes. Figure 6.2 illustrates the interconnectivity between the various wellness dimensions, themes and subthemes relating to the wellness dimensions and wellness support programmes.

Figure 6.2: Interconnectivity between the various themes and subthemes relating to the wellness dimensions and wellness support programmes



Source: Self-generated by researcher

In determining how families reconstructed their wellness based on the eight dimensions and wellness support programmes, the subthemes which emerged for each of the themes for the wellness dimensions and wellness support

programmes based on the data collected were analysed according to the outline illustrated in Table 6.2.

Table 6.2: Themes under which subthemes were discussed

WELLNESS DIMENSIONS	THEMES UNDER WHICH SUBTHEMES WERE DISCUSSED
Occupational Emotional Spiritual Environmental Financial Physical Social Intellectual	1. Wellness situation before COVID-19. 2. Overall effect of COVID-19 on wellness. 3. Impact of COVID-19 on specific aspects of wellness dimension. 4. Management of wellness dimension during COVID-19. 5. Recommended changes to wellness dimension.
WELLNESS SUPPORT	THEMES UNDER WHICH SUBTHEMES WERE DISCUSSED
Wellness support programmes	1. Necessity for wellness support programmes 2. Attendance at wellness support programmes

Source: Self-generated by researcher

6.3.2 Linkage to objectives

The broad aim of this study was to explore how wellness was reconstructed among Australian families transitioning COVID-19, through an understanding of how family wellness was affected during COVID-19. The research objectives indicate in more detail the main issues investigated by the research, thereby expanding on the wellness dimensions articulated in the research aim and contributing to the current knowledge on wellness. The interviews, which formed the primary data collection method were clearly linked to the research objectives and questions as illustrated in Table 6.3. Moreover, in such an exploratory study, the open-ended questions in the interview guide assisted the researcher

to identify emerging issues/subthemes from the various themes associated with the pandemic and wellness, and thereafter reporting on new information.

Table 6.3. Research objectives and questions

Research objectives	Research questions
1. To inquire how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic.	1. How the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic?
2. To explore how families created pathways of wellness within the context of the COVID-19 pandemic.	2. How do families create pathways of wellness within the context of the COVID-19 pandemic?
3. To explore the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic.	3. What was the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic?
4. To inquire about the holistic wellness approaches used by families to support themselves and other families during the pandemic.	4. What holistic wellness approaches were used by families to support themselves and other families during the pandemic?
5. To understand the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic.	5. What are the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic?
6. To recommend strategies to reconstruct family wellness during the pandemic.	6. What recommended strategies can be offered to reconstruct family wellness during the pandemic?

Source: Self-generated by researcher

Table 6.4 illustrates the themes guided by the interview guide, under which the subthemes were discussed and aligned to the objectives. This informed the subsequent analysis of data findings from the interviews.

Table 6.4: Themes guiding discussion of subthemes and alignment to research objectives

WELLNESS DIMENSIONS	THEMES UNDER WHICH SUBTHEMES WERE DISCUSSED AND ALIGNMENT TO OBJECTIVES
Occupational Emotional Spiritual Environmental Financial Physical Social Intellectual	1. Wellness situation before COVID-19 - Objective 1 2. Overall effect of COVID-19 on wellness dimensions - Objective 1 and 3 3. Impact of COVID-19 on specific aspects of wellness dimensions - Objectives 1 and 3 4. Management of wellness dimensions during COVID-19 - Objectives 2, 4 and 5 5. Recommended changes to wellness dimensions - Objectives 4, 5 and 6
WELLNESS SUPPORT	THEMES UNDER WHICH SUBTHEMES WERE DISCUSSED AND ALIGNMENT TO OBJECTIVES
Wellness support programmes	1. Necessity for wellness support programmes - Objectives 5, 6 2. Attendance at wellness support programmes - Objectives 5, 6

Source: Self-generated by researcher

6.4 ANALYSIS OF INTERVIEWS

The analysis is presented according to the subthemes which emerged from the 5 themes for each wellness dimension and the 2 themes for the wellness support programmes, as previously illustrated in Table 6.4.

6.4.1 OCCUPATIONAL WELLNESS DIMENSION

Occupational wellness involves participating in activities that provide meaning and purpose, including employment. According to Kuye *et al.* (2022), occupational wellness is the state of having the ability to achieve a balance between work and leisure time, addressing workplace stress, and having healthy relationships with co-workers. However, the occupational environment has drastically changed in recent years due to the COVID-19 pandemic. For instance, Binghamton University (2021) highlights that COVID-19 has introduced new difficulties for occupational wellness, potentially making current and future work/scholastic pursuits more testing than any other time in recent memory. Given the perceived changes to occupational wellness, the occupational wellness of the participants was explored under five categories, namely: Occupational situation before COVID-19, the effect on occupational wellness, the impact of COVID-19 on occupational wellness, the management of occupational wellness during COVID-19, and recommended changes to occupational wellness.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for occupational wellness under the 5 themes.

THEMES	SUBTHEMES
1. Occupational wellness situation before COVID-19 (5 subthemes)	1. Thriving business 2. Full-time employment 3. Above average occupational situation 4. Contractual employment 5. Self-employed and retirees
2. Overall effect of COVID-19 on occupational wellness (3 subthemes)	1. Positive effect on occupational wellness 2. Negative effect on occupational wellness 3. No effect on occupational wellness
3. Impact of COVID-19 on specific aspects of occupational wellness (8 subthemes)	1. Continued employment 2. Working arrangement 3. Future job retention 4. Workload

	5. Work interest 6. Job responsibilities and values 7. Balancing work and leisure 8. Personal satisfaction and stimulation activities
4. Pathways to management of occupational wellness during COVID-19 (6 subthemes)	1. Family connection 2. Maintaining a value system of responsibility 3. Work balance 4. Financial management and support 5. Collaborating and communicating with others 6. Wellness programmes
5. Recommended changes to occupational wellness (5 subthemes)	1. Career growth and self-development 2. Improve working environment 3. Collaboration and communicating with others 4. Budgeting and financial planning 5. Exercise

6.4.1.1 THEME 1: OCCUPATIONAL WELLNESS SITUATION BEFORE COVID-19

The occupational status of an individual is of great significance to the quality of an individual's life and the overall development of society. According to Qi *et al.* (2020), occupational wellness affects not only the well-being of employees and their families but also the sustainability of social and economic development. However, scholars have found that substantive health disparities exist between different occupational groups (Qi *et al.* 2020). As such, it was critical to understand the occupational situation of the participants and or their families before COVID-19. The following subthemes described the occupational wellness situation of the families before COVID-19.

Subtheme 1: Thriving business

It was uncovered that some of the participants owned thriving businesses, which could have contributed to the income stability. The participant from family 3 noted that before COVID-19, the family had a thriving business and stable income.

An excellent – thriving business and stable income. Work was permanent no fear of not having an income. Bills paid and life was luxurious. Family health and mental well-being were great (Family 3).

The participant from family 6 had a part-time business of buying and selling.

Our part-time job was buying and selling appliances (Family 6).

Subtheme 2: Full-time employment

Furthermore, many of the participants had full-time employment. From the interviews with the participating families, different types of full-time employment such as travel guide, fast food cashier, professional nurse, and teachers were uncovered.

Both of us are in full-time employment- travel guide and fast-food cashier (Family 11).

We had full-time jobs as a couple- teachers (Family 6).

The husband- works in the hospitality industry as a waiter and Wife- works as a nurse (Family 2).

Equally, it was uncovered from the interview discussions that many of the families with full-time employment had a stable source of income.

Participants from family 12 simply stated that the family had a stable source of income from their employment.

Stable sources of income (Family 12).

All 3 of us were employed. We enjoy our full-time jobs and lived comfortably (Family 4).

2 working adults. Income is stable (Family 9).

Subtheme 3: Above average occupational situation

The participant representing family 7 described the family situation as above average. It was revealed while the husband had a full-time job, the wife worked, but on a part-time basis. The family also had three dependents who do not work.

My family occupation situation was well above average. Stable income. My disabled son had a caregiver. My mother lived off her pension. My wife worked part-time and the daughters are at school (Family 7).

Subtheme 4: Contractual employment

According to the testimony from the participant representing family 10, while he worked as a postdoctoral researcher at the university on a contractual basis, his wife is formally employed.

I am a postdoctoral researcher at the university; my wife is formally employed (Family 10).

Family 5 representative disclosed that he worked as a part-time teacher, while the wife shared a small business.

I was a part-time teacher and my wife was sharing a small hairdressing business in town (Family 5).

Subtheme 5: Self-employed and retirees

Few of the families interviewed were identified as self-employed. It was uncovered that some of the participating families were retirees who supplemented their income by working as private tutors.

Both of us are retirees. I stopped providing piano lessons since the first lockdown in 2020 (Family 1).

Family 8 consisted of two retired couples living with two of their grandchildren. It was uncovered that both couples offered private lessons to students.

As a retiree, we lived off our pensions. The grandchildren receive monthly allowances from their late parents' trust fund. We also tutor students part-time in maths and physics (Family 8).

6.4.1.2 THEME 2: OVERALL EFFECT OF COVID-19 ON OCCUPATIONAL WELLNESS

The COVID-19 pandemic has altered every aspect of our work and life including our occupational wellness (Mock 2020). While innovation and responsibility to work distantly has now been figured out to ensure the continuity of occupational wellness (Thomason and William 2020), it does not appear to be the ideal result many had expected. As an example, the COVID-19 pandemic has prompted expanded mental injury and self-destruction among medical services employees (HCW) (Mock 2020). This meant that the lack of guaranteeing occupational wellness in society can be dangerous to all including the family tree. Given this concern, the participants were asked the following question "How did COVID-19 affect the overall occupational wellness of you/your family?" From the responses, a mixed view on the effect of COVID-19 on the overall occupational wellness of the family was uncovered. While many indicated negative effects such as unemployment, and financial strain, others appeared to have experienced some positive effects.

Subtheme 1: Positive effect on occupational wellness

From the family who noted that COVID-19 had a positive effect, it was uncovered that COVID-19 helped them save money to meet additional household needs.

- Solving additional household costs

The additional income from the private piano lessons was used for additional costs such as personal care, sometimes gardening services and saving toward Christmas presents (Family 1).

Subtheme 2: Negative effect on occupational wellness

Swarbrick and Yudof (2015) noted that occupational wellness involved participating in activities that provide meaning and purpose, including employment. It is reasonable to argue that anything that sways these objectives out of sight should be considered a menace to occupational wellness. From the interviews, many of the participating families expressed that COVID-19 had a negative effect on their occupational wellness. Some of the negative effects uncovered included the following:

- Unemployment and business closure

Tušl *et al.* (2021) reported that COVID-19 caused many employees to be furloughed and/or laid off due to the effect of businesses and industries shutting down. Consistent with the report, three of the families interviewed stated that COVID-19 caused some of the family members to be furloughed, stopped working, and/or shut down their businesses.

My son did become temporarily unemployed as he is a driver for a transport company. However, as a family, we helped him with bills and he did receive a government grant for a short while (Family 4).

Participants representing family 5 shared a similar view:

My wife's small business was closed; my work at school was seriously affected. Students were not coming to school, as the school revenue or income depended totally on the number of students. So, the number of students dropped, and the principal was unable to pay staff salaries. I became temporarily unemployed (Family 5).

In addition, and due to the menace of COVID-19, it was stated by the interviewee from family 5 that the wife had to terminate her part-time job to look after the sick members of the family.

COVID-19 had a great strain on the entire family members because my elderly mother who had some underlining medical conditions, became sick resulting in increased medical bills. Her sickness got worse during the first and second lockdowns. My wife had to take over caring for my son as the caregiver fell ill. She terminated her part-time job (Family 7).

Apart from temporarily losing employment due to COVID-19, it was uncovered that COVID-19 led to business closure. According to the interviewee from family 9, while one partner continued to work, the other that managed a business was forced to close it.

I continued to work. The other had to close his business (Family 9).

- Financial strain

Another negative effect of COVID-19 on occupational wellness uncovered in the study was its effect on financial resources. This was attributed to reduced shifts from work and temporal layoff from work.

In terms of reduced shifts, two of the participants stated the following:

Initially, it strained finances because all tourist activities were suspended. My wife had reduced shifts due to lockdown restrictions. We had relief funding from our employers and government (Family 11.)

Occupational wellness was affected as our income from the part-time job was minimised. Deliveries were affected, even supplies of the appliances (Family 6).

Another cause of financial strain may be connected to reduced income. According to the interviewee from family 2, being laid-off contributed to the reduction of the family total income despite the fact that one partner continued to work.

During the lockdown, my wife continued to work, but I was temporally laid off when restaurants closed. The total income was reduced (Family 2).

Also, and echoing similar sentiments as above, the interviewee from family 3 stressed that the family experienced financial strain due to money coming in from one income.

The business was affected as a result of the lockdown and the continuous spread of the COVID-19 virus. Only one income has now halved to upkeep home, kids and all expenses that were manageable prior to COVID-19. Managing a new budget for the home and business created tension and stress - consistent fear of debt and closure of the business (Family 3).

Added to the above, it was uncovered that shifting from face-to-face tutoring to online mode affected the income of family 8.

This was very disappointing. My husband and I were unable to continue face-to-face tutoring. We did try online tutoring, which was tiring, time-consuming and not as easy as face-to-face contact. The children

continued with online schooling for a period. Our income from tutoring decreased (Family 8).

Subtheme 3: No effect on occupational wellness

Two of the participants noted that COVID-19 had no effect on their occupational wellness. It was revealed that the income remained unchanged, since they continued to work from home.

In terms of livelihood income, no changes in income. We were working from home. Without any disruption in our jobs, we continued to enjoy working from home (Family 2).

Parents are pensioners- do not work. I remained in full-time employment. Worked from home (Family 12).

6.4.1.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF OCCUPATIONAL WELLNESS

As discussed previously, COVID-19 had both negative and positive effects on the occupational wellness of an individual as well as the family. This theme explored the impact of COVID-19 on the occupational wellness of the family structure under eight specific areas (continued employment, remote work, future job retention, changes in workload, looking forward to work, job responsibilities and values, balancing work and leisure, personal satisfaction and stimulation).

Subtheme 1: Continued employment and work

- Disrupted work

As previously explained, one of the consequences the pandemic had on employees was that they were temporarily furloughed and others laid off. Given

this concern, it became necessary to hear from the participants about the prospect of their continued employment. From the interview transcripts analysed, many of the participants disclosed that their work was disrupted by the pandemic. Participant representing family 1 noted that she could not continue with her private piano lessons.

I could not continue with the private piano lesson (Family 1).

Although the wife of the participant representing family 2 continued with her work, the husband revealed that there were some periods when he stopped work.

My wife continued to work, but there were periods when I did not work (Family 2).

A similar situation was uncovered from the statement by the participant representing family 4. It was stated that while the participant and another son kept their job, the other was temporarily unemployed.

My one son and I remained employed. The other son was temporarily unemployed (Family 4).

Participant representing family 7 shared the difficulty of visiting project sites which led to the suspension of the project. While he continued to work remotely, the wife was not fortunate as she terminated her contract to care for a sick member.

As an engineer, I could not visit the project sites. Hence, some of the projects were suspended at the inception of the COVID-19 pandemic. Most of the work done was mainly from home. I attended meetings virtually and worked virtually with colleagues. My wife terminated her part-time employment to take care of our son (Family 7).

Although Family 6 continued with full-time employment, their side business was severely affected. This reflects some of the negative impacts of the COVID-19 pandemic and the associated lockdown on businesses.

We continued with full-time employment, but the part-time business was severely affected due to lockdown protocols (Family 6).

Family 9 shared a similar position as above with respect to the negative effect of COVID-19 on businesses by noting the following:

COVID-19 brought with it a loss of benefits and minimised opportunity for the opening of a new business (Family 9).

- Reduced working hours

While some of the participants acknowledged continuing to enjoy full-time employment, their overall family income however was reduced. This was attributed to the reduction in working hours.

We did not become unemployed, but our income was reduced due to reduced working hours (Family 11).

- Discontinued work

For family 5 with 4 children, the impact appeared to be more. It was stated that the wife became unemployed as the business was shut down, while the husband was temporarily laid off without salary payment.

My wife became unemployed due to the shutting down of the business and I was forcing myself to stop going to work due to no salary payment. After lockdown, I was given a few classes to teach but at a reduced income. My wife started being a domestic cleaner 3 days a week (Family 5).

A similar negative effect on businesses and its associated impact on financial stability were uncovered from the statement by family 3.

Businesses lost clients and permanent steady income was no longer possible as customers were all financially unable to survive and steady income was something of the past (Family 3).

In a nutshell, the above narratives suggest that while some of the participants interviewed remained employed, their income was no longer the same. Besides, it was uncovered that those with businesses suffered business closure, which further compromised their income.

- No changes to employment situation

Nevertheless, two of the families revealed that no changes occurred in their employment situation as they continued to work from home.

No changes... we were working from home (Family 10).

As pensioners, parents were not affected. I continued to work, but online from home (Family 12).

Subtheme 2: Working arrangement

The COVID-19 pandemic altered almost every aspect of our work and life. In response to the national and local containment policies, companies, organisations and institutions encouraged their employees to work remotely at home to stay safe (Xiao *et al.* 2021). From the interview responses, it was uncovered that many of the interviewees worked remotely, while some engaged in both office and remote work. This is explained in detail in the next section.

- Online work

According to Bouziri *et al.* (2020), corporations and governments alike have strongly encouraged employees to telecommute where possible, as part of the broader response to the pandemic. Many of the participants interviewed also supported this, which suggests that employees worked remotely as the “new normal”.

COVID-19 introduced a new normal; we now resorted to remote online work/meetings. We adjusted to the dynamics of remote working, which we started to enjoy (Family 10).

I was also a postgraduate student; I have been working at home with the support of the institution, which has been supplying data for research (Family 5).

While WFH has some benefits to both the organisation and the employees as previously mentioned, it was also shown to come with negative effects. As such, in assessing the risks and benefits of online working in the context of COVID-19, it is vital to best preserve occupational wellness (Bouziri *et al.* 2020). According to the aforementioned authors, the current pandemic context carried several specificities. First, employees or employers could not have anticipated the sudden shift to online work, so the safety of the home working environment has not necessarily been ensured. This factor could have contributed to the conflicts some of the participants experienced with WFH.

For example, participants from families 6 and 9 noted that WFH disturbed the social arrangement at home.

Working from home was intensified. It disturbed the social arrangement at home between grandparents and the children. We were at home most of the time; schools went through periods of closure (Family 6).

Working from home became even more difficult in terms of the cost of data, increased costs for gas and electricity, and the disruption of family life in terms of space for all family members to work remotely (Family 9).

It also increased domestic chores and working hours as pointed out by family 7.

Yes, I did work remotely for over 9 months from home. It was difficult at the initial stage. I adapted, and then eventually began working overtime unknowingly. My wife had increased chores relating to my disabled son. The daughters attended online classes when schools were closed (Family 7).

The above narratives suggest that WFH conflicts could be attributed to overlapping responsibilities associated with looking after children and carrying out work responsibilities. Such overlapping responsibilities amplify psychosocial risks associated with unstructured working time (Standen *et al.* 1999).

- Blended work

Some of the participants shared that they work in a blended form. According to Van Yperen *et al.* (2014), blended working combines on-site and off-site working in an optimal way to improve employees' and organisations' outcomes. The onset of COVID-19 might have increased the need for a blended work model by the organisation. Some of the participants' positions on working both from home and in the office in a blended model substantiated this further.

I worked remotely from home, during the lockdown. But on certain occasions, I did go to the office (Family 12).

Limited occasions, for myself and my one son, as we worked from home on rotating shifts as per our employers' roster (Family 4).

- Physical work

Nonetheless, others continued with the conventional work practice. The responses showed that the nature of their work did not support either WFH or the blended model.

Our jobs did not permit us to work remotely from home (Family 2).

Not possible as we repair cars- unable to work from home (Family 3).

We could not work remotely from home due to the nature of our jobs (supermarket cashier and travel guide) (Family 11).

Subtheme 3: Future job retention

According to a report highlighted on the OECD website, unemployment was projected to reach nearly 10% in OECD countries by the end of 2020, up from 5.3% at year-end 2019, and to go as high as 12% should a second pandemic wave hit (OECD Employment Outlook 2020). While the report noted that a job recovery is not expected until after 2021, in some countries, however, employers used job retention programmes to cut hours, while allowing employees to keep their pay and jobs. As such, one would not err to assume that it is likely that the full impact of the pandemic is yet to be felt. While this suggests unprecedented leaps in unemployment, nevertheless, many employees will return to their jobs (or to new ones) as economies re-open and activities pick up (OECD Employment Outlook 2020). Given this gleam picture and hope for a brighter future, it was essential to know from the perspective of the participating family representatives the impact of COVID-19 on their future job retention. From the responses gathered, while many of the participants were confident that their jobs were secure, others expressed some degree of uncertainty.

- Secure

For those who were confident in retaining their jobs in the future, it could be gathered that the participants felt secured with a permanent/stable jobs, despite the pandemic.

My job is unaffected by the pandemic- quite secure (Family 12).

My wife's job is permanent and secured. While I have a permanent job as a waiter, when there is a period of lockdown, then my shifts are affected (Family 2).

No effect on myself and my son, as we hold managerial posts (Family 4).

The participant representing family 6 attributed this to working as an essential worker.

We are in essential services and were able to work from home (Family 6).

- Hope to continue after the pandemic

Some of the participants were optimistic to return to work when the lockdown rules were eased. Families 1 and 8 who were retired couples, expressed hope of continuing with the part-time engagement after the pandemic.

I hope to continue in 2022, once the pandemic ceases in Melbourne (Family 1).

With all lockdown rules being removed, we hope to continue with tutoring part-time (Family 8).

Family 11 shared similar sentiments in returning to work after the COVID-19 restrictions were lifted.

Once all travel restrictions are lifted, my job as a travel guide will resume. My wife likewise, will continue with her normal workload (Family 11).

- Hope to get a full-time lecturing

Two of the participants expressed hope of getting full-time employment:

I am on a 2-year contract, so I hope to get into full-time lecturing. My wife is completing her degree and hopes to apply for better posts (Family 10).

Returning to work or remaining in my work in the future was a serious issue. This is because the school was unable to pay staff salaries. Once I graduate with my PhD I hope to get into full-time teaching/lecturing. My wife cannot afford to pay the rent for the business premises, and now is doing part-time work as a cleaner (Family 5).

- Uncertain

For those who owned businesses, it was revealed that there was uncertainty in the continued operation of the business. In the words of the participant representing family 3:

Uncertainty depends on how the business survives on a day-to-day basis. We were fortunate that we were not forced to totally shut down the business. We applied for business rescue grants and were successful (Family 3).

Added to the above, it appeared that certain occupations faced uncertainty regarding future job retention. This is reflected in the statement below.

The son who is a driver has some job uncertainty if COVID-19 persists (Family 4).

- Business closure

One of the consequences of the COVID-19 pandemic is that it resulted in too many businesses closing down. This is also noted from the statement from family 9.

One member of the family was not able to reopen his business. He had to take 2 part-time jobs (Family 9).

Subtheme 4: Workload

The workload is a traditional job demand characterised by the need to work faster, provide quicker responses, perform multiple tasks, and accomplish several projects at the same time (Ingusci *et al.* 2021). Ingusci *et al.* (2021) opined that the radical changes deriving from the COVID-19 emergency have heavily upset some of the most familiar routines of daily work life. From the interview discussions, it was found that while many of the participants interviewed complained of an increased workload; others noted that they experienced a reduced or normal workload during COVID-19.

- Increased in workload

The COVID-19 pandemic has changed the way most organisations conduct their work. During the COVID-19 pandemic, many employees were advised to work from home (WFH) full-time (Xiao *et al.* 2021). From the interview discussions, it was uncovered that many of the participants experienced an increase in workload when working from home. Participant representing family 12 for example, noted that workload increased due to the online meeting, queries and colleagues falling sick or dying from the virus.

It has increased, with more online meetings, queries, and staff being sick/ passing on (Family 12).

Participants from family 6 shared similar sentiments as above, that online queries increased during this period. In the participant's words:

Those with essential jobs were overloaded- more planning and staying online to address student queries. We tended to work longer hours compared to face-to-face teaching (Family 6).

According to the views of Ingusci *et al.* (2021), WFH individuals have been confronted with several difficulties to organise their own working time; for instance, spaces, devices, internet connection, and coffee breaks have been forcefully shared with the family, a test that may make it difficult to respect the boundaries between work and private life. This might have contributed to the participant from family 7 experiencing working long hours and late until night, potentially affecting family time.

Workload has significantly increased. I often find myself working till 10-11 pm every day. Apart from full-time employment-related work, family responsibilities increased like taking my mother for medical check-ups; my wife having to take care of our son full time, and more domestic chores as all of us were at home (Family 7).

Another factor that could have contributed to an increased workload is difficulty in adapting to the shift from face-to-face contact work to an online mode of work. The statements below support this.

The part-time classes decreased, so there was less tutoring. But we found we spend more time in the online classes (Family 8).

There were no changes in our workloads, but we seem to be working long hours with the same job responsibilities. Online teaching and community engagements are more hectic and time-consuming than physical/contact interactions (Family 10).

Participants from family 9 increased workload may be associated with the participant having multiple jobs. In the participant's words:

The workload became heavier, as one worked from home and the other had 2 part-time jobs. The 2 part-time jobs meant longer working hours (Family 9).

Participant from family 4 noted initially experiencing a heavier workload in the early days of WFH, but this changed with time. The perceived increase in workload may be associated with difficulties in adjusting to the new workstations. Xiao *et al.* (2021) who found that higher workloads and lack of knowledge in adjusting to workstations were associated with new physical issues can corroborate this.

The heavier workload in the early days but changed after +-6 months (Family 4).

- Reduced workload

WFH may have a profound benefit for both the organisation and the employee. For an employee, previous studies have reported that WFH saves daily commuting time and offers more flexibility for employees to take care of their families, allowing them to choose working times when most productive, and employees can also benefit from not being subjected to co-workers' distraction (Xiao *et al.* 2021; Tavares 2017). This study uncovered that some of the participants experienced reduced workloads.

Both of us had reduced workloads, because of our jobs (travel guide and fast food cashier) (Family 11).

Yes, as the amount of work that came in has reduced by 50%, staff were given reduced working hours. We also reduced the working hours per day (Family 3).

There was a reduced workload as I could not continue to go to school. Most works in relation to research studies were delayed. There were reduced workloads due to changes in our employment status (Family 5).

From the above narratives, one could draw out that the reduced workload is associated with the nature of the work done by some of the participants. For example, those in the hospitality business may have experience-reduced workloads due to lockdown and reduction of tourist visits.

- Normal workload

Nevertheless, one of the interviewees revealed that the wife continued with her normal shifts. Hence, one could rightly assume that the workload remained consistent despite the COVID-19 pandemic.

My wife continued with her normal shifts, but there were additional days I stayed home because of a temporary closure of the restaurant (Family 2).

Subtheme 5: Work interest

In terms of the participants looking forward to working under the present conditions of the COVID-19 pandemic, many acknowledged enjoying their work and thus looked forward to working again. However, few others preferred WFH models.

- Enjoyed the work

Among the participant who noted enjoying the work they do, the following was extracted from their statements:

I do miss meeting children and adults who were my clients. But when they make telephonic enquires about anything, I do assist (Family 1).

We enjoy our jobs. Even though my son is a driver, and was temporarily unemployed, he still enjoyed going to work (Family 4).

We enjoy the part-time tutoring and when students call in for additional online classes we always are amenable (Family 8).

Despite the changes in working hours and perceived workload, some of the participants remained passionate about their jobs.

We enjoy our jobs, and despite the reduced working hours; we had job satisfaction (Family 11).

I am passionate about my job. Despite the changes in workload and the working space, I have organised and planned myself well around these changes so that I keep the momentum going without any anxiety and stress (Family 12).

We are passionate about our jobs, and enjoy going to work every day. It is important to be happy in what we do, and not take on jobs, which frustrate us, and are not in our line of interest (Family 2).

While the representative for the family enjoyed his work, the lack of clients created a sense of anxiety.

Daily looking forward to new work coming into the business to increase the steady income, but there were some days of being anxious about the unknown for work is not consistent as prior to COVID-19. We remained hopeful and optimistic (Family 3).

- Preferred working from home

For the participants representing family 10, WFH was advantageous and thus preferred this to physical work.

We enjoy our jobs, it motivates us to achieve our job responsibilities. Working from home saves us travel time, fuel costs, and preparing lunch packs—this relief gives us increased job satisfaction (Family 10).

Tavares (2017) who said that WFH saves employees daily commuting time and offers more flexibility for employees to take care of their families can corroborate the above view. This can be further supported by the view of the participant representing family 7 who accentuated the following:

I enjoyed working from home, even though there were times that working hours extended beyond the normal working hours. Having the children around and being at home instead of travelling for 1 hour was pleasing (Family 9).

- Stressful and frustrating

According to Majumdar *et al.* (2020), extended hours of screen exposure due to full-time computer work can lead to fatigue, tiredness, headaches, and eye-related symptoms. From the interview narrative, some of the participants hinted that their work became stressful and tiring.

Work became very tiresome and stressful. Visits to sites were interrupted; projects were delayed, and increased online meetings were (Family 7).

While the participant representing family 6 acknowledged enjoying the work, working online however, caused some element of stress to the family.

We enjoy teaching, but there were times when the extra planning and organising did become frustrating. Working from home meant that we had to ensure minimal disturbance, especially during online classes and meetings. It did cause some stress and anxiety, especially when all 6 of us were online and internet connectivity was weak (Family 6).

Subtheme 6: Job responsibilities and values

While changing nature of work due to COVID-19 containment measures has led to an increase in many employees WFH, it is critical to know if employees still maintained job responsibilities and occupational values. From the interview, the majority of the participating families indicated that they continued to maintain the same job responsibilities and values while some did not.

Among those who continued to maintain the same job responsibilities and values, the following were indicated:

- Continued offering support

For instance, participant 1 notes that the family continued to offer support to the clients and check intermittently on their progress, which suggests values to work.

Even though I am no longer teaching, I offer telephonic support when my clients make any enquiries. I enjoy playing the piano; hence, my passion extends to being loyal to my clients, being available for non-face-to-face support, and checking with them intermittently on their progress (Family 1).

- Values remained intact

Participant from family 10 expressed a similar strong value system and responsibilities to work when he accentuated the following:

As a postdoctoral researcher, there is a code of conduct, the values and expectations did not change as a result of COVID-19. Neither did the changes invoked by COVID-19 impact our values such as performing well in our jobs, meeting deadlines, and attending meetings and did ensure that we remained committed (Family 10).

Equally, and resonating with the above commitment to work ethics and values, a participant from family 11 was vehement that the value of work remained intact.

Our strong value system remained intact, despite our employment conditions being affected. The pandemic tested values like accountability, diligence, commitment and perseverance despite adversities (Family 11).

Participants from families 2, 3, 4 and 12 who illuminated the following echoed the same sentiment as above.

Values cannot be impacted by a pandemic. The pandemic was a good test of how deeply imbued I am in my values. I continued with my job responsibilities as a committed and high-performing employee (Family 12).

We are committed individuals, who believe in hard work and doing our best in our jobs. Earning an income based on a strong work ethic informed by trust, honesty, loyalty and responsibility is what we live by (Family 2).

Job responsibilities have not changed as an owner of a business and the responsibilities remain my values were just tested during this difficult time of dealing with financial demands and ensuring the health and safety of staff and myself. We remained committed to our employees and ensured that they applied for grants due to their reduced working hours (Family 3).

Diligence, commitment, a strong work ethic, honesty and high standards of performance continued despite the challenges of the pandemic (Family 4).

The above narrative suggests a strong commitment to work. Despite some of the perceived challenges, the participants' dedication to work was highly evident. This is reflected in the statements below.

My values were challenged. Despite a lower salary from teaching fewer classes, I continued to do my best, as the children were my responsibility. I could not allow money to rule over my ethical conduct. I continued to show respect to the school principal even though he was arrogant and rude. Even though my wife did not enjoy being a cleaner, she appreciated the income to sustain our family. Therefore, fulfilling our responsibilities in our changed working environment was maintained (Family 5).

There were times we felt overwhelmed, but as teachers and parents, we had to be role models to our students and children. We ensured that we met timelines, offered additional support to our children and students, and provided them with motivation and encouragement to embrace the new normal of working (Family 6).

We remained committed, supportive and helpful (Family 8).

The importance of strong value systems, dedication and commitment to work could greatly benefit the employee. Like the participant from family 9 said, without consistency in values, perhaps, one could lose control of life and become unemployed. Hence, one could rightly assume that strong value systems kept the participants' occupational wellness strong.

We ensured that our job responsibilities continued to be consistent with your values, or else we could lose control of our lives, become unemployed and lose a sense of direction. A strong value system should not be compromised in any domain of our lives (Family 9).

- Struggled keeping to values

Despite the fact that most of the participants expressed a strong value system and commitment to work, there was, however, evidence from some of the statements extracted from the interviews about the challenges faced maintaining job responsibilities and values when WFH.

I honestly started to struggle in this regard, but I see some inconsistencies such as punctuality and time management. But I try to fulfil job responsibilities such as attending all meetings, being committed to completing all reports, and drawing attention to some of my work-related challenges with my manager to avoid being labelled as incompetent (Family 7).

Subtheme 7: Balancing work and leisure

One of the central premises for organisations promoting WFH is that employees could achieve a better work-life balance by avoiding commuting and offering flexible work schedules. From the interview discussion, it was found that many of the working participants achieved work balance from WFH, while some experienced difficulties. With options for WFH, Xiao *et al.* (2021) noted that employees can take a break from their offices and focus on organising an individualised approach to their work-life balance that can promote a healthier lifestyle, a benefit for both physical and mental health (Xiao *et al.* 2021). This means that WFH could afford employees extra time to engage in leisure activities. Many of the participants noted that WFH afforded them extra time for leisure support in this position.

I have always ensured that care for my husband takes precedence over private tutoring. Now that I am not teaching, I do have extra time to spend with him and do other leisurely activities like baking and knitting (Family 1).

Participants from family 10 revealed that WFH afforded the family the opportunity to spend extra time together. According to the words of the participant from family 10, the family spent more social interaction time on cooking together and playing indoor games.

Staying and working from home meant that we spent more time together as a family, cooking together, watching the news, and playing music. We had to improvise by finding more indoor activities such as playing online games, board games and enjoying karaoke (Family 10).

On the other hand, three of the participating families noted experiencing limited leisure to balance work. One of the interviewees admitted that there was not much external leisure to pursue. This may be associated with working under lockdown.

There were not many external leisure activities to pursue. But simple leisurely activities like tea breaks with my parents on the patio, playing games before I retired to bed, and listening to music while I worked helped to break the monotony of all work and no leisure (Family 12).

For the participant representing family 6, whilst the family experienced leisure to some extent, the increase in workloads and other home activities affected the work balance.

We did experience moments of more work than leisure, because of increased workloads, managing the children at home, and increased domestic chores. But we tried new leisure activities at home like picnics in our garden; playing video games and watching movies (Family 6).

Participant from family 9 echoed a similar view by stating the following:

There was reduced leisure time as holding 2 part-time jobs was demanding. Even working from home entailed some extra-long working

hours. However, we realised that all work and no play makes Jack a dull boy. With 2 children, we had to be practical and realistic to make time for leisure activities, which was also restrained in what we could do outdoors (Family 9).

From the above narratives, one can assume that extra work activities caused by holding two jobs; family commitments such as looking after children; meeting their needs; as well as associated lockdown tensions may have contributed to the limited leisure experiences of some of the participants. Nevertheless, three of the participants acknowledged that they succeeded in achieving a work balance. These are captured in the statements below.

We still succeeded in balancing both, even though there were times we worked beyond the official working hours (Family 4).

We were not overburdened with work... we maintained a work-life balance, especially as this is important for our grandchildren who rely on us for leisure activities (Family 8).

Our shifts sometimes meant that both of us are not at home when the children are home. But we ensure that at least one parent is home when the other is working. Weekends are dedicated to family time and leisure activities. We do not work at the weekends, to ensure that we are together as a family (Family 2).

While there are benefits to WFH, numerous negative aspects of full-time WFH have also been described in the literature. According to Messenger *et al.* (2017), a common area of concern in work-life boundaries is balancing work schedules around other family members, where, for some parents, worktime becomes “porous” as they might need to take care of household chores and run errands in between their work meetings. Some of the participants who expressed the difficulty faced in balancing work and leisure supported this view.

Sometimes it is not easy to balance work and leisure time when you have family responsibilities and your income is reduced. It requires efforts to set priorities concerning things to attend in short term and other to attend when it is convenient. Sometimes, it is constantly irritable combining both work and home. Now the focus is more on work, and it seems like a never-ending cycle. We try to relax or take a rest or even a short walk in the evening with the family (Family 5).

It was pretty difficult to achieve this at the initial stage of COVID-19, but I seem to be balancing work and leisure quite well at present as compared to this time last year. I try at the weekends to have leisure activities like barbeques and walking in the park as a family within the travel radius (Family 7).

From the narratives above, it appeared that while some of the participants were able to balance work and leisure, many others experienced difficulties achieving this. The recurring argument gathered from the thematic analysis was that the participants faced workload hurdles and family responsibilities, which made it difficult to achieve work balance. This is concerning when one considers the fact that extended hours of screen exposure due to full-time computer work can lead to fatigue, tiredness, headaches and eye-related symptoms (Majumdar *et al.* 2020). Nonetheless, a participant from family 3 appeared to be against excessive time for leisure which he described to be frustrating. This may be connected to the reduced workload from poor business patronage.

Leisure time became too much in COVID-19 as we have less work and more time, which became frustrating and unable to balance the free time with meaningful free time. The mind not being occupied with work actually made life frustrating. But we continued to keep the business open, increased our marketing and remained committed to our employees. Despite the frustration of extra leisure time, we used the time to look at how the business can be improved, reorganised the inside of

the workshop, did some cleaning up and revived our networks in the car industry to garner support (Family 3).

Subtheme 8: Personal satisfaction and stimulation activities

Dymecka *et al.* (2021) observed that the COVID-19 pandemic contributed to the increase in fear and anxiety throughout society. The authors suggested that this may affect life satisfaction. From the narratives, it is evident that the pandemic created fear, stress and in some cases frustration. Given this situation and the importance of occupational wellness, it was needful to know how the participants and their families continued to maintain personal satisfaction and stimulation. It was uncovered from the interview transcripts analysed that many of the participants and their families engaged in stimulating and or satisfying activities. Among the stimulating activities uncovered from the interview include:

- Listening to music videos

Both my husband and I, listen to YouTube music videos, especially those involving the piano. My husband also enjoys listening to my clients playing the piano before the lockdown. We chat a lot about music and enjoy singing (Family 1).

The home space was more relaxing than the office environment. This was stimulating; as I could play my choice of music while I worked, and have short chats with my parents (Family 12).

- Work from home

We were given data/allowances to work from home; enjoying not having to dress/drive to work was stimulating, as we could start our day earlier and save on travel costs (Family 4).

- Hope and optimism

Speaking positively and keeping them focused on their goals did help. We always spoke with hope and optimism to keep ourselves and the family stimulated to continue working and living under restrictions (Family 6).

In terms of what kept the participants satisfied during the pandemic, some of the participants indicated the ability to work and earn income, while others expressed that having their family together, positive thinking, showing empathy to others and involvement in chats group was satisfying to them.

- Ability to work

Being able to go to work, despite reduced working hours, provided me with motivation, as I enjoy my job and the work environment. Job satisfaction provided the impetus for being grateful under stressful conditions (Family 11).

Dress casually while working from home, avoid travelling to work- all of this provided personal satisfaction and stimulation (Family 12).

We are happy in our jobs, as we are passionate about our field of work. Being happy in our jobs ensures that we are motivated to go to work, do our best and remain happy as individuals and as a family (Family 2).

This is an individual choice, and a difficult situation calls for one to reflect and be creative. Still having incomes to sustain our family was personally satisfying (Family 9).

- Having family together

The routine tendency at home was satisfying. We accepted the restrictions accompanied by the pandemic and worked around them so

that we did not become frustrated. Having our family together for such long periods for the first time was most satisfying (Family 10).

Having my parents around while I worked from home was personally satisfying. The home space was more relaxing than the office environment (Family 12).

- Positive thinking

As retirees, quality of life is important, and providing a healthy environment, which is motivating for our grandchildren, is our priority. We lost my daughter and son in an accident, but have come to terms with it. Being positive, keeping active and having harmony at home gives us the impetus to move on, rather than wallow in misery and undue sorrow (Family 8).

Despite the closure of the business, we remained optimistic that we would open a new business in the future. The happy family we have provided us with a great sense of joy (Family 9).

- Chat groups

We had to perform activities, which were personally satisfying, and to keep our sanity, e.g. Talking to our work colleagues about their new normal workspaces; creating a work group chat to share humour and information (Family 4).

- Empathy to others

We concentrated on ensuring other people in your family and in business were satisfied first as they too suffered as a result of the impact of the virus either emotionally, mentally or financially. Showing empathy to

others gave us a sense of personal satisfaction as so many people were worse off than us (Family 3).

6.4.1.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF OCCUPATIONAL WELLNESS DURING COVID-19

The COVID-19 health crisis is an unprecedented shock which has transformed the lives and livelihoods of individuals/families around the globe. Its effects are likely to extend beyond the short term into the medium and long term as well (OECD 2021). The severe health impacts have been matched by sharp declines in economic activity and upheavals in labour markets. While many employees continued to work through remote work arrangements, it was vital to know how the participants managed and maintained their occupational wellness during this time. The textual content extracted from the interviews suggest that many of the participants were keen on maintaining the value system of responsibility, and their connection to family was the most centre premise of managing and maintaining their occupational wellness. Other uncovered ways included work balance; attending wellness programmes; financial management; and the use of government grants and savings. These are elaborated below.

Subtheme 1: Family connection

As documented in the literature, work and family are commonly regarded as the two most important and closely intertwined domains in people's lives (Kirschi *et al.* 2019). Corroborating with this, three of the participants stressed the importance of family connections in maintaining and managing occupational wellness.

Spiritual family connection and worship and strong faith in God gave hope during trying times. Appreciate that we still had jobs and support from relief funding from the government (Family 11).

Encouraging and motivating each other. Keeping conversations positive and light-hearted (Family 12).

Remained positive and motivated each other. Planning activities that kept us together and found means of ways to sustain the family business income (Family 3).

Subtheme 2: Maintaining a value system of responsibility

A strong value system and social responsibility were heralded as the key to maintaining and managing occupational wellness.

Maintaining our value system of being responsible, ensuring that we had jobs even though they did not pay well enough. Appreciating the fact that something is better than nothing at all. Believing that the occupational situation will improve (Family 5).

We continued with our role as parents and grandparents. We did not renege on our responsibilities. Whenever possible, we did online private tutoring. We kept our spirits high, by helping the grandchildren with their school assessments, sharing discussions on the pandemic; and being grateful that we can still work, be alive and safe (Family 8).

Remaining committed to my job. Keeping the 2 part-time jobs. Ensuring that we fulfilled our job obligations. A process of action and reflection on a continuous basis to look at opportunities to open a new business in the future (Family 9).

Subtheme 3: Work balance

Work balance is highly essential in avoiding overworking, stress and burnout. Two of the participants indicated that maintenance of work balance through leisure and family activities was crucial in managing their occupational wellness

during the pandemic.

We were doing work that we found motivating and interesting. We tried to balance leisure with work. We worked in a way that fits our style (Family 4).

Would walk to the marketplaces and shops. We could also do morning and evening walks. Keeping to timelines. We developed a roster as a family, to ensure that we were aware of our daily timetables, meal breaks and chores. This helped to prevent burnout at the end of the day (Family 6).

Thus, the ability to achieve work balance might have contributed to an increase in some of the participants work productivity. As previously stated, WFH has numerous benefits including affording the employees to choose to work at times when they are most productive and also avoiding distractions from co-workers. This, perhaps, could have contributed to the increase in productivity mentioned by the participant representing family 10.

As a researcher, I became more productive. My wife focussed on her job and her studies. Our children enjoyed online schooling during the lockdown. Our daily activities were meaningful and self-fulfilling (Family 10).

Subtheme 4: Financial management and support

Good financial management and availability of finance were crucial antidotes for relieving the stress and anxiety that comes with job losses and lack of income. This is supported by family 1 who illuminated the importance of finances in managing their occupational wellness.

Fortunately, we manage our finances well. The termination of the private tutoring did not affect us in a major way. Our children and grandchildren are always giving us money, which we save (Family 1).

Equally important, the financial assistance offered by the government was critical for some of the participants. This helped in maintaining and managing their occupational wellness.

Despite all the negativity and trauma associated with COVID-19, we continued to go to work when possible. As an essential worker, my wife's shifts remained unaffected. Even though I was affected by temporary unemployment, there were several grants offered by the government to help those who became temporarily unemployed. We also had savings but did not find the need to dip into them (Family 2).

Subtheme 5: Collaborating and communicating with others

Another important factor that helped some of the participants to manage and maintain their occupation wellness during the pandemic was that they collaborated and communicated with others.

Often communicating and collaborating with others. Sometimes working independently and with others. We made sure that we felt inspired and challenged. We also made sure that we felt good at the end of the day about the work we accomplished (Family 4).

Subtheme 6: Employee wellness programmes

According to Otuonye (2014), participating in employee wellness programmes yielded positive results and improved employee wellness, which, in turn, leads to improved employee performance. One of the participants supported this view by stating that the employee wellness programmes helped maintain and managed the family's occupational wellness during the pandemic.

Online meetings with colleagues focused on motivational talks and links to wellness programmes organised by my employer. I shared health tips with my family (Family 7).

6.4.1.5 THEME 5: RECOMMENDED CHANGES TO OCCUPATIONAL WELLNESS

This theme extensively explored the views of the participating families on occupational wellness for them and their families during the COVID-19 pandemic. While the COVID-19 pandemic afforded some families some benefits, it has hitherto negatively affected their occupational wellness in terms of unemployment and reduced income among others. This subtheme, therefore, explored from the perspective of the interviewees, the recommended changes to their occupational wellness. From the interview data transcribed, most of the interviewees proposed career growth and self-development. Other major recommendations indicated by the interviewees were improving the working environment; corroborating and communication; budgeting; and finance management. These are elaborated in the subtheme below.

Subtheme 1: Career growth and self-development

Most of the participants noted the need for career growth and personal development. It was uncovered from the interview transcripts that some needed change in their contracts, promotion at work, and learning vital skills such as IT. The participant representing family 10 hinted at the need to secure full-time employment and for the wife to gain a promotion in the company.

Find a full-time lecturing job, and improve my profile as a researcher. My wife wants to complete her degree and apply for higher posts outside the company/promotion within the company. We immigrated to improve our lives; hence, we remain undeterred to continue aspiring to higher levels (Family 10).

Participant from family 2 echoed a similar view on the need for the wife to advance her career growth.

My wife would like to study to improve her qualification so that she can apply for a senior post. I would like to better my career prospects in the hospitality industry from being a waiter to probably opening a small takeaway (Family 2).

Changing jobs was also hinted at by one of the participants.

Change my job, as the pandemic taught me that the hospitality/tourism industries were one of the worst hit sectors. My wife will also like to get into an administrative job (Family 11).

Furthermore, apart from career growth such as promotion and job change, some of the participants also noted personal development such as skills acquisition and improvement. These are captured in the excerpts below.

Keep ourselves motivated to work towards what we want such as a promotion. Increase our skills and knowledge to advance our occupational wellness goals. Assess the benefits and positiveness in our current situation, at home and at work and draw lessons from it (Family 4).

Seek out learning opportunities to develop new skills, utilise resources and time for new opportunities; explore all career options, and search for careers/employment that involves the activities we enjoy most, which provide the flexibility for a balanced life (Family 5).

Increasing my wife's IT skills to improve her employability (Family 7).

Expand on our IT skills to manage online tutoring better. Expand our tutoring classes (Family 8).

Another dimension to career growth and personal development was business development. These are reflected in the following two statements.

Look at new ways of enhancing our part-time business, such as creating a business premise at home (Family 6).

My mother cooks very good traditional meals and probably starts a small self-catering business once she feels much better (Family 7).

Subtheme 2: Improve working environment

Xiao and his team noted that the pandemic has created a new environment for considering both work and home life within the discussion of WFH (Xiao *et al.* 2021). While the COVID-19 pandemic highlighted areas of need for physical space in the home office environment, it is worth noting that employees had created dedicated work stations in their homes. More worrisome is that working in a location that is not designed for work can lead to unsatisfactory indoor environmental quality conditions, which according to Xiao *et al.* (2021), can have detrimental effects on both physical and mental well-being while at the same time, decreasing their overall work performance. In support of this, some of the participants stressed the need to improve the working environment.

Use the COVID-19 lessons to improve the working environment for my staff. Would like to have training workshops for staff- that focus on issues like adapting to new work environments, work-life balance, maintaining wellness during the crisis, and personal change management (Family 12).

Make sure that we work in a positive and less stressful environment, and that we are able to balance our jobs with the rest of our life (Family 5).

Another participant proposed a blended working model as a way to improve the working environment. This, perhaps, maybe a way in achieving a work balance.

Ideally, work some days from home and the rest at an office (Family 9).

Subtheme 3: Collaboration and communicating with others

As earlier stated, collaboration and communication with others were seen as a tool for maintaining and managing occupational wellness. This is also reiterated as a recommendation for occupational wellness during the COVID-19 pandemic.

Change the mindset, communicating and collaborating with others. Look for something new than feel stuck in a business that you have no choice but to keep open as it is the only source of income (Family 3).

Reconnect and sustain contact with our family/relatives/former colleagues to strengthen work/life balance (Family 4).

We will need to develop positive relationships/networks with people that we know, for example, networks, colleagues, and friends (Family 5).

Subtheme 4: Budgeting and financial planning

Budgeting and financial planning are highly essential to help households operating within their means. This could be vital in helping them manage unexpected challenges. One of the families interviewed stressed the importance of budgeting and financial planning as a recommendation for occupational wellness.

I think revisiting our budget and setting timelines for our goals will help to give us more direction. I would also like to do more homework on our personal financial planning (Family 2).

Subtheme 5: Exercise

Finally, exercising was recommended as a way to improve occupational

wellness.

Weekend long jogs; establish an in-door gym (Family 6).

6.4.2 EMOTIONAL WELLNESS DIMENSION

Emotional wellness, according to Swarbrick and Yudof (2015), involves the ability to express feelings, enjoy life, adjust to emotional challenges, and cope with stress and traumatic life experiences. However, COVID-19 has created a new dimension of emotional wellness. Many countries implemented lockdown measures and social distancing rules as containment measures against the virus. However, such pronouncement to avoid social contact created room for many questions and interpretations that can result in emotional illness instead of wellness. Previous studies reported that the COVID-19 pandemic, for instance, led the general population to a high incidence of mental health disorders such as stress, post-traumatic stress, anxiety, depression, irritability, insomnia, and decreased attention (Gualano *et al.* 2020; Brooks *et al.* 2020). According to Jalloh *et al.* (2018), these symptoms are common in individuals with epidemic-related experiences.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for emotional wellness under the five themes.

THEMES	SUBTHEMES
1. Emotional wellness situation before COVID-19 (3 subthemes)	1. Stable emotional state 2. Fairly stable emotionally 3. Contentment and carefree
2. Overall effect of COVID-19 on emotional wellness (2 subthemes)	1. Positive effect on emotional wellness 2. Negative effect on emotional wellness
3. Impact of COVID-19 on specific aspects of emotional wellness (7 subthemes)	1. Ability to maintain control over life 2. Being still able to laugh at life 3. Ability to feel good about oneself

	4. Ability to appropriately cope with stress and tension 5. Ability to address personal shortcomings and learning from your mistakes 6. Ability to recognise and express personal feelings 7. Ability to continue to enjoy every day
4. Pathways to the management of emotional wellness during COVID-19 (7 subthemes)	1. Conversations with friends and family 2. Staying positive 3. Supportive to others 4. Discouraging complaints 5. Reduced watching or listening to social media 6. Accepting responsibilities for actions 7. Lifestyle change
5. Recommended changes to emotional wellness (8 subthemes)	1. Staying connected with friends and family 2. Meditation and exercise 3. Vacation 4. Planning 5. Getting pets 6. Setting boundaries 7. Social programmes 8. Art and music

6.4.2.1 THEME 1: EMOTIONAL WELLNESS SITUATION BEFORE COVID-19

The participants were asked to describe their emotional state of wellness or that of their family before COVID-19. From the interview transcripts, most of the participants described their emotional states as follows:

Subtheme 1: Stable emotional state

Many of the participants interviewed were noted to have a stable emotional state

before the COVID-19.

We are family-oriented, very close-knit as a family, and supportive of each other. This provides the grounding for first-hand intervention from a family perspective to cope with any stress (Family 10).

Very stable family, well connected with each other, always happy and try to keep the peace and harmony at home (Family 3).

A light-hearted happy family rooted in a culture of human rights and values of true humanity- respect, altruism, empathy, peace and harmony (Family 9).

From the above narratives, one could draw out that emotional stability was centred on family structure. It thus means that being closely knitted to families and having good support around an individual enhanced their emotional state. One of the participants echoed these sentiments by illuminating the following:

Our overall emotional state of wellness was quite a good one before COVID-19. We would spend weekends with the grandchildren/ family and friends. We occasionally had family picnics, and church activities, and joined in celebrations. We did have counselling services to help with our family loss, which helped to stabilise us and adjust to having our grandchildren live with us. We are happy and appreciative of each other, helping each other with our strengths and weaknesses (Family 8).

The above view reinforced the narrative that the family structure may have an important effect on mental health including emotional wellness. Thus, and corroborating with Behere *et al.* (2017), one could sufficiently say that anything that disrupts the family structure can lead to several adverse events on the mental health of the family members. Moreover, Thomas *et al.* (2017) noted that family relationships play a central role in shaping an individual's well-being across the life course, and thus have a profound influence on emotional

wellness.

Besides the family structure, the participant from family 2 revealed that the network of friends around them was invaluable to their emotional wellness.

Our network of friends and family is invaluable- support through tangible and intangible means gives us a sense of belonging, feeling loved and that there are people who care about us. Feeling you have a strong support network i.e. people in your life that care about you (Family 2).

Obradović et al. (2013) found that friends could help improve emotional wellness such as mental health.

Subtheme 2: Fairly stable emotionally

Further to the above, some of the participants described their emotional state before COVID-19 as fairly stable. It was gathered from their responses that while there were days of emotional discomfort, they managed to pull through it.

My husband and I are fairly stable emotionally. But it is only human to have down days, for example when he is not feeling well, or sometimes I may feel overwhelmed with ensuring that everything is in order such as payment of bills, ensuring his medication is properly taken or if the carer does not come in (Family 1).

Fairly stable, nothing, which we would consider life-threatening (Family 11).

We managed a fair state of emotional wellness. It is only normal to experience emotional turmoil as a family, but nothing was unmanageable (Family 6).

Fairly stable. Besides our son's challenges and the need to continuously support him, we had little to stress about prior to COVID-19 (Family 7).

Subtheme 3: Contentment and carefree

Subjective well-being includes life contentment, the visibility of an optimistic attitude and life without an unfavourable state of mind, overall referred to as happiness (Schary and Lundqvist 2021; Jia *et al.* 2021). This resonates with the view below:

We are generally content with our lifestyle, but there are times when we may express our discontentment, but we always try to resolve issues amicably (Family 2).

From the above narrative, it is evident that the word wellness sounds synonymous with happiness. The statement from the participant from family 12 who accentuated the following supports this view:

Carefree, happy family and comfortable (Family 12).

Added to the above, a sense of contentment could also be amplified from the statement below.

Before COVID-19, I and my family were having less stress, we were able to express our feelings and cope with life's stressors and enjoy life. We were having a sure source of income to take care of ourselves in terms of food and children going to school without any stress because we were able to buy all necessary requirements for subsistence and pay easily their school fees. We could enjoy fulfilled and happy lives, take care of our well-being and invest time in our wellness (Family 5).

6.4.2.2 THEME 2: OVERALL EFFECT OF COVID-19 ON EMOTIONAL WELLNESS

Javed *et al.* (2020) argued that the COVID-19 pandemic is not just a medical phenomenon due to its profound effects on individuals and society, as it caused disruption, anxiety, stress, stigma, and xenophobia. As such, one can draw out the implication of the pandemic on the emotional wellness of both the individuals and their families. Moreover, other scholars noted that restricted measures have undoubtedly affected the social and mental health of individuals from across the board (Brooks *et al.* 2020; WHO 2020). Given the said concern, this subtheme explored the effect the COVID-19 pandemic had on the emotional wellness of the participants and their families. Many of the participants noted the negative impact of the pandemic, while few revealed some positive benefits.

Subtheme 1: Positive effect on emotional wellness

While it is evident that the COVID-19 pandemic has changed the daily lives of both the individual and the family, Tam *et al.* (2021) noted that one of the benefits of the pandemic is that it fostered family bonds. One of the participants corroborated this view by revealing that the family bond had increased.

COVID-19 gave us more time to bond as a family. Kids also had more time at home since schools were closed. Our strong family ties are a recipe for coping during stressful experiences like the pandemic (Family 10).

The above may be connected to the fact that parents adopted the WFH arrangement, while the children shifted to home-based learning. As such, and agreeing with Tam *et al.* (2021), one may argue that being confined together does allow opportunities for families to foster stronger bonds (Tam *et al.* 2021). Additionally, being confined together allows families more time to work on unresolved issues and support one another, which Tam *et al.* (2021) believed could translate to better and closer relationships (Tam *et al.* 2021). This could

also help explain the family bond highlighted in the above narrative.

Subtheme 2: Negative effect on emotional wellness

Lee *et al.* (2020) argued that large-scale outbreaks, like those of the SARS epidemic, could be associated with a higher prevalence of psychological symptoms, emotional disturbance, depression, stress, post-traumatic stress symptoms and irritability (Lee *et al.* 2020). In comparison to the SARS, scholars such as Gao *et al.* (2020) and Depoux *et al.* (2020) established that the psychological impacts of the COVID-19 pandemic are much more profound due to extensive social media exposure and increased global connectivity. Consistent with this position, it was uncovered from the interviews that the COVID-19 pandemic had negative psychological effects on the individual participants and their families. These effects include:

- Distraught and fear

Initially, we felt quite distraught. We were fearful of the unknown. There were days of sadness when we heard of the loss of family and friends, those who became unemployed (Family).

In addition, and consistent with the view that social media heightened the psychological impact of the pandemic, one of the participants shared the following:

Also, watching and listening to the news on various social media platforms invoked much sadness, anxiety and fear (Family 1).

Another contribution to the heightened fear and anxiety was related to the limited knowledge of the virus.

Initially, it was stressful when we had little knowledge of the virus and when we lost loved ones due to it (Family 11).

In addition to the above, restriction, reduced income, and loss of loved ones heightened the individual and their family's frustration.

There were times our children became frustrated with being indoors and not attending school. I also became despondent when my work shifts decreased. We also mourned the passing on of family and friends. Despite episodes of sadness and anxiety, we did not allow it to overwhelm us. (Family 2).

The pandemic caused many changes in our everyday life. Created a sense of fear, anxiety, anger and sadness, because of social distancing, not seeing lost ones; and adapting to new ways of living (Family 4).

We lost 2 family members, which brought with it feelings of fear, uncertainty, hopelessness, and grief. But we embraced these emotions and moved forward. Life can throw curve balls at us, but we need to be resilient. It is ok to feel negative emotions, but through our love and commitment to each other as a family, we mourned together and moved on (Family 9).

Moreover, while it can be gathered from the above that the family did not allow the negativity to overwhelm them, it is worth stating that being confined together could also psychologically impact the emotional wellness of the family. This can be gathered from the statement attributed to the participant from family 6.

We were forced to solve our problems under constrained and emergency circumstances. The children did express feelings of fear, anxiety about coping with their studies; and sadness about not meeting their friends/family. As parents, we were stressed about becoming sick from the virus, especially the aged grandma (Family 6).

Added to the above, the concern of falling sick during the restriction heightened some of the family's fears and anxiety.

The reality that the COVID-19 pandemic disrupted critical health services to a large extent, made me worried that if we fall ill, we may not receive the needed medical attention, as many high care beds are currently filled with COVID-19 patients nationally. We were worried about our grandchildren, as they depended on us for their overall well-being, and we needed to be safe and healthy (Family 8).

The above narrative supports the view of Brooks *et al.* (2020) that movement restriction, separation from family or friends, limited freedom and fear of an uncertain future are all factors that may exacerbate negative psychological impact.

- Stress

Apart from the aforementioned fear and anxiety heightened by the pandemic, some of the participants revealed that it increased their stress levels. This was associated with a loss of steady income and looking after a sick member of the family.

During COVID-19, the loss of steady income from our jobs caused stress (Family 5).

The family collectively had to support my son and aging mother whose health conditions deteriorated during the COVID-19. This negatively affected our emotional state. But being go-getters and immigrants, we worked hard to be here. Hence, we did not allow the domestic changes and additional responsibilities to bring us down. We worked around these challenges to minimise our stress (Family 7).

- Paranoid

Another psychological disturbance uncovered was that some families experienced heightened paranoia from being around family and colleagues.

This could create self-isolation that is detrimental to mental health.

We became paranoid about being around family and colleagues and in society in general. The impact of the older family members in your family is affected and possibly cause the death of your family member if you infect them (Family 3).

In summary, one could draw out that while there was a positive outcome of the pandemic in terms of an increase in family bonding, it however emerged that families suffered heightened psychological disturbances such as stress, fear, anxiety and paranoia. As such, it is critical for emotional wellness to be directed toward reducing anxiety, depression, psychological distress and feelings of hopelessness. This, Arcuri (2018) revealed to be fundamental for the individual and the family as a whole.

6.4.2.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF EMOTIONAL WELLNESS

Previous studies have associated the MERS-COV outbreak with tremendous public anxiety, and psychosocial stress among the population along with economic losses (Al-Rabiaah 2020; Al-Shehri 2015). This has also been reaffirmed by some of the participants in the above analyses on the psychological impacts of COVID-19. Consequently, it becomes critical to understand the extent of the impact of the COVID-19 pandemic on emotional wellness. More specifically, this subtheme aimed to understand the extent to which the participants and their families were able to manage their emotional wellness during the pandemic.

This theme explored the impact of COVID-19 on the emotional wellness of the family structure under seven specific areas (maintaining control over life, being still able to laugh at life, feeling good about oneself, being able to appropriately cope with stress and tension, addressing personal shortcomings and learning from your mistakes, recognising and expressing your feelings, continuing to

enjoy every day).

Subtheme 1: Ability to maintain control over life

It is common knowledge that, where COVID-19 is at its peak and is constantly evolving, it is easy to feel indoctrinated when the science opens itself to doubts. Emotional wellness involves the ability to express feelings, enjoy life, adjust to emotional challenges, and cope with stress and traumatic life experiences (Swarbrick and Yudof 2015). Therefore, the lack of such regular yet calming activities created anxiety and depression among many families. As such, it was crucial to know from the interviewees how they managed to maintain control over life. The following was uncovered from their responses:

- Embraced and adjusted to change

At the peak of the pandemic, many governments all over the world implemented a strict lockdown rule including the Australian government. This meant that people cannot be engaged in their daily activities such as working out in the gym; going to a bakery for a snack; going to church or other religious services; and watching their children's sports games in school even in the open. While some of the participants acknowledged that their daily routines were affected, they, however, adjusted and embraced the changes around them.

The daily routine was affected. But we adjusted. Rather than being consumed by all the changes, we accepted what was non-negotiable and moved forward to avoid chaos in our lives. Embracing change is important during crisis times (Family 12).

We did not lose hope after the disruption to our life. Rather we embraced what the pandemic taught us- life is not always a bed of roses, the unexpected can turn our lives upside down. Rather we need to embrace the lessons learnt like appreciate life, don't take life for granted, and remain in control (Family 2).

It is important to note that we should accept that there are things happening that are beyond our control. What we can do is focus on things that are within our control (Family 4).

- Social and household activities

Khan *et al.* (2020) noted that the exclusion of daily interaction with friends, acquaintances, and neighbours is hugely confining, and it can drain a person's emotional wellness. One of the participants who noted that the lack of movement and sedentary behaviour such as confinement can sometimes dampened mood, also supports this position. Some families were able to maintain control through domestic activities such as chores and looking after their grandchildren.

Lack of movement and sedentary behaviour sometimes dampened our moods. But we continued with our daily domestic chores, monitoring the grandchildren, ensuring that they did not spend too much time on the internet or their phones, checking on their school work, and doing online tutoring for the first time, which was not easy but we persevered. Being disciplined with ourselves and ensuring our grandchildren were disciplined was beneficial in maintaining control (Family 8).

From the above, one could rightly say that it is crucial to harmonise emotional wellness through family interactions throughout this period of sudden changes in people's lives. Furthermore, and from the interview transcripts analysed, some of the participants noted maintaining control over their life by engaging in social and household activities such as cooking together and assisting others.

As a family, we are very supportive of each other and we used simple methods of comfort like walking together within our complex during the lockdown, experimenting with new recipes and projects in the house, and making sure that each one followed the suggested preventative measures. Keeping in touch with extended family on video calls, cooking

and shopping for neighbours as they did for us helped us to keep in control (Family 9).

Besides the above, it was uncovered from the statement below that social assistance from individuals and charity organisations helped in maintaining control. It thus could be assumed that external support received during this period is beneficial to maintaining emotional wellness.

Social assistance from individuals and certain organisations also helped us to maintain control over our lives (Family 5).

- Religious activities

Another way some of the participants managed to maintain control over their life was through religious activities.

We became more spiritual because we realised that we don't have control over our lives, only a higher power- this helped in staying in control (Family 11).

Going to church listening to God's words, praying, and worshipping God helped us to maintain control over our lives (Family 5).

- Positive thinking

According to Huston (2021), the concentration on keeping one's emotional health sound will assist immensely in this disruption, and this can help them to be emotionally available for their friends and family in their time of need. Such may be achieved through positive thinking as noted in the statement attributed to the participant from family 5.

I took some time to think about myself regularly and identify resources that can help me with a sleep schedule or ideas for meal planning. I also

practice positive self-affirmations and develop a positive statement to repeat to myself daily in order to change my thoughts, which consequently helped me to change my mood and attitude (Family 5).

While some of the participants find some way to maintain control over their lives through social engagement and embracing the changes that come with the pandemic rules, others were completely overrun by the changes to their lifestyles. As expressed by the participant from family 1, the rapid changes to their normal life and the negativity around them overwhelmed the family.

We found that at the start of the pandemic and all the negativity around the loss of lives, jobs and limited supplies of certain kinds of goods; we felt overwhelmed with the disturbance to a basically peaceful, organised and happy life. There were times I could not go out to buy groceries or medicine because of fear of contracting the disease. I could not allow my frail husband to become infected. This meant seeking assistance from other family members and friends (Family 1).

Other scholars revealed that the questions and worries linked to expenses, and childcare, could corroborate the above narrative, that taking care of parents and job preservation interrupted people's habits, way of living, and especially emotional wellness (Hanmer *et al.* 2021; Panchal *et al.* 2020). Thus, the uncertainty of one's future, the endless piles of terrible news regarding the COVID-19 and death of people along with toxic social media posts may potentially heighten one's sense of depression or anxiety. This is also reflected in the statements below.

The first six months of COVID-19 were unbearable. We experienced quarantine for the first time, which was an emotionally draining experience. But being focused, looking at how far we have come to leave Africa, gave us hope and faith that we will survive (Family 7).

COVID-19 took control over our lives of how we live daily. We had to take precautions daily and follow all the protocols of COVID-19 if we wanted to live for the day. We had to daily prevent the spread of the virus (Family 3).

Subtheme 2: Being still able to laugh at life

Studies by Panchal *et al.* (2020), and Zhao and Zhou (2020) found that challenges some people faced during the pandemic like closed universities, loss of income or salary may all have caused poor emotional wellness. As such and given the psychological impact of the COVID-19 pandemic on emotional wellness, it was crucial to know how the participants and their families were able to laugh at life. Nearly all the participants agreed to still be able to laugh at life. It was uncovered that some of the families made use of humour, while others used music. These are reflected in the excerpts below.

- Jokes and comedy

During the first wave, we did experience trauma as we lost family members back home. But time is a great healer. With time, being able to laugh at our new way of living such as talking behind funny masks or listening to jokes around the pandemic made us realise that there is light at the end of the tunnel (Family 10).

- Laughing with family

Participant from family 12 echoed similar sentiments by sharing that laughing with parents helped to alleviate brewing stress.

My parents are full of joy and laughter. Having this humour continue during lockdown helped to alleviate any brewing stress. Laughing with my parents and at them during working hours in the same space was an unusual and invigorating experience (Family 12).

Laughter and humour at home and with family/ friends lowered the stress levels around those dear to us, helped us to look at the pandemic from a different perspective, and is a good way to trigger endorphins and improve our well-being. Watching comedies and reading humorous quotes is good medicine for a healthy body and mind (Family 8).

For family 2, humour was derived from attempting household chores.

By reflecting on our past and present experiences, we strengthened our resilience. We found humour in our imperfections like trying to cut the kids' hair at home or mowing the lawn... chores which we never did before. Laughing at ourselves made us more self-aware that life is about learning. Grieving about anything and everything is a sign of mental weakness, which is a recipe for emotional destruction (Family 2).

The above narratives reinforced the therapeutic effect of laughter and humour. This could be associated with the tendency to alleviate negative emotions as extracted in the statements below.

Believing that humour is healing and can clear the mind of undue negative thoughts (Family 5).

Yes, this is very important because if we did not see the lighter side of life, then it can be overwhelming to our emotions and mental health (Family 4).

Being serious and worried all the time because of all the pessimism and negativity around us was concerning. But my kids always played pranks on us and cracked jokes. This helped to bring some light-heartedness home. Rekindling old memories during meals helped with laughter (Family 6).

In the early stages of COVID-19, it was often a gloomy atmosphere at home. But after a year into COVID-19, we could laugh at our fears and worries about the initial stage of the pandemic. My mother brought back the humour, by reminiscing about our lives in Africa. Looking at old photos also helped with bringing back humour (Family 7).

The evidence for the effectiveness of humour-based positive psychology interventions (i.e. interventions aimed at enhancing happiness and lowering depressive symptoms) is steadily increasing (Wellenzohn *et al.* 2018). Previous scholars provide support for the notion that humour can enhance well-being in the general population (Wellenzohn *et al.* 2018; Proyer *et al.* 2014; Gander *et al.* 2013). Consistent with these studies, it was uncovered that some of the participants were able to use humour to laugh at life, despite the negativity and emotional distress associated with the COVID-19 pandemic. For example, the participant representing family 10 noted that while the family experienced emotional trauma from the loss of loved ones, they were able to laugh at life using a sense of humour.

- Using music to create happiness

Some of the participants mentioned using music as an instrument to create a happy home.

Fortunately, we always turn to music to create a happy space in our home. Family members and friends also started sending old photos and videos of family occurrences helped to lift our spirits. We also had regular video chats, which helped all to lift their spirits, rekindle good memories and not lose hope (Family 1).

The above statement is supported by Krout (2007), who stated that music as a sound medium has been used as part of wellness programmes in a variety of ways, including being used as a sonic background for relaxation experiences. Besides using humour and music, it was found that the ability to laugh at the

fragility and uncertainty of life also helped.

Yes, even more so because life is fragile and uncertain (Family 11).

Subtheme 3: Ability to feel good about oneself

Emotional intelligence is critical to maintaining good self-esteem. Schutte *et al.* (2002) argued that when people feel they are doing well, they feel good about themselves, and have higher self-esteem (Schutte *et al.* 2002). As such, one might expect that individuals higher in emotional intelligence would be better able to resist situational threats to positive mood and self-esteem (Schutte *et al.* 2002). From the interviews, many of the participating families indicated feeling good about themselves, while few noted to be overwhelmed by fear and thus were not able to feel good. This also suggests the level of emotional intelligence. Among the participants who were able to feel good about themselves, it emerged that they expressed gratitude for life, and engaged in grooming, and meditation.

- Gratitude about life

As highlighted in the report by Harvard Health Publishing (2021), gratitude is a thankful appreciation for what an individual receives, whether tangible or intangible. With gratitude, people acknowledge the goodness in their lives. Some of the participants who attributed their ability to feel good about themselves to being grateful for life and health also corroborated this view.

We valued being alive and safe. This was enough to make us feel good considering the fatalities globally (Family 12).

We were fortunate not to be infected, which was a relief. The fact that we were together as a family, going through the unprecedented was consoling and heart-warming (Family 6).

The above narratives suggest that people usually recognise that the source of that goodness lies at least partially outside themselves. As a result, being grateful also helps people connect to something larger than themselves as individuals, whether to other people, nature, or a higher power. This is reflected in the statements below.

Seeing two family members who were often in pain or distress was not such a good experience. Through prayer and motivation from family/friends, we appreciated that we continued to live as a cohesive family, which was a rewarding feeling of doing good and being good to those dear to us (Family 7).

Even though we have chronic ailments, life has not come to an end. Having a positive outlook on life is therapeutic and can be healing. We are grateful that we are independent, and can still walk, drive, clean and take care of our grandchildren. This is enough to feel good (Family 8).

We maintained this all the time through appreciation of the simple things in life; having our basic needs fulfilled and having faith in God as our guiding force (Family 4).

COVID-19 has taught us that life is so precious and you can lose it at any time. Hence it has increased our spiritual beliefs that we do not have power over life, but need to live wholesome lives while we are gifted with the basic needs to survive (Family 10).

Yes, we appreciate every minute of being alive, it's a gift (Family 3).

In positive psychology research, gratitude is strongly and consistently associated with greater happiness (Harvard Health Publishing 2021). Gratitude helps people feel emotions that relish more positive and good experiences; improves their health; deal with adversity and build strong relationships (Harvard Health Publishing 2021). The aforementioned supports this assertion

by showing that being grateful was critical to the participants' happiness during the pandemic. In addition, some of the participants felt good about themselves by engaging in personal and family grooming.

Whenever my husband or I needed personal grooming, I ensured it was done. This was important to feel good about ourselves (Family 1).

Constant reassurances between us kept any negativity under control. Also, dressing up for dinner meals at home, cooking special meals over the weekend and just hugging each other was gratifying (Family 9).

Smith and Petty (1995) found that high self-esteem was related to positive thinking in an unpleasant situation. The following statement corroborated this.

By taking care of ourselves, like ensuring that the kids took a daily bath, dressed neatly and kept their rooms clean to feel confident. We also led by example in doing likewise. We also consciously avoided negative talk, to maintain confidence and a strong sense of self-esteem among us as a family (Family 2).

- Group chats and family connections

Schrodt (2020) found that communication such as family communication positively influenced mental wellness. As noted by the participant from family 1, family communication helped them not to feel hopeless or neglected.

In our group chats, we always shared positive thoughts, inspiring videos or quotes for the day. This helped us not to feel hopeless or neglected (Family 1).

Added to the above, it was gathered that constant communication with family members was an effective antidote for emotional wellness.

I also found that making calls to family and friends helped to show others that I cared and was there to offer emotional support. Staying connected and talking was important to feel less lonely and isolated (Family 6).

- Thought processing and mindfulness

According to Wu and his team, mindfulness-based interventions have a positive effect on psychological well-being (Wu *et al.* 2019). Mindfulness interventions such as meditation, for example, can provide a sense of calm, peace and balance that can benefit both emotional well-being and overall health. This is also reflected in the statement below.

Feeling good about myself is a personal or individual habit that I always work on. During COVID-19, I developed regular habits that helped me with thought processing and dealing with my feelings effectively, so I tried to move forward in fulfilling my emotional needs. I tried to find a place where I could feel the most comfortable and go there when I feel a need for comfort, quiet space, or safety like my study or prayer room (Family 5).

Much research has focused on the beneficial aspects of self-esteem and has found that high self-esteem is related to a variety of positive mental health indices, such as less depression, less anxiety, less loneliness, less social anxiety, and less alcohol and drug abuse (Leary 1999). While the above narratives support and reaffirm the beneficial aspects of self-esteem, one participant, however, noted the difficulty to feel good about themselves due to fear. Such fear was attributed to uncertainty surrounding getting infected as well as financial stress, which are some of the effects of the pandemic.

Not able to do so all the time because of the fear of the unknown of what will happen to oneself if infected; the possibility of death and also financial stresses (Family 3).

Despite the fear and uncertainty, the participant managed to pull through due to family commitment.

But ensuring that we met our commitments, especially people who are reliant on us for their livelihood gave us some feeling of relief and feelings of self-worth (Family 3).

The above statement is concerning, and as such may result in mental health issues. This can be corroborated by Serafini *et al.* (2020), that multiple stressors including longer duration of quarantine, fear of infection, distress, loneliness, boredom, confinement, inadequate information, and financial loss play a role in aggravating poor mental health.

Subtheme 4: Ability to appropriately cope with stress and tension

As already stated in this chapter, emotional wellness involves the ability to express feelings, enjoy life, adjust to emotional challenges, and cope with stress and traumatic life experiences (Swarbrick and Yudof 2015). Therefore, the lack of such regular yet calming activities can and have created anxiety and depression among many families. As such, it becomes vital to understand how interviewees were able to appropriately cope with stress and tension during this period. From the interview transcripts analysed, the following were uncovered:

- Socialising with friends and family

It has been stressed that socialising with family and friends improved the emotional wellness of the family. Some of the participants interviewed also reiterated this assertion by revealing the following.

Talking and socialising with family and friends helped a lot (Family 11).

Everyone has engaged in family activities be it domestic chores or leisure activities (Family 2).

We did resort to some medication, for a short while. But talking to others, reading and listening to you-tube videos helped us to realise that we are not alone and that this is short-term (Family 3).

From the above narratives, one could easily draw out that talking and engaging in social activities with family helped relieve the stress of confinement. This is elaborated below.

Stress and tension were coming from all facets of life. We did not engage in professional counselling services because of reduced income and limited services available. But playing family games, doing household chores together, and being together as a family helped to reduce the stress and tension. Our love for each other, admiration of our simple accomplishments during the pandemic, and being there to support each other kept us in control (Family 6).

With supportive friends and family members, who are always ready to assist is a relief. Our grandchildren are very encouraging and supportive. We believe in the power of God to help us. Also, simple activities at home like laughing, sharing jokes, watching movies together and talking about anything that troubles us to provide stress and tension relief (Family 8).

Furthermore, neighbours played a crucial role in helping to unwind from stress.

Our strong family unit survived difficult times, supported by extended family, friends and the solidarity shown by neighbours in the complex. Just talking, sharing items and laughing, helped to minimise undue stress and tension (Family 9).

- Regular communication

Regular communication helped relieve stress and tension in the family. These are reflected in the statements below.

Communication, expression of feelings, and offering advice were key coping strategies we always use at home. I encourage this in the workplace as well (Family 12).

Regular chats with family and friends (Family 2).

We stayed composed; talked about our issues, gave each other reassurances, and offered each other a shoulder to cry on (Family 4).

At the later stage of COVID-19, I was able to cope with stress and tension; however, not all my family members could cope. We had to continuously talk to each other to relieve unnecessary stress and worry. We found that communicating with each other often was helpful, as we supported each other emotionally (Family 7).

- Exercise

Without a preventive antibody and explicit drug alternatives, Intermountain Healthcare (2020) highlighted that general well-being measures such as exercise are fundamental to containing or preventing diseases. In terms of using exercise to relieve stress and tension, two of the participants indicated the following:

Daily breathing exercises (Family 1).

Regular exercising (Family 2).

- Religious practice

Religious practices such as chanting, and praying were also effective in relieving stress according to the participant from family 10.

Stress and tension did arise intermittently, but prayer, following traditional practices like chanting, talking to people and having faith brought relief (Family 10).

Participant from family 5 echoed similar sentiments by stating the following:

I was seeking from time to time help from my pastor and others when I am having a difficult time; and through prayer, I developed a positive image of myself in order to cope with stress and tension (Family 5).

- Relaxation

Another stress relief practice uncovered was relaxation. As noted by the participant from family 1, watching cars drive past, playing with children and listening to the birds helped break the monotony of being confined.

I pushed my husband in his wheelchair around the garden daily, listening to the birds, watching cars drive past and children playing helped to break the monotony (Family 1).

Participant from family 5 explicitly revealed using relaxation techniques to manage stress.

I used relaxation techniques to manage stress; I was able to appropriately express my feelings (Family 5).

The above further strengthened the position that physical relaxation is effective in relieving occupational stress (Zhang *et al.* 2021). Thus, one can assume that relaxation is a therapy for stress management as shown in the above statement.

- Staying away from electronic gadgets

Part of the increase in tension and anxiety observed in this study and

corroborated by other scholars is that social media helped amplify the uncertainty and heightened fear around the virus. As such, it was understandable that staying away from electronic gadgets helped in stress management.

We ensured that in the morning, we were not active on the phone, tv and computer screens (Family 1).

Subtheme 5: Ability to address personal shortcomings and learning from your mistakes

It has been said that among students, those who hold a fixed mindset tend to personalise failure as indicative of personal shortcomings (Terblanche and Van Wyke 2021). As such, addressing such mind sets may be critical for emotional wellness. Reflecting on this and bearing in mind that humans by nature are not perfect and are bound to err or make mistakes, it was crucial to know how the participating families addressed their personal shortcomings and learnt from their mistakes. From the interviews, the following were uncovered:

- Discussion and reflections

Many of the interviewees noted discussing and reflecting on the issues at hand.

There were some new developments in the workplace, during which time some decisions were not the best. But through discussions and reflections were acknowledged the mistakes as learning exercises going forward (Family 12).

Participants from family 3 revealed that they only became aware of their shortcomings during the lockdown. It can therefore be said that the lockdown provided an avenue for people to find time and reflect on their decisions. Such reflection could help address shortcomings and provide an impetus for improvement in performance, and ultimately, wellness. This is captured in the

following statement.

We became more aware of our shortcomings during the lockdown. This self-awareness both in the business and family environment allowed us time to self-reflect and re-attune ourselves to doing things better. We are hopeful that when we are fully operational, we will improve our business acumen and family lifestyle. Acknowledging our mistakes and finding alternate ways of doing things is a gateway to improved wellness (Family 3).

Participants from families 6, 8 and 9 shared a similar position as above by noting that through introspection afforded during the lockdown, the family became aware of doing things differently and better. Thus, it further supports the assertion that lockdown created room for reflection, which invariably leads to better performance.

There was little room to experiment and learn from our mistakes because of time constraints But with the crisis at hand, we became more aware of doing things differently and better. Maybe with more time, we can learn through introspection (Family 6).

The pandemic gave me lots of time to reflect and have deep and honest conversations. Hence, I learnt from my mistakes (Family 7).

With our age, we have come a long way in learning from our mistakes. We advise our grandchildren regularly on this and take their advice when necessary. My wife has been journaling for the past 5 years, which helps her to reflect on her experiences. We also learn best from the observations of others about our actions (Family 8).

Reflection is really important in this situation. Looking at the extensive negative impact of the pandemic, provided the impetus for ways of doing

things better, searching for the truth, and recognising our mistakes as a springboard for better decision-making skills (Family 9).

Additionally, participant from family 5 believed that reflection can help reduce stress and anxiety.

Reflecting each day on my own emotions, creating self-awareness of reasonable/unreasonable emotions; learning to express oneself without anger/frustration; identifying personal shortcomings and learning from own mistakes. It helps reduce stress and anxiety, cope with loss, strengthen social connections and be mindful (Family 5).

- Taking responsibility

According to Blount *et al.* (2020), life responsibilities are considered to be unswervingly amendable through treatments. As such, wellness should be proactive, preventive and driven by self-responsibility. From the interviews, some of the participants noted that they addressed their shortcomings and mistakes by taking responsibility for it.

COVID-19 has taught our kids the meaning of responsible behaviour, and that our actions either make us or break us. Thus, the protocols associated with the pandemics made us realise that we need to be rational in our decisions, think objectively, and listen to good advice if we want to improve ourselves as parents, children, friends and members of our congregation (Family 10).

It was important to take responsibility for our actions, if and when necessary and be specific about our errors/shortcomings. We made sure we did not let our mistakes define us. We also let go of the fear of failing (Family 4).

The above strong moral responsibility of owning up to things was also driven in

the mind of their family members as noted in the statement below.

Living with parents who always praise good actions and draw attention to personal shortcomings has helped to reinforce my assessments of myself as a son and manager (Family 12).

- Recognising and accepting weakness

As earlier stated, humans are fallible and bound to make mistakes. The key question here is how to manage these shortcomings and mistakes. Some of the participants interviewed indicated recognising and accepting one's weaknesses. Participant from family 11 believed that recognising and accepting one's weakness is a stepping stone to successfully managing such mistakes.

Being mature, loving oneself accepting that we all are fallible and being open to recognising and accepting one's weaknesses is a stepping stone to successfully managing how we feel and think. We can only move forward if we acknowledge our mistakes and learn from them (Family 11).

Participant from family 2 shared a similar view by stating the following:

We agree that making mistakes is only human. As humans we all are fallible but finding a solution to avoid repeating a mistake is important (Family 2).

Participant from family 5 suggested that self-recognition of facts and listening to others' opinions helped in self-improvement.

Self-recognition of facts, poor decisions and listening to the opinions of others help in self-improvement (Family 5).

As such, and elaborating further, participant 5 believed that addressing personal shortcomings can be beneficial in fulfilling an individual's emotional needs.

Addressing personal shortcomings and learning from own mistakes helps to develop regular habits that support an individual to process and deal with own feelings effectively so that he/she can move forward in fulfilling his/her emotional needs (Family 5).

- Offering support to others

For participants from family 1, offering support to others helped in addressing personal shortcomings and mistakes. In the participant's own logic, this could help rescue people with less resilience.

Living life is important but reaching out to others is equally important. Life is not perfect, but some people have more challenges in life than we do. Therefore, offering support even though it may not be in material ways can rescue people who don't have the resilience like some of us (Family 1).

Subtheme 6: Ability to recognise and express personal feelings

The capitalisation process suggests that expressing personal thoughts and emotions have additional effects on affect and psychological well-being, because it increases the salience and significance of the events; and allows people to rearrange their memories about the events during the course of expression (Gable and Reis 2010). It thus means that recognising and expressing one's feelings is critical to emotional wellness. As such, it was crucial to determine how the participants and their families expressed their feelings during the pandemic. From the interviews, the following was uncovered:

- Talking about it

Participant from family 1 noted that talking about their feelings offered some consolation, as suppressing feelings can be destructive.

Suppressing one's feelings is destructive. Talking to my husband about how I felt about certain things, like living without him if he predeceases me, gave me some consolation to listen to his words of wisdom. This also encouraged him to talk when he felt despondent (Family 1).

Participant from family 6 echoed a similar view as above which suggests that suppression of emotions can be self-destructive.

We avoid suppressing our feeling, as it can be self-destructive, so by talking about our emotions we encourage our children to express their emotions as well without feeling embarrassed (Family 6).

The participant from family 10 indicated that the family was encouraged to talk openly about their feelings, but in polite and respectful ways.

...we continued to talk at home face to face, and on social platforms with other family/friends and were not deterred from expressing how we felt during the pandemic. We always encourage each other to be open about how they feel, but to express themselves in polite and respectful ways, no matter how strong their thoughts/emotions are (Family 10).

The above suggests that the family recognised the fact that negative expression of one's feelings may result in conflicts. As such, expressing one's feelings in the most appropriate manner is crucial. These are reflected in the statements below.

It is still a learning process, whenever necessary I try to express myself in the most appropriate manner (Family 11).

Open chats; expressing ourselves politely despite how emotional, we are; having trust in each other to see things objectively encourage us to talk about our feelings without reservations (Family 12).

Sharing their daily experiences has encouraged them to talk about issues that trouble them so that we can find solutions. We encourage them to express themselves in a free, respectful and responsible manner (Family 2).

Participant from family 3 was of the view that expressing how one feels during this period helped break the tension of confinement.

Being in a survival mood and having the extra time at home, gave us the space to talk and express our feelings. This is a great tension breaker (Family 3).

Tam *et al.* (2021) noted that the ongoing pandemic could have negative impacts on family relationships. This impact may stem from being confined together and occupying each other's space all the time. As such, the chances of conflicts are bound to occur. Hence, as noted in the statement below, recognising and expressing feelings could be vital in maintaining emotional wellness.

Recognising and expressing own feelings is very important in order to reduce stress and traumatic life experiences and help to build and maintain individuals' emotional wellness. Feelings not expressed leads to stress and tension development. But recognising and expressing feelings can be a key therapeutic for emotional wellness (Family 5).

- Support structure

Another avenue of expression of one's feeling was the support structure around some of the participants. It was noted that the support structure gave them the confidence to express their feelings. The plausible explanation for this could be that people feel confident around those who will not judge them harshly.

We also found that having positive people in our lives like people from church or from our Chess group helped us to feel confident to express our feelings and to get some reassurances (Family 1).

Subtheme 7: Ability to continue to enjoy every day

Given some of the negative effects and impact of the pandemic on the individuals interviewed and their families, it was prudent to determine if the participants continued to enjoy everyday life. It was uncovered that while many of the participants continued to enjoy their lives, few hinted at being grossly affected by the pandemic. The following excerpt summarises the responses gathered from the interviewees.

- Gratitude

According to Kardaş and Yalçın (2019), gratitude is recognised as one of the treatment factors in the field of mental health. Gratitude is conceptualised in various forms such as emotion, attitude, moral virtue, habit, personality trait and a coping reaction in the positive psychology literature (Emmons 2004). During the interview, many of the participants express gratitude for being alive and safe.

Being alive, safe and free from being infected was enough to enjoy each day and thank God for his blessing (Family 10).

We count every day as a blessing and do not take things for granted any long (Family 11).

The above statements are corroborated by Watkins *et al.* (2003) who argued that thanking for goodness and having a sense of gratitude is important for mental wellness. A sense of gladness towards a benefit seen (Emmons 2004), and as part of the general tendency to recognise and appreciate positive things in life (Wood, Froh and Geraghty 2010) are considered a form of gratitude.

These are also supported in the statements below.

Every day is seen as a gift from God; we feel blessed and cherish every breath we take (Family 12).

Being mindful of our role within the family and community setting, having the right mind set and showing gratitude makes us feel that life is worth living (Family 2).

Even though an affluent lifestyle was curtailed, we appreciated what we achieved, had no regrets and believed that with each day, success will come our way once again (Family 3).

..enjoying life does not have to be based on money, showing gratitude may instil a sense of enjoying life for the good that is bestowed upon us, despite how small it is (Family 5).

The above finding supports other scholars who have demonstrated that gratitude has significant effects on; improving the mental health of individuals, increasing their well-being, strengthening social support perceptions and self-esteem, changing resilience levels positively, increasing optimism, and being a protective factor against stress and depression (Lin 2015; Kardaş 2017). As such, one could conclude that being grateful improves individuals' emotional wellness and thus gives them the joy to enjoy everyday life regardless of the circumstances around them.

- Staying connected with friends and family

As already shown in this chapter, connection with friends and family was vital in maintaining wellness during the pandemic. Some of the participants reiterated this as a factor for them to continue enjoying life.

Staying connected with family and friends (Family 1).

We as a family spend every moment with lots of positivity and try to make every moment count (Family 7).

- Adapting to the new normal

Change is said to be constant and adapting to the new normal was significant for participants from families to continue enjoying every day during the pandemic.

..we treated every day during the pandemic as the new normal. We saluted the newness of doing things and realise the need to adapt and be flexible (Family 4).

- Selfless living

Living selflessly was also found to stimulate positive emotions, and thus the tendency to enjoy one's life every day is noted in the statement below.

We live modestly; we believe in being humane, and selfless in our actions. This gives us joy, peace and harmony (Family 8).

Despite the above, some of the participants noted that there was no enjoyment in their lives. This was associated with the new working and living environment. The plausible explanation for this could be attributed to the poor working conditions and dealing with other family members at the same time; loss of income; the widespread school closures; and mind their children and sick family members. Bouziri *et al.* (2020) argued that the overlapping responsibilities could amplify psychosocial risks associated with unstructured working time. This factor could have prevented some of the interviewees from enjoying their lives.

There was no enjoyment every day, because of the new working/living environment (Family 6).

6.4.2.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF EMOTIONAL WELLNESS DURING COVID-19

From the aforementioned narratives, it is evident that COVID-19 negatively affected the emotional wellness of some interviewees and their respective families. Particularly, it was uncovered that many of the participants suffered from heightened stress, fear and anxiety, which substantiated the negative psychological impacts of COVID-19 on emotional wellness. In investigating how families reconstructed their wellness during the pandemic, some of the pathways to wellness adopted by the families include.

Subtheme 1: Conversations with friends and family

As stated previously in this theme, family conversations enhanced mental wellness. Some of the following participants reiterated this:

Keeping conversations going with the children, family and friends (Family 10).

Prayer, talking to family and friends, and self-reflection (Family 11).

..sharing our own experiences with other trusted people helped us to receive more assistance (Family 5).

We reminisce about the past. Kept the family unit intact through family meals at the table, talking, keeping connected on social media, prayer, eating healthily, and engaging in physical activities (Family 6).

We maintain our emotional wellness by connecting and bonding with each other at home through movies, games, eating meals together etc. We also pay much attention to physical health (Family 7).

Walking, meditating, listening to music, reminiscing about old days, and talking to friends and family on social media (Family 9).

Subtheme 2: Staying positive

Staying positive was also vital in managing and maintaining emotional wellness. This view aligns with the promoters of positive psychology, which focuses on the positive sides of human and human strengths (Kardas *et al.* 2019), further corroborated below.

Staying positive- sharing humorous experiences and jokes; appreciating our life even though it is simple (Family 1).

Keeping positive vibes at home like laughter, singing and dancing kept our emotional wellness intact as well (Family 10).

Prayer and having faith, it's God's will what is happening in the world – we need to accept it and move forward with hope (Family 3).

We coped by staying positive at all times no matter how difficult it was (Family 4).

Subtheme 3: Supportive to others

Furthermore, some of the participants reconstructed their wellness by supporting others. This helped them manage and maintain their emotional wellness during the pandemic.

Being supportive of those around us (Family 1).

Reassuring each other that life has not come to an end and that stress, fear and anxiety are part of the life cycle which we must learn to cope (Family 10).

Encouraging and supporting each other through words and actions (Family 12).

Subtheme 4: Discouraging complaints

Another way some of the families maintained and managed their emotional wellness was by avoiding complaints. Two of the participants shared the following:

Discourage unnecessary complaining (Family 1).

We are aware of triggers like persistently leaving the lights on during the day or not switching off the TV- instead of becoming angry, we agree on certain disciplinary measures. We try to minimise negative talk, especially with the genitive effects of the pandemic. We avoid being too judgmental or critical of others as this can be self-destructive in terms of bloated egos (Family 2).

Subtheme 5: Reduced watching or listening to social media

As others stated in this theme, social media amplified the negativity around the virus and thereby heightened people's emotions. By limiting watching or paying attention to social media, one of the families interviewed was able to maintain and manage their emotional wellness.

Reduced watching/listening to social media (Family 1).

Subtheme 6: Accepting responsibilities for actions

Recognising and accepting responsibilities for action was also indicated as a measure for maintaining and managing wellness.

Managing and maintaining emotional wellness requires my own efforts to accept responsibility for my own actions; see challenges and change as opportunities for growth; believing that I have considerable control over my own life. This included being able to laugh at life and yourself, feel good about yourself, being able to appropriately cope with stress and tension, making time for leisure (freedom/relaxation) pursuits, and being able to recognise personal shortcomings and learn from your mistakes (Family 5).

Subtheme 7: Lifestyle change

Another significant reconstruction revealed by one of the participants is in the area of lifestyle change. From the statement below, one could draw out a positive change in lifestyle. Ingle *et al.* (2022) who found that adopting small but positive changes in lifestyle behaviours could be significant in health outcomes can corroborate the influence of positive lifestyle change on wellness behaviour.

We practised good sleep patterns; we stayed off alcohol and unhealthy diets (Family 8).

Also, paying attention to things that could trigger negative emotions was noted as a way to maintain and managed emotional wellness.

...we paid attention to red flags, by closely monitoring situations, which may cause sadness, frustration, worries, etc. We also ensured we managed uncertainty by staying in the present (Family 8).

6.4.2.5 THEME 5: RECOMMENDED CHANGES TO EMOTIONAL WELLNESS

Given the concerns of COVID-19 and its negative effect on emotional wellness, reconstructing wellness may be vital in living a stress-free life, free from fear and anxiety. As such, the participants recommended the following changes to

emotional wellness.

Subtheme 1: Staying connected with friends and family

Given the hustling and bustling of life, many people may forget to connect with family and friends. It was suggested by one of the participants that in reconstructing emotional wellness, one must ensure staying connected with friends and family.

Ensuring that we stay connected more often as friends and family.... We get so caught up in our daily routines that we often don't contact those dear to us sometimes for long periods of time. Reaching out to those important as one call may save a person who may be in distress or too embarrassed to seek help (Family 1).

Engaging in leisure activities with friends and family was suggested as a way of reconstructing wellness.

Engage in more leisure activities with family and friends, which can bring more joy to all of us (Family 11).

Maintain more consistent connections with immediate family members, distant relatives and associates (Family 8).

Some of the participants noted activities such as playing games and watching movies together.

Engage in more games as a family.... My kids find WORDLE quite stimulating (Family 2).

Start spending more time with each other like watching movies; playing games or engaging in outdoor activities (Family 4).

Subtheme 2: Meditation and exercise

Another suggested way of reconstructing emotions is through meditation and exercise.

Start meditation and exercising more regularly and as a daily routine for the entire family (Family 10).

We want to try meditation and yoga as a family (Family 2).

Finding an outlet for physical activity, such as a sports league or a gym/fitness centre (Family 5).

Subtheme 3: Vacation

Family vacations and retreats were another way of reconstructing emotional wellness. This is reflected in the statements below.

Go on safe short trips together, and take time to teach my parents some online games (Family 12).

Going away on healing retreats (Family 3).

To spend more quality time outdoor through picnics or a vacation (Family 7).

Subtheme 4: Planning

Effective planning was suggested as a way of reconstructing emotional wellness. According to some of the participants, this helped in reducing stress.

I am generally impulsive.....thinking before I act can help to avoid unnecessary stress (Family 1).

Improving our business plan so that undue stress does not resurface (Family 3).

Subtheme 5: Getting pets

Another suggested way of relieving stress was getting a pet.

We are considering getting a pet, our kids enjoy animals especial dogs. It can be a great stress reliever (Family 2).

Subtheme 6: Setting boundaries

Setting boundaries was indicated as a way of managing and maintaining emotional wellness.

We need to create boundaries- for example bearing neighbours and friends who want to visit unannounced must be managed diplomatically (Family 2).

Subtheme 7: Social programmes

Social programmes and other interventions in the community was noted as a way of reconstructing emotional wellness. This is reflected below.

Increase our knowledge about socio-economic safety net interventions such as insurance coverage for loss of income, and social programmes in the community (Family 6).

Subtheme 8: Art and music

Music and art have always been a means of expression and communication of emotions. This is suggested as a way of reconstructing emotional wellness.

Focusing more on art and music to help with the expression of my emotions (Family 9).

6.4.3 SPIRITUAL WELLNESS DIMENSION

As stated in the literature review, spirituality is at the root of compassion, care, and interest. Coppola *et al.* (2021) noted that spirituality introduces a discernment of belonging and existential correlation - which thus supports spiritual wellness. As such, one could conclusively say that spiritual wellness involves having a purpose, meaning, and a sense of balance and peace (Swarbrick and Yudof 2015). Furthermore, the importance of spiritual wellness has been installed in the relationship between spirituality and a more attractive understanding of well-being; and natural and psychic health (Coppola *et al.* 2021). Given the negative consequence of COVID-19 on wellness, this dimension explored the spiritual wellness of the participants before and during COVID-19. The aim was to gauge how the participants and their families reconstructed their spiritual wellness during the COVID-19 pandemic.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for spiritual wellness under the 5 themes.

THEMES	SUBTHEMES
1. Spiritual wellness situation before COVID-19 (5 subthemes)	1. Compassionate 2. Religious practices 3. Christian norms 4. Meditation and yoga 5. Karma belief
2. Overall effect of COVID-19 on spiritual wellness (3 subthemes)	1. Negative effect on spiritual wellness 2. Positive effect on spiritual wellness 3. No effect on spiritual wellness
3. Impact of COVID-19 on specific aspects of spiritual wellness	1. Personal values and continuing with your beliefs about life 2. Making conscious choices about daily actions

(9 subthemes)	based on your personal values 3. Drawing on beliefs and values to give direction during times of frustration 4. Prayer, meditation, and/or quiet personal reflection regularly on life 5. Continuing to find meaning and purpose in life 6. Drawing on the beliefs and values of others to give direction 7. Ability to be optimistic and have faith in the future 8. Ability to appreciate natural forces that exist in the universe 9. Ability to feel continued gratitude for the good things in life
4. Pathways to the management of spiritual wellness during COVID-19 (4 subthemes)	1. Engaging in virtual spiritual activities 2. Keeping a positive spirit 3. Motivating others 4. Yoga and meditation
5. Recommended changes to spiritual wellness (4 subthemes)	1. Retreats 2. Engaging in yoga and meditation 3. Engaging with others 4. Visiting sacred sites/traditional feasts

6.4.3.1 THEME 1: SPIRITUAL WELLNESS SITUATION BEFORE COVID-19

Research evidence points to spirituality having an immediate connection to an individual's prosperity, just as practices are usually utilised in medication to adapt to sickness and other upsetting life changes (Koenig 2021). Given the importance of spirituality in an individual's wellness, it was essential to know the participants' spiritual situation before COVID-19. From the interviews, it was gathered that many of the participants were ardent followers of Christianity and other religious practices. These are elaborated in the subthemes below.

Subtheme 1: Compassionate

One of the participants interviewed supported this position by noting the following:

We recognise that there is something greater than ourselves, we are part of a greater cosmic. We have a role to play as humans such as opening our hearts to others and being self and compassionate (Family 2).

Subtheme 2: Religious practices

The above may be the reason why some of the participants practiced their religion fervently. It was uncovered that they participated in and attended prayer meetings, and retreats and chanted religious verses.

Attend weekly prayer meetings, went on retreats, listened to music, and chant verses (Family 10).

Our spiritual situation was quite well. We prayed daily and recited our mantras/self-affirmations. We enjoyed the peace and tranquillity of retreats organised by the church (Family 5).

We visited places of worship during festivities, meditated; burned our incense and aromatherapy oils, practised our rituals, and used healing lamps like the Himalayan salt lamps (Family 8).

Subtheme 3: Christian norms

The spiritual situation before COVID-19 was observing Christian norms, performing our rituals, and praying (Family 6).

Being a Christian family, we attended Wednesday Bible readings, and church services on Sunday. These two days usually uplifted our spirit.

We also practice some of our rituals from our ancestral background to keep harmony and peace. Ancestral worship is important, as we believe in the spirit world (Family 7).

Subtheme 4: Meditation and yoga

Besides, prayers and religious service attendance, some of the participants indicated practising meditation and yoga.

Very strong- practised meditation. Daily affirmations (Family 12).

Prayer, meditation and yoga (Family 4).

We practised mindfulness, empathy, forgiveness and selflessness (Family 3).

Subtheme 5: Karma belief

The belief in karma was another form of spiritual practice uncovered from the interviews. In one of the participants' own words:

My family have a simple doctrine that there is a higher power in control and the laws of the universe are in control. Everything happens for a reason. Karma is our guide to doing good and being harmless. One must always do things with good intentions no matter how bleak the situation. At the same time, justice is the guiding light and discrimination of any form is counter-productive to humanity (Family 9).

In summary, the above narratives suggest that many of the participants have sound spiritual beliefs and practices. This may be connected to the belief in a higher power that controls the laws of the universe.

6.4.3.2 THEME 2: OVERALL EFFECT OF COVID-19 ON SPIRITUAL WELLNESS

Nevertheless, the deadly and spreading nature of COVID-19 has created devastating effects on people's psychic and economic health from a global perspective. Moreover, the world is affected by the difficulties directed by the pandemic in cases such as performing social distancing; the cessation of stores, entertainment centres, schools, town centres, spiritual conventions; and remote working (Lagomarsino *et al.* 2020). Finding solace in spiritual activities can potentially alleviate some of the wellness challenges. From the interviews, it was uncovered that while some of the participants indicated that the pandemic had a negative effect on their spiritual wellness, others were, however, of the view that it improved their spiritual practices. These are reflected in the excerpts below.

Subtheme 1: Negative effect on spiritual wellness

Part of the measures implemented in most countries as containment measures was the closure of public spaces including religious institutions.

- Closure of social and religious activities

According to some of the participants, the closure of religious institutions negatively affected their spiritual practices.

.....COVID-19 affected our spiritual wellness due to the closure of church activities (Family 5).

Spiritual wellness was affected by the failure to attend church and our social gatherings to perform prayer and healing rituals. We could not attend funerals to offer our last rites. We had to resort to online attendance (Family 6).

There were no longer gatherings for spiritual/religious purposes, but we continued our practices at home, attended online sermons and started to read more extensively on alternate healing (Family 8).

The above narratives may be attributed to the fact that religious institutions serve as a reference point and crucial meeting places for not just the performance of religious functions, but also for socialising. Thus, this is supported by Coppola *et al.* (2021), who stated that such closure will undoubtedly affect their spiritual wellness as these institutions are seen as pillars for mutual support.

- Feelings of hopelessness and loss of direction

One of the consequences of isolation from religious institutions is the feeling of hopelessness and loss of direction.

With long periods of isolation, we sometimes felt that we were losing direction. Sometimes we felt hopeless and asked ourselves “why” we have to endure such a traumatic pandemic (Family 1).

The above narrative can be corroborated by Durmuş and Ozturk (2022) who found the COVID-19 pandemic contributed to hopelessness and loneliness, particularly among older adults. The findings may be connected to the fact that the closure of religious institutions deprived the individuals of a strong supportive community. This is supported by other scholars who noted that spiritual and religious practices give meaning, and purpose and constitute a supportive community (DeFranza *et al.* 2020; Gray 2017). Thus, the lack of these attributes could have caused poor spiritual wellness (Walsh 2020; Roman *et al.* 2020).

Subtheme 2: Positive effect on spiritual wellness

Despite some of the negative effects of the pandemic on spiritual wellness highlighted above, some of the participants stated that it contributed positively to their spiritual wellness. It was found that the COVID-19 pandemic positively influenced the following:

- Improved prayers and religious practices

Participant from family 10 noted that COVID-19 helped the family to pray more as a family. This may be attributed to having sufficient time from being confined together.

COVID-19 helped my family to be able to pray more as a family, we listened more to calming music, especially instrumental music, and daily chanting became a habit. Even though retreats and attending church services stopped, we continued with online spiritual activities to keep ourselves focused. We also started burning candles/lighting incense sticks to keep the positive aura at home (Family 10)

Added to the above, some of the participants noted that the COVID-19 pandemic made their faith stronger and their families spiritually conscious.

We questioned the purpose of this virus in our lives and what was God's plan for this Virus and if there is a higher force. We realised that every challenge is a test of our resilience and faith. We did not waiver in our spiritual beliefs. It made us stronger in our belief system and the need to endure life's challenges rather than through in the towel/or blame God (Family 3).

COVID-19 made the family more spiritually conscious. We regularly prayed for my son, my elderly mother, and the sick. We made offerings to our ancestors to guide us (Family 7).

The plausible explanation for the above statements could be associated with the fact that families rely on their spirituality for emotional, mental and physical wellbeing (Bremault-Phillips *et al.* 2015). As such, spiritual practices have been recognised as a powerful coping mechanism for dealing with life-changing and traumatic events (Hoening 2021). This is also evident from the above narratives as some families increased their prayer, burning incense and even offering sacrifices to ancestors to guide them.

Subtheme 3: No effect on spiritual wellness

Nonetheless, two of the participants disclosed that the pandemic had no effect on their spiritual wellness as they continued with their practices.

We continued with our oral traditions, and spiritual reverences (Family 11).

It did not affect us. We continued with our daily practices as our shrine at home is our sanctuary, and we are spiritually robust (Family 9).

6.4.3.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF SPIRITUAL WELLNESS

Evidence abounds that COVID-19 immensely impacted people's activities, routines, livelihoods, mental health and well-being (Suter 2020), and their spiritual wellness is no exception. This subtheme explored the impact of COVID-19 on specific aspects of the participants' and their families' spiritual wellness. This subtheme explored the impact of COVID-19 on the spiritual wellness of the family structure under seven specific areas (personal values and continuing with your beliefs about life; making conscious choices about your daily actions based on your personal values; drawing on your beliefs and values to give you direction during times of frustration and stress; prayer, meditation, and/or quiet personal reflection regularly on your life; continuing to find meaning and purpose in life; drawing on the beliefs and values of others to give you direction; optimism

and faith in the future; appreciation of the natural forces that exist in the universe; feeling continued gratitude for the good things in your life).

Subtheme 1: Personal values and continuing with your beliefs about life

The potential advantages (of spiritual beliefs) to psychological wellbeing and prosperity have functional outcomes that promote actual well-being, mitigate the danger of infection, and impact reaction to treatment (Walsh 2020). In terms of the impact of COVID-19 on the family's personal values and continuing with their beliefs, the following were uncovered:

- Strengthening of beliefs and value

Nearly all of the participants interviewed indicated that the pandemic had strengthened their beliefs and value system. Some of them shared that the pandemic was a confirmation to the scriptures that such events will come.

....our beliefs about life were strengthened by scriptures, which say these types of challenges will take place. Our value system was not waived; in fact, it was tested (Family 10),

It strengthened our personal values, and we became more faithful and believed in God and our ancestors (Family 7)

The above is not surprising given the apocalyptic view of religion and natural disasters. Dein (2020) argued that throughout history, pandemics and apocalyptic narratives have run closely together. Hence, the position that the pandemic strengthened some of the beliefs and values of the participants reaffirmed the said narratives.

Nevertheless, others suggested that despite the negative impact of the pandemic, it also reaffirmed that every experience is a learning experience.

COVID-19 did not affect our values and beliefs about life. Although the pandemic did have a negative impact on other areas of life, we remained dependent on God, constantly reaffirming that every experience is a learning experience and the pandemic will build our resilience (Family 5).

Thus, appreciating being alive became a solidarity call according to the participant from family 6.

Personal values and beliefs about life were tested. We could no longer take life for granted, we appreciated being alive, that there is more to life than wanting to be affluent. We were now more grateful for being healthy, having a roof over our heads and having a stable, functional family (Family 6).

- Optimism

Hardash *et al.* (2019) found that gratitude, hope, optimism and life satisfaction are strong predictors of psychological well-being. This means that with a positive mindset, people could surmount any challenges to their wellness. This is also evident from the statements below which show that through optimism, some of the participants continued with their beliefs about life.

Even with brief episodes of feeling that were posing control, we ensured that we did not lose sight of what was important to us such as remaining optimistic, knowing that we had a purpose to fulfil as a couple, parents, grandparents and friends (Family 1).

Despite the despondency and turmoil in our lives, we are strong believers in having faith and persevering no matter what the obstacles are. Keeping the family together, coupled with ensuring that our employees were not left destitute, kept us hopeful that this pandemic will pass and life will ultimately be restored to normality (Family 3).

Subtheme 2: Making conscious choices about daily actions based on your personal values

In terms of the participants making conscious choices about daily actions based on their personal values, the following was extracted from the interview analyses:

- Guided by value system

Most of the participants revealed that making conscious choices about their daily actions based on their personal values was guided by their value system. These value systems include honesty, integrity, loyalty, empathy and compassion.

Our actions and decisions are guided by a value system based on honesty, integrity loyalty, empathy, and compassion. We will not allow our values to be compromised during stressful situations, rather we would count on our values to help us make morally right decisions (Family 10).

Became more serious about decisions that are important in life. Choices were not based on self-centeredness. Made conscious efforts to bring happiness to as many as possible, as far as our means could allow us to do so (Family 12).

Making conscious choices about our daily actions is part of our strong value system based on fulfilling our roles and responsibilities in an honest, trustful and loyal way to all those who count on us (Family 3).

Make sure that when you consider your values in decision-making, you keep your sense of integrity and that what you know is right and approach decisions with confidence and clarity. One must also know that what

you're doing is best for your current and future happiness and satisfaction (Family 4).

A good value system is critical as it helps strengthen family cohesion. This is supported by the statement attributed to the participant from family 2.

Our values such as happiness, success and upliftment motivate us to achieve our goals. Our decisions are based on our priorities in life. This also helps to maintain our happiness as a family and keep our family as a cohesive unit (Family 2).

- Critical thinking

For others, thinking through choices and weighing them before making a decision was critical during the pandemic. Decisions like putting away buying a car due to reduced incomes and or having daily rosters helped the family to avoid conflicts according to the participant from family 6.

Previously we were certain about our choices, as we knew what we wanted. During the pandemic, we had to carefully consider our actions because the future was uncertain, and there was a sense of fear of the unknown or the consequences of our actions. We gave careful thought to our actions, such as delaying the purchase of a car in view of our reduced income, not using the air-condition to ensure that we inhaled enough fresh air and ensuring that the family knew the daily roster to avoid unnecessary arguments and delays (Family 6).

Equally essential, it was noted that reflecting and thinking through decisions helped improve the family's wellbeing.

COVID-19 was a life-changer in doing things for the right reasons. It gave us room to reflect and carefully think about our daily choices. Such self-awareness and self-reflection improved the decisions we made,

especially regarding family wellbeing, peace and happiness for all at home (Family 7).

Critical thinking was found to be vital in preventing regrettable decisions.

Our solid personal values ensured that despite the challenges of COVID-19, we will not compromise on making decisions which may be regrettable. We have 2 young grandchildren who look up to us as role models (Family 8).

- Positive thoughts

According to Cruz (2021), positive thinking is an important emotional resource leading to better-facing life adversities and maintaining good mental health either during acutely stressful events or during life challenges. Similarly, it was found that some of the participants' choices about their daily actions were guided or influenced by positive thoughts.

No matter how challenging life can become, we have responsibilities. Life is not perfect, some are worse off than us. Thus, we need to use whatever energies we have to move forward with courage, determination and positive thoughts. God will guide us, so long as we live wholesome lives. Never give up, as each experience is a learning curve (Family 1).

We continued to think positively, observe prayer life and other meditation activities; and did not conduct ourselves irresponsibly or shamelessly as our values remained firm (Family 5).

- Dedicated time for spiritual practices

The benefits of spirituality to the well-being of individuals have been noted in this chapter. This also influenced the choice of some of the participants' daily actions.

Spending more time at home, we dedicated more time to reading about our spiritual practices, which gave us the confidence not to relinquish our value systems because of crisis situations, but rather to use the strength of our values to make decisions for the benefit of all (Family 11).

Subtheme 3: Drawing on beliefs and values to give direction during times of frustration

The importance of belief and value systems has shown in the narrative above as being integral to many of the participants' approaches to life. In terms of drawing on these beliefs and values to give direction during the times of frustration such as those enabled by the pandemic, many of the participants counted on their beliefs and values, while some opted to stay calm.

- Counted on beliefs and values

Among those who counted on their beliefs and values, the following were illuminated:

We counted on our values and beliefs to move in the right direction as we did before the pandemic (Family 11).

Remained steadfast in our beliefs and values, as it was our guiding force before the pandemic (Family 12).

We believe in the power of God, and through faith, honesty and trust we remained hopeful that god's favour and grace will direct us on the path of a good life (Family 5).

Beliefs and values remained engrained, as our value systems were not determined by situations, but rather over time through the influence of family, friends, society and life experiences. We hold very definite and

genuine value systems, which helped us to assess the challenges, draw on the good and discard the bad (Family 6).

The above reflects the strong influence of the value system in navigating the tough situation during the pandemic. It emerged from the narratives that the belief in God's guidance, deep-rooted connection with friends and family and the wider society helped in directing the participants' life. As such, one participant noted that the value system is highly important.

This is important, as to remain focused we need to be guided by our values and beliefs. We cannot allow emotions to influence our beliefs and values (Family 8.)

- Staying calm

Like the benefits of critical thinking and the power of positive thoughts in making choices about daily lives, it was found that staying calm also helped in directing some of the participants from anything that could frustrate them.

Stay calm. Think before you talk or act. Take time to laugh when we feel tense (Family 1).

Participants from family 10 explicitly stressed the importance of being rational and realistic. From the statement, it was evident that giving into emotional impulses could sway one in the wrong direction. As such staying calm is vital to keep in the right direction.

With our strong values and belief system, we have been able to stay focused in the right direction and not deviate because of frustrations which can be resolved. It is important not to be swayed in the wrong direction because of emotions, which may be unfounded. Being rational and realistic about issues is important (Family 10).

Participant from family 4 echoed similar sentiments by stating that staying focused, thinking through and acting fast is a critical determinant that ensures choices takes one towards improvement.

Being a person who stays focused despite the trials and tribulations of life helps to keep one anchored in hope and optimism. Life has curve balls, we must think and act fast while ensuring our choices take us forward toward improvement (Family 4).

- Drawing on religious beliefs

Like a value system that is anchored on integrity, honesty and faith in God, two of the participants indicated drawing on their religious beliefs to guide their direction.

Being of Hindu belief, what we are enduring on earth now is our karmic debt of the past birth, not this birth, this helps us to endure what is ordained for us, rather than to build up more karmic debt (Family 3).

During the difficult moments, the family used the readings from the Books of Psalms, and Proverbs as coping mechanisms. These words of God strengthened us and made us excel at the point of distress (Family 7).

Added to the above, the self-belief was also found to be critical in giving direction from frustration.

We believe in ourselves. This gives us the confidence to pursue our goals, despite unforeseen hurdles (Family 2).

Subtheme 4: Prayer, meditation, and/or quiet personal reflection regularly on life

From the above narratives, it is evident that prayer; meditation and self-

reflection are the nucleus of spirituality. Moreover, mindfulness-based interventions such as meditation and self-reflection have previously been shown to have positive effects on psychological well-being and to an extent spiritual wellness (Erisman and Roemer 2010). The importance of prayer, meditation, and or quiet personal reflection on the life of the participants was explored in the study. As documented in the literature, meditation may help to modulate emotional responses to negative stimuli (Erisman and Roemer 2010). This is corroborated by some of the participants who revealed that meditation kept them calm when dealing with stress.

Meditation - this helps us to keep calm, be hopeful that no challenge is insurmountable, and moulded us into true and sincere individuals (Family 1).

To avoid the mind overthinking subconsciously, breathing exercises and meditation allow the body to relax and be mindful of the challenges. It is helpful in remaining calm and dealing with the stress in appropriate ways, rather than losing control of oneself (Family 3).

...weekend meditations gave us inner strength from time to time during the pandemic (Family 7).

According to Lutz *et al.* (2008), mindfulness meditation can be traced to Vipassana, which is a Buddhist meditation technique. This technique purports to affect mental events by engaging a specific attentional set. From the statement from the participant representing family 9, one could draw that Buddhist meditation helped during the pandemic.

Daily chanting, meditation and Buddhist rituals helped (Family 9).

Another mindfulness intervention is reflection. Some of the participants noted that reflection helped in building mindfulness and identifying blind spots.

Reflection helps in building mindfulness and making ourselves better individuals (Family 10).

Self-reflection is the best exercise for identifying our blind spots, working on our weaknesses and finding solutions to move forward (Family 4).

Some of the ways participants reflected, was reading through inspirational books.

...we read daily be it inspirational books or daily devotionals from websites. It helps us to reflect and connect with our values and purpose in life (Family 1).

Studies have shown that religiosity increases in response to disasters (Auriol *et al.* 2020; Sinding Bentzen 2019). According to the views of Thunström and Noy (2022), religious engagement through comradery or rituals such as prayers is perceived as helpful in hard times. Praying, for example, generates emotional comfort (Anderson and Nunnelley 2016; Belding *et al.* 2010). Given the perceived benefits of prayers to wellness, it was, therefore, crucial to know how often the participants engaged in prayers. It was uncovered that some engaged in regular prayers, others prayed occasionally.

Yes, every day and some of the times, more than once a day (Family 11).

Prayer and meditation have been regular family practices. It has influenced the way we think, and interact with others, increased emotional awareness, strengthened family relations, and shaped our good habits (Family 2).

From the above narrative (Family 2), one could draw that praying regularly increased the family's emotional wellness. Thunström and Noy (2022) argued that people expect the act of praying to bring emotional comfort to the person

who prays, which further corroborates this. Also, a participant from the family indicated that the family prayed twice a day. From the statement below, one could draw that prayers kept the family rooted in their faith, thus suggesting the importance of praying in religious rituals.

....praying twice a day as a couple, and sometimes during online sessions, kept us rooted in our faith and our purpose in life. We always believe that prayer complemented by doing good and being good is a ticket to a fulfilling life (Family 1).

Prayer was also found to guide strong value systems. This may help explain why family 10 engaged in prayers three times daily.

We have resorted to praying at least three times a day. Through prayer and our spiritual practices, we have become aware of the need to live according to our strong value systems, not become selfish and share the pain of those who are suffering through whatever support we can offer (Family 10).

For some, like family 7, the family prayed occasionally. The reason for this was not elaborated on in the interview.

Family prayers are occasionally led by me, or my aged mother (Family 7).

Concisely, the above narratives suggest the influence of prayers, meditation and reflections on the well-being of the interviewed families, particularly their emotional wellness and moral behaviour. The statements below corroborates this.

Prayer, meditation, and/or quiet personal reflection regularly are amongst the key approaches for a preventive and curative solution regarding stress and the frustrations of life (Family 5).

Activities like prayer, meditation and personal reflections were intense as we reflected and looked upon them for solace (Family 6).

Continued with prayer, meditation, and/or quiet personal reflection, as the pandemic gave us a sense of purpose, meaning and direction, rather than just giving up on life (Family 9).

Evidence from the field of cognitive neuroscience suggests that long-term meditation practices decrease the reaction intensity of the autonomic nervous system (Vasquez-Rosati *et al.* 2017). This was also found to attenuate the neural responses to emotional stimuli (Sobolewski *et al.* 2011; Taylor *et al.* 2011). Hence, one can conclusively suggest that prayer, meditation, and reflections generate positive effects on an individual's wellbeing.

Subtheme 5: Continuing to find meaning and purpose in life

While the impacts of the pandemic have been felt in every aspect of life, it was worth knowing how the participating families continued to find meaning and purpose in life in the face of the negative situation around them. The following was uncovered from the interviews:

- Spiritual practices

Some of the participants noted that their spiritual practices aided them to find meaning and purpose in life. For example, a participant from family 11 noted that observing the oral traditions in the family added value to their life journey.

God gives us life purpose. Observing our oral traditions added value to our life's journey (Family 11).

Similarly, aligning to the Jewish faith, for instance, was significant to finding meaning and purpose in life.

Despite the trauma of the pandemic, we believe in maintaining a life of good health, and happiness. This was made possible by our spiritual consciousness aligned to our Jewish faith (Family 2).

Hence, and as accentuated below, some of the participants engaged in practices such as prayer sessions, fasting, reading holy books, and ancestral worships to find meaning and purpose in life.

Yes, with regular prayer sessions, fasting, and ancestral worship, we remained hopeful of a better tomorrow (Family 7).

Having strong beliefs such as we our god's blessings and beloved, taking time to have silence during repeating holy verses, and that we are gifted to be still alive and healthy gives us the stimulation that life has meaning and needs to fulfil our purpose in life (Family 8).

As Buddhists, we that the human life is one of suffering, and that meditation, spiritual and physical labour and good behaviour are the ways to achieve enlightenment or nirvana. Through our Buddhist practices, we understand the purpose of life and our journey, so we live our lives toward eventual transcendental freedom (Family 9).

The above narratives support the assertion that religiosity and spirituality reinforced an individual's values, beliefs, behaviours, and identity, which may focus on either sacred or the functional aspects of religion (Villani *et al.* 2019). Iannello *et al.* (2019) operationalised religiosity as beliefs and practices associated with a particular religious worldview and community. From the above, one could draw out that some of the participants took to religiosity to find meaning and purpose in life.

- Living for each other

Togetherness, empathy and living for each other helped some of the

participants find meaning and purpose in life. These are illuminated in the statements below:

We are in control of our lives, so long as we have direction and focus. We live for each other and our family and friends. This is important in giving us a sense of self-worth since we are able to show empathy, show others that we care and are always grateful for whatever help we get from those dear to us (Family 1).

COVID-19 has taught us that life is so dear. Hence, we need to maximise all the time we have to be productive and show compassion and empathy for those who are less fortunate (Family 10).

- Blocking out negative thought

Blocking out negative thoughts is another way of finding meaning and purpose in life. This may be highly relevant given the media buzz around the virus and misinformation shared via social media about it. As such, blocking out negative thoughts and believing in God helped family 3 during this period to find meaning and purpose in life.

Even though every day is a challenge to believe in our purpose and fear of the unknown, we ensure we are not distracted by negativity. God has given us a purpose on earth and needs to fulfil our responsibilities in the different roles we play. By getting up alive every day, we remain committed to living our life with a sense of purpose and meaningfully (Family 3).

- Goal setting

According to the view of the participant from family 4, goal setting was crucial for a wholesome life and holistic wellbeing. As such, the family found purpose in life by setting and maintaining their goals.

This was very important as it was part and parcel of life before the pandemic and now, during the pandemic. Setting and maintaining goals, pursuing our purpose in life and engaging in things which give us value is crucial for a wholesome life and holistic wellbeing (Family 4).

- Optimism

Optimism which means being in positive expectations about the future is considered in relation to emotion, perseverance, problem-solving; academic, sportive, military, vocational and political achievement, and it is thus crucial in maintaining wellbeing (Kardash *et al.* 2019). A strong sense of optimism was critical to continue to find meaning and purpose in life for the family 5.

It requires a strong sense of optimism and faith in the future in order to continue to find meaning and purpose in life (Family 5).

Subtheme 6: Drawing on the beliefs and values of others to give direction

In this chapter, it was highlighted that beliefs and value system guides the direction of some of the participating families interviewed. Given the influence of social media; and friends and family in spreading the impacts of the pandemic, it was thus worth knowing if the family drew on the beliefs and values of others to give direction. The following was uncovered:

- Motivated by the experiences of others

Some of the participants alluded to finding direction from the testimonies of others. For instance, the participant from family 10 noted that testimonies from others empowered them to move in the right direction.

It is through the sharing of testimonies from others that we are given hope that indeed God is the divide protector. Learning the good from others is

empowering and provides guidance to move in the right direction (Family 10).

The shared experiences of others such as the sanitisation, and hygiene practices helped provide guidance to some of the participants.

Generally, take the good from others' experiences. Also, to share our values and beliefs to give others direction (Family 12).

The support of others to give direction is also very important. The beliefs and values, as well as their experience relating to life issues, may help solve or restore wellness on issues affecting life (Family 5).

The beliefs and values of others such as homemade healing remedies, sanitisation, hygiene, church sermons and talking to others provided direction (Family 6).

- Grounded on own value systems

Nevertheless, some of the participants stressed that their beliefs and value systems were guided by their values, and thus cannot be influenced by others' beliefs and values.

We believe that God is the author of our lives, and others can advise but cannot directs our lives. We respect beliefs, which are contrary to ours, but we are grounded in our value system, which has commonality with others (Family 11).

We remained steadfast in our beliefs and value systems but were respectful of others (Family 7).

We are quite firm in our Buddhist belief system but do not condemn others who have different value systems. Buddhism shares a lot of

commonality with other followings such as Hinduism, hence our value systems point us in the direction of escaping from suffering by doing good actions to guide us toward perfection (Family 9).

From the above narratives, a recurring pattern is the participants' respect for others' value systems despite the firm conviction in their value systems. This may be associated with the shared communality in the value systems, such as Buddhism and Hinduism as noted in the statement from family 9.

- Open-minded and respectful

Furthermore, the respect for other beliefs might have influenced the open-mindedness of some of the participants in guiding their directions.

We are open and respectful of others' beliefs. We avoid being judged and are ready to learn from others if it adds value to our lives (Family 2).

Difficult to draw on others' beliefs and values, as we may not necessarily concur with them. We remain open to listening to their perspectives, drawing lessons from their experiences and looking at how we can improve our value systems (Family 3).

While our value system is important for some kind of grounding, we are open to learning from others if there are benefits accruing (Family 4).

The above narratives suggest that despite the differences in value systems from others, some of the participants expressed openness to learning from the belief system that will benefit them. It thus means that regardless of the religious differences and value systems, one can gain experience and adapt to other beliefs if they perceive benefits from each such as improving on their own value systems.

Subtheme 7: Ability to be optimistic and have faith in the future

Optimism, as previously explained in this chapter, means having positive expectations about the future is considered in relation to emotion, perseverance, problem-solving; academic, sportive, military, vocational and political achievement, and it is thus crucial in maintaining wellbeing (Kardash *et al.* 2019). From the interview transcripts analysed, the following were uncovered:

My faith has been elevated, being optimistic provides hope that things will brighten up (Family 11).

We are hopeful that things will change, we must remain optimistic about retrieving our lost bliss and happiness (Family 2).

We are confident that there is always light at the end of the tunnel (Family 3).

We believe that sometime in the future this COVID-19 pandemic will come to pass. Remaining optimistic and faithful makes us look forward to a bright future with new opportunities (Family 10).

Optimism, hope, and confidence express positive feelings about the future (Kardash *et al.* 2019). As such, the views below could be interpreted as participants having positive feelings about their future despite the concern about the pandemic. Furthermore, the above-shared optimism, hope and confidence may be connected to the interviewees' level of spirituality. For instance, some of the interviewees stressed the importance of their spirituality giving them hope and optimism for the future.

Such as indicated earlier, optimism and faith in God are approaches to overcoming stress and the frustrations of life; and remaining optimistic about a blissful future (Family 5).

As earlier mentioned, the regular prayer sessions gave us lots of hope and optimism for our future. These prayer sessions moved us from strength to strength (Family 7).

We believe that the universe is a product of karma; our bad actions will invoke suffering. We remain optimistic and faithful, as we believe in good karma (Family 9).

Moreover, the connection shared with others was vital in having hope for the future.

Optimism was partially blurred by unexpected deaths from COVID-19. But prayer and staying connected to others diminished a sense of permanent doom and bleakness (Family 6).

Equally, the above narrative is aligned with the assertion that hope is most powerful when it depends on valuable targets that have moderate reaching possibility and derive from challenging but not impassable obstacles (Kardash *et al.* 2019). This is also evident in the statement attributed to the participant from family 8.

COVID-19 had created a sense of fear about the uncertainty in the future. But being hopeful things will change, helps to alleviate some of the despondency and feelings of gloom and doom (Family 8).

The central premise of faith is that it is built on confidence or trust. As such, having faith that the pandemic will go away was significant. Two of the participant's statements further supported the aforementioned assertion.

Having lived well into our 70s, our faith that we can resolve problems, live harmoniously be honest and truthful in our actions helped us (Family 1).

The good and the bad experiences during the pandemic gave us the faith and optimism that life is not perfect, and that with change comes a better life (Family 12).

Subtheme 8: Ability to appreciate natural forces that exist in the universe

Naturalism is a philosophical principle whose centre dogma is on the appreciation of nature. As such, individuals with naturalist intelligence have a sensitivity to and appreciation for nature (Sadiku *et al.* 2020). From the interview transcripts analysed, the following were uncovered:

Many of the participants appreciated and valued the roles of natural forces in the universe.

The forces of nature have their roles to play. Our spiritual connectedness is not only on earth but also with the universe. While God is all around us, we also believe that the movements of the sun and moon also affect what happens to us. So need to be more aware of such forces so that we can respond in appropriate ways (Family 1).

The natural forces have a purpose in our lives; hence, we should appreciate their values to us as human beings (Family 10).

Very grateful and appreciative of the value and power of nature. We need to recognise that the forces of nature have a purpose and should not be interfered with, as they are also living objects connected to us (Family 12).

We believe that the natural world be it water, the sun or the moon has a role to play. Hence, respecting the natural world and using the power of nature to our benefit such as healing us is important (Family 2).

The roles the natural forces play can also be vital in the healing process and could thus help in explaining why some of the participants appreciated its role in the universe. According to the views of the participant from family 3, a natural force like the moon has healing powers.

Every day it more and more evident that natural forces exist in the universe so definitely. We read the astrology charts of various healers, which show the impact of natural forces like the full moon (Family 3).

Another participant substantiated the above sentiment by indicating the following:

An appreciation of the natural forces that exist in the universe (Divine intervention, Divine healing, Divine direction) helps to create a sustainable wellness atmosphere imbued with hope for change and transformation from a situation of crisis (Family 5).

It thus means that natural forces such as the warmth from the sun, flowing water, and the sound of waves have powers, which is a fundamental astrological belief (Sadiku et al. 2020).

Value the energy from nature like the sound of waves, flowing water, and the warmth from the sun. we believe in the power of astrology, so we observe full moon occurrences and the movement of the planets to manage our journey in life (Family 4).

We cannot dispel the purpose of the natural forces. Appreciating fresh air, the heat from the sun, shade from the trees, and rain to revive our gardens are important as nature adds value to our lives (Family 8).

According to Sadiku et al. (2020), individuals with high naturalistic intelligence show an inclination toward the natural world. In other words, individuals with naturalistic intelligence have favourable attitudes and behaviour toward the

natural environment including plants and animals. The statement below suggests that some of the participants have high naturalistic intelligence due to their reverence for nature.

We believe that all natural objects are living objects, and as humans, we are connected to all living objects. Hence, our reverence for nature remains untampered. As a moral obligation, we treat animals, plants and landforms with respect (Family 11).

Our quest for enlightenment guides us in conserving natural forces. Nature is a spiritual force; therefore, it should not be tampered with (Family 9).

While some fields of thought on the COVID-19 origin had suggested a natural connection, one of the participants vehemently disagreed, by stating the following:

The natural forces did not cause COVID-19. The natural forces are powerful entities on their own and must be respected (Family 6).

Subtheme 9: Ability to feel continued gratitude for the good things in life

When asked if the participants and their families were grateful for the good things in life, there was a consensus in their views that they were grateful for the things they have in their life. For example, some of the participants were appreciative of the fact that they were still alive, healthy, have shelter, and can pay bills was enough to be grateful for.

In assessing what was happening around us, we were grateful that we still had a shelter over our heads, income to pay our bills and that we were still alive. Appreciating being alive was our greatest consolation (Family 1).

We count our blessings every day, simple things like being able to breathe, eat and walk are no longer taken for granted due to our experiences with family and friends during the pandemic (Family 11).

Became more grateful for the simple things in life, which cannot be taken for granted. Being alive, safe and healthy are precious good things in life (Family 12).

Another cause for gratitude besides being alive and having shelter over one's head is that family unity during this pandemic was critical.

We appreciate every day, waking up alive and having a family that is well bonded is the greatest token of gratitude (Family 10).

Previous studies have found a positive relationship between gratitude and life satisfaction (Robustelli and Whisman 2018; Yang, Zhang and Kou 2016) and a positive relationship between gratitude, hope, and happiness (Witvliet *et al.* 2019). Thus, one can rightly assume that gratitude influenced contentment and satisfaction. This is supported by the assertion below.

Every person has infinite worth and we should value those we encounter in life. Appreciate those dear to us, appreciate good health and do not become obsessively absorbed by the material things in life (Family 2).

As such, being grateful can be effective therapy during the pandemic.

Feeling gratitude for the good things in life produces an appreciation of continual divine favour and grace that good things will happen in life. Having gratitude is part of healing from trauma caused by the pandemic (Family 5).

6.4.3.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF SPIRITUAL WELLNESS DURING COVID-19

While it is no doubt that the COVID-19 pandemic negatively affected the overall spiritual wellness of the population globally, which was heightened by the closure of the religious institutions, the above narrative suggests some of the participants expressed optimism, hope and confidence in overcoming the pandemic. Given the challenges of confinement and closure of institutions that serve as a place of community support, this subtheme explored how the participants and their families reconstructed their spiritual wellness during the pandemic. From the participants' responses, the following subthemes emerged from the interview.

Subtheme 1: Engaging in virtual spiritual activities

Singarimbum (2021) noted that the adoption of communication technology has become a new strategy for church institutions during the pandemic, which religious bodies used in creating channels for their congregation. Thus, digital media was used to deliver religious content and form virtual communities for members to participate in real-time using platforms such as YouTube Livestream. From the interviews, many of the participants indicated continuing their religious activities through online virtual services.

We had family prayers, virtual prayers with family and friends who were sick, or emotionally afflicted, and shared the word of God online as a church (Family 6).

Online church services, regular family prayers, chanting verses. We have always believed that we should pray in good and bad times. Hence, our faith was undeterred. Our faith in God and the power of the universe became stronger (Family 10).

We maintained our faith and watch online church services and programs on TV (Family 4).

Expanding on the above, it was gathered that digital platforms such as WhatsApp, Facebook and YouTube were the media of choice in online religious and spiritual activities.

Online worship on WhatsApp, Facebook and YouTube. Continuing with our oral traditions (Family 11).

Besides virtual online services in real-time, some of the participants revealed watching spiritual videos in a bid to reconstruct their spiritual wellness.

We also shared our readings, videos and websites, which kept our spirits running high (Family 1).

Continued with prayer, meditation, lighting candles with calming fragrances, and listening to spiritual videos (Family 12).

We continued with our prayer from home, recited our mantras and regularly watched videos of Sadhguru, a world-renowned sage (Family 3).

Subtheme 2: Keeping a positive spirit

Three of the participants shared that to reconstruct or manage their spiritual wellness, the family kept a positive spirit and thoughts.

We ensured that we remained positive in our interactions (Family 1.)

My parents focus on positive thinking and awareness that a higher force exists (Family 3).

For each day we survived, gave us gratitude; whilst we cherished our existence (Family 7).

Subtheme 3: Motivating others

Motivating others through encouragement and/or showing empathy towards others were critical in managing spiritual wellness according to the testimony of two of the participants.

Provided motivation and encouragement to those who were in distress (Family 1).

Showing love and empathy toward others (Family 2).

Subtheme 4: Yoga and meditation

The importance of meditation and its relevance in healing has already been explained in detail in this chapter. It was further uncovered that some of the participants managed their spiritual wellness through meditation and yoga practice.

We maintained our spiritual well-being mainly by engaging in meditation, practising yoga, and ancestral offerings (Family 7).

Meditation once in a while; prayer, reading and practising holistic living based on a strong value system (Family 8).

Attended live streaming empowerment classes; followed pre-recorded meditation classes, and did yoga as a family at home (Family 9).

6.4.3.5 THEME 5: RECOMMENDED CHANGES TO SPIRITUAL WELLNESS

Spirituality and religiosity were reported to positively influence subjective well-being (Villani *et al.* 2019). Given some of the negative effects of the pandemic on the spiritual wellness indicated in this study, this subtheme explored from the perspective of the interviewees, the recommended changes to spiritual wellness for themselves and family. From the transcribed textual data, the following were recommended:

Subtheme 1: Retreats

Four of the participants proposed going away for spiritual retreats. This may be connected to the fact that such retreats can afford individuals intimate time to meditate with little or no distraction.

Go away on retreats (Family 1).

Make spiritual retreats a regular routine in our lives (Family 10).

Expand our spiritual practices by going on retreats (Family 12).

Attend a Buddhist retreat as a family, read more about Buddhist practices, and go on a pilgrimage to Tibet (Family 9).

Subtheme 2: Engaging in yoga and meditation

Research evidence provided by Sahni *et al.* (2020) revealed that yoga is an effective self-management strategy to cope with stress, anxiety and depression, and maintain wellbeing during COVID-19 lockdown. This view may support some of the participants who recommended yoga as a way of reconstructing their spiritual wellness.

Engage in basic yoga (Family 1).

To make more time to try and make time for self-awareness, more yoga and meditation (Family 3).

.. practising yoga, ancestral worship (Family 7).

Improve on our yoga practices, especially mindful breathing (Family 8).

Subtheme 3: Engaging with others

In this chapter, it was stated that shared testimonies from others and their experiences provided directions during the pandemic. Hence, some of the participants recommended engaging with others to learn from them on spiritual practices.

Engage with more people, to not only learn from them on spiritual practices but to create more awareness of the importance of spiritual wellbeing. Shared experiences are value-adding for all (Family 1).

Join an online spiritual chat group/blog to deepen our understanding of spirituality (Family 10).

Learn about different organisations or groups in my community and decide which ones are the best fit for me for alternate spiritual practices. Consult and seek help from elders and those who have experience and spiritual wisdom for counselling and solution to their own spiritual crisis (Family 5).

Subtheme 4: Visiting sacred sites/traditional feasts

Visiting sacred sites/traditional feasts were proposed as a way of reconstructing spiritual wellness.

Visit more sacred sites. Engage in more traditional feasts (Family 11).

6.4.4 ENVIRONMENTAL WELLNESS DIMENSION

According to Swarbrick and Yudof (2015), environmental wellness involves being and feeling physically safe, in safe and clean surroundings, and being able to access clean air, food, and water. Includes both our micro-environment (the places where we live, learn, work, etc.) and our macro-environment (our communities, country, and whole planet). One of the consequences of the adoption of worldwide lockdown measures to contain the COVID-19 pandemic, is that the home environment has become the place where all the daily activities are taking place for many people (Torresin *et al.* 2021). Given this social change, and the relevance of the environment to wellbeing, the impact of the pandemic on environmental wellness was explored, to ascertain how families reconstructed their wellness.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for environmental wellness under the 5 themes.

THEMES	SUBTHEMES
1. Environmental wellness situation before COVID-19 (4 subthemes)	1. Clean home and workspaces 2. Effective waste disposal 3. Energy and water conservation 4. Gardening
2. Overall effect of COVID-19 on environmental wellness (3 subthemes)	1. Negative effect of COVID-19 on environmental wellness 2. Positive effect of COVID-19 on environmental wellness 3. No effect on environmental wellness
3. Impact of COVID-19 on specific aspects of environmental wellness (5 subthemes)	1. Time to clean domestic and workspaces 2. Make use of natural light and fresh air 3. Discard garbage, cleaning the fridge and pet management 4. Manage litter and recycling items

	5. Ability to set aside time to enjoy nature
4. Pathways to the management of environmental wellness during COVID-19 (4 subthemes)	1. Keeping the environment clean and safe 2. Conservation practice 3. Gardening 4. Enjoying natural air
5. Recommended changes to environmental wellness (5 subthemes)	1. Electricity and water conservation 2. Walking and outdoor activities 3. Recycling and reducing the use of plastics 4. Gardening 5. Environmental cleanliness practices

6.4.4.1 THEME 1: ENVIRONMENTAL WELLNESS SITUATION BEFORE COVID-19

When asked to describe their environmental situation before COVID-19, the following were uncovered from the transcribed and analysed participants' responses.

Subtheme 1: Clean home and workspaces

A clean home leaves fewer places for bacteria and germs to hide. Hence, the importance of a clean home cannot be overestimated. Many of the participants interviewed revealed maintaining a clean home and workspace.

We kept our home and workspace clean (Family 11).

..... maintaining a clean home, and using natural ventilation (Family 12).

Perfect home, healthy, clean and safe. Always germ conscious (Family 3).

Clean home, no littering; minimal pollution in our community, always kept our workspaces neat, avoid cluttering. We have a water purifier at home (Family 4).

Furthermore, some of the participants noted having access to clean air, food and water made their environments clean and safe.

.....we had a feeling that physically we were safe, in safe and clean surroundings, and being able to access clean air, food, and water. We could leave or move from our microenvironment (the places where we live, learn, work, etc.) and our macro-environment (our communities, country, and whole planet) without any restrictions to reducing people's liberty (Family 5).

We were safe in our environmental situations- maintained a healthy, environmentally friendly lifestyle (Family 6).

Our domestic environment was always clean, with enough fresh air, and sunlight. Work in a well-ventilated, not overcrowded and pleasant environment. We live and work close to the main road, so noise pollution is high. We have access to drinkable water, and healthy food (Family 7).

Kept our home clean. Had access to safe water. Cooked our food mostly. The home was well ventilated with windows, an aircon, and access to sunlight. We had the basic amenities for a clean, safe and healthy home (Family 8).

Subtheme 2: Effective waste disposal

According to Mukherjee *et al.* (2021), the pollution and the generation of vast waste quantities with no proper waste management process have become one of humanity's biggest threats. As such, effective waste disposal could help eliminate household pollution. From the interviews, it was extracted that part of

the environmental situation before Covid-19 for some of the participants in the effective management of their waste included regularly disposing and or recycling waste.

We always ensured we disposed of trash and separated recyclable trash for disposal. We wash our plastic packets for reuse (Family 1).

Our recyclable items were always collected. Enjoyed the fresh air and sunlight (Family 11).

We always ensure that trash is not left lying around, use bags and water bottles, which are reusable, and load recyclable items separately for collection (Family 9)

Subtheme 3: Energy and water conservation

Previous studies by Petersen *et al.* (2015) and Hannibal *et al.* (2019) argued that voluntary conservation efforts are necessary for a sustainable and healthy environment. According to Ehret *et al.* (2020), individuals must be personally invested in conserving water and energy. From the interviews, it was uncovered that some of the participants were intentional about saving water and energy and made conscientious efforts towards conservation. These are reflected in the statements below:

We have a water tank outside to collect rainwater for garden use. We do not use the hose unnecessarily to avoid wasting water (Family 1).

We try to get enough sunlight and fresh air by opening our windows. We avoid switching on the aircon often, to also save on electricity. We do not leave lights or our computers on at night, or even during the day when not in use (Family 1).

We are very particular about cleanliness, recycling, and conserving energy (Family 2).

....turning off lights and computers when not in use, using the dishwasher and washing machine sparingly (Family 9).

The above narratives indicate that some of the participants were intentional in their energy and water conservation before COVID-19. This is critical for energy and water sustainability. For example, water conservation can diminish the burden that scarcity will pose on tourism and agriculture (Guarino 2017) and reduce financial burdens and health disparities (Mack and Wrase 2017).

Subtheme 4: Gardening

Another environmental situation uncovered from the interview was gardening. Some of the participants noted to be involved in gardening. This may be connected to having fresh organic food for family consumption.

I have a small vegetable patch to grow my herbs, tomatoes and chillies (Family 1).

Enjoyed nature trails. Grew some herbs and vegetables in our garden (Family 11).

6.4.4.2 THEME 2: OVERALL EFFECT OF COVID-19 ON ENVIRONMENTAL WELLNESS

Stay-at-home mandates have transformed houses into places where people spend the entire day while working, home schooling, taking care of families, and nourishing. However, for most families, the home is not designed for working purposes and thus may require adjustment to their lifestyle to make such changes. Moreover, employees or employers could not have anticipated the sudden shift to WFH, and thus the safety of the home working environment has

not necessarily been ensured (Bouziri *et al.* 2020). Given this situation, this theme explored the overall effect of COVID-19 on environmental wellness. From the interviews, it emerged that the pandemic had both negative and positive effects on the participants' environmental wellness.

Subtheme 1: Negative effect of COVID-19 on environmental wellness

Part of the negative effect of COVID-19 on the participants' wellness uncovered in this study included:

- Paranoid over germs

As documented in the literature, the transmission of the virus mainly occurred through person-to-person via direct contact or droplets produced by coughing, sneezing and talking (Islam *et al.* 2020; Li *et al.* 2020; Wang *et al.* 2020). The virus infection could result in severe cases leading to cardiac injury, respiratory failure, acute respiratory distress syndrome, and even death (Holshue 2020; Wang *et al.* 2020). The health implication of the virus may be associated with why participants from family 3 expressed being paranoid and overly cautious over germs.

The family became paranoid over germs and viruses everything we touched at first and then it was wearing a mask and breathing and being too close to anyone (Family 3).

We no longer went on nature trails. But continued to keep our home and workspaces clean. We became extra pedantic about hygiene (Family 11).

- Increase in domestic work and costs

Another negative implication of COVID-19 on environmental wellness was the increase in domestic chores and costs.

With the kids being at home, more time was spent on cleaning, washing and using electricity. Also, we found that the amount of garbage increased. So, it meant working out a new routine of responsibilities like clearing the dishwasher, removing indoor garbage, vacuuming and mopping (Family 2).

The above statement shows that family domestic waste increased during the pandemic. While this may be connected to all family members working and schooling from home, the risk increase in domestic waste to the environment cannot be underestimated. Rume and Islam (2020) noted that the burden of untreated waste continuously endangers the environment. This could, in turn, affect the family's wellness if not properly managed.

- Environmental vulnerability

Rume and Islam (2020) noted that measures are taken to control the spread of the virus and the slowdown of economic activities have significant effects on the environment. This is also evident in the statement below.

As our homes, hospitals, work, and schools became environmentally vulnerable (Family 6).

Subtheme 2: Positive effect of COVID-19 on environmental wellness

There is no doubt that the global disruption caused by COVID-19 has brought about several effects on the environment and climate. While some of these effects could be negative as argued above, some positive effects have also been uncovered in the literature and this study. Due to movement restrictions and a significant slowdown in social and economic activities, Rume and Islam (2020) noted that air quality has improved in many cities with a reduction in water pollution in different parts of the world. Consistent with this, is the finding from the interviews that the lockdown promoted an eco-friendly environment.

- Promoted eco-friendly environment

Participant from family 7 considered the lockdown as a blessing in disguise. This was attributed to the reduction in pollution, thus promoting a greener and eco-friendly environment.

Regarding environmental wellness, COVID-19 was such a blessing in disguise. There was less pollution, and the environment was greener and more eco-friendly (Family 7).

Another participant who illuminated the following, corroborated the above view.

There was less noise pollution and less traffic on the roads. The public areas around us remained clean and tidy (Family 8).

The above noise reduction may be associated with a reduction in economic and communication activities as people were on lockdown. This supports Zambrano-Monserrate *et al.* (2020), who reported that the quarantine and lockdown measures mandate that people stay at home and reduced economic activities and communication worldwide, ultimately reduced the noise level in most cities. From a wellness perspective, the reduction of noise pollution is highly significant in the well-being of an individual. For example, Kerns *et al.* (2018) found that noise has negative effects on physiological health, along with cardiovascular disorders, hypertension, and sleep shortness in humans. More so, unwanted noise also negatively affects the invertebrates that help to control environmental processes, which are vital for the balance of the ecosystem (Solan *et al.* 2016). This could have contributed to the eco-friendly environment uncovered in this study.

- Reduced energy costs

Another significant positive effect of the lockdown measures could be energy cost reduction. For instance, avoiding the use of air-conditioning for the use of

natural sunlight could be significant in saving energy. This is particularly important to the environment and wellness. Hayes and Kubes (2018) note that reducing electricity consumption by 15 percent could prevent six deaths per day, save \$20 billion in annual health costs, and reduce about 30,000 asthma attacks per year.

Continued with eating healthily, drinking water with cucumbers and herbs, maintaining a clean home and work environment, avoiding using aircon, ensured we had enough natural sunlight (Family 12).

Subtheme 3: No effect on environmental wellness

Nevertheless, three of the participants noted that the pandemic had no effect on their environmental wellness. According to them, they continued with their routine activities as they had before COVID-19.

We had a routine before COVID-19, so we continued with this (Family 1).

Practising environmental wellness before the pandemic made us realise how important it is..... we continued to do what we did well (Family 4). We continued with our practices of ensuring that trash is not left lying around, using bags and water bottles which are reusable, loading recyclable items separately for collection; turning off lights and computers when not in use, using the dishwasher and washing machine sparingly; buying fresh produce from the farmers market (Family 9).

6.4.4.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF ENVIRONMENTAL WELLNESS

According to Kumar *et al.* (2021), COVID-19 has impacted the environment severely and indirectly. For example, the usage of pesticides, soaps, detergents, single-use plastic etc. increased many-fold during the pandemic

and thus took a heavy toll on the environment (Pata 2020; Zambrano-Monserrate *et al.* 2020; Saadat *et al.* 2020). From the previous subtheme, it was gathered that COVID-19 had both negative and positive impacts on the environment which was found to have a significant impact on wellness.

This theme explored the impact of COVID-19 on the specific aspects of environmental wellness of the family structure under five specific areas (time to clean your domestic and workspaces; making use of natural light and fresh air; discarding garbage regularly, cleaning spoiled foods out of the refrigerator, and staying on top of managing your pets; managing litter and recycling items; setting aside time to enjoy nature).

Subtheme 1: Time to clean domestic and workspaces

Scientific evidence suggests that the COVID-19 virus could remain viable in aerosols for 3 hours and has shown to be viable on various surfaces for a period of time: plastic (72 h), stainless steel (48 h), copper (4 h), and cardboard (24 h) surfaces (van Doremalen *et al.* 2020). Hence, it was vital to know the time the participants spent cleaning domestic and workspaces. From the interview transcripts analysed, the following were uncovered:

- Maintained regular cleaning

We still maintained regular cleaning. Even though my husband is wheelchair-bound, he helps with basic domestic chores. Sharing such chores helps to keep active, and to reduce the time spent on cleaning (Family 1).

More conscious and sanitise our places regularly (Family 11).

Our helper had more cleaning to do. She did not only clean and tidy the house, but also had to sanitize surfaces and household furniture regularly.

As the children were home, they maintained basic cleanliness and hygiene, especially in their bedrooms. We also ensured that garbage and laundry did not accumulate unnecessarily (Family 8).

The above narratives are consistent with Wang *et al.* (2020) that indoor and outdoor facilities should be kept clean and hygienic, and daily cleaning and disinfection measures should be undertaken. In addition, some of the participants hinted that the family became more vigilant in maintaining household hygiene practices.

- Vigilant about cleaning and sanitising

We had a routine before the pandemic, which we continued with. But became more vigilant about sanitising, using diffusers, and cleaning with alcohol-based detergents (Family 12).

Became extra diligent in cleaning. Sanitiser is used all the time (Family 3).

Particularly, and as can be extracted from the statement below, having a clean home to work from was stimulating. This suggests that a clean environment can increase productivity and wellbeing.

We became even more pedantic about cleaning because of the emphasis on sanitation and hygiene to mitigate infection; as well as to have a clean home to work from to make us feel good and stimulated (Family 9)

Furthermore, given the route of transmission of the virus, one could assume that inadequate prevention and control measures taken inside the homes may exacerbate COVID-19 transmission. This concern may have contributed to the increase in the time some of the participants spent cleaning their homes and workspace. This was to help minimise the risks of infections.

Time to clean domestic and workspaces increased to minimise the possible secondary impact on health and the environment (Family 5).

We had more time to clean, as we were more indoors. We had less laundry to do, but more cleaning of the floors, and bathrooms, sanitising more often and using diffusers (Family 7).

- Increasing time for cleaning using roster

One of the family members interviewed developed a roster for family members to ensure each remains compliant with the cleaning schedules.

More time was taken to clean domestic workspaces as we were usually at home. There was more cleaning, more sanitisation practices, and more garbage to dispose of. The roster helped to ensure that each person's duty for the day was noted... avoided excessive/unreasonable time being wasted on cleaning after long periods of time (Family 6).

Subtheme 2: Ability to make use of natural light and fresh air

Ventilation is one of the most effective measures to significantly reduce exposure to infectious diseases (Zhai 2020). Hence, the ventilation during COVID-19 ought to have been strengthened. Wang *et al.* (2020) noted that under the prerequisite of thermal comfort, natural ventilation is preferred. It was therefore worth knowing if the participants made use of natural light and fresh air to keep their environment safe. From their responses, nearly all the participants indicated that they opened windows and doors to allow fresh air and natural sunlight into their homes.

- Opening of windows and doors

We open our windows and doors to enjoy the sunlight and fresh air (Family 1).

This became important as it assisted in having lots of natural light and fresh air as a form of surviving the covid virus- opening windows and drawing the blinds daily (Family 3).

The above findings are consistent with the recommendation that windows should be open two or more times a day with a duration of 30 minutes (Wang *et al.* 2020). More importantly, the use of natural light and fresh air was found to improve wellness. For example, it was noted by family 5 that natural light and fresh air were necessary to improve immunity.

Making use of natural light and fresh air was necessary to improve our immunity. Because of increased exposure to ambient and indoor air pollution, we opened our doors and windows more regularly and for longer periods (Family 5).

Added to the above, a participant from family 6 noted natural sunlight as the source of vitamin B and D; and contributed to improved circulation. Among those who could not access natural sunlight, the opening of the windows was found to be beneficial.

We had little access to natural light or fresh air, as we were occasionally indoors due to lockdown regulations. But opening the doors and windows helped (Family 7).

We reside in a block of flats, so we had little exposure to natural light or fresh air. But opening our doors and windows helped. On warm days, we strolled into the garden in the complex (Family 8).

- Sitting outdoor

Not all our homes had enough natural light and fresh air. We sat outside intermittently to get enough fresh, sunlight and vitamin D. Doors and window were left open as long as possible, sometimes even at night as we avoided using the air con (Family 6).

We ensured that we went outdoors and opened windows to get enough natural light and fresh air, as it reduces the production of harmful bacteria; increases endorphins and serotonin; increases vitamin B and D; improves circulation, boots your immune system-these are important practices not only for healthy living but also to control the spread of the virus (Family 9).

- Avoided using air conditioning

In addition to opening windows, some of the participants indicated that they avoided using air-conditioning. The plausible explanation for this behaviour may be connected to the concern that the air inlet and outlet of the air conditioner may be a source of contamination. This is why it is recommended to regularly clean and disinfect the air inlet and outlet of the air conditioner (Wang *et al.* 2020).

Continued with avoiding the use of the aircon, and kept doors and windows open for longer periods. Strolled in the garden for fresh air and sunlight. Refreshing to be able to appreciate it (Family 12).

Another plausible reason for the avoidance of air conditioners indicated was the cost. This is reflected in the statement below.

We avoided using the aircon, because of the costs. We kept windows and doors open during summer. With day light savings in summer, we counted on natural light till late as possible (Family 2).

- Walking to shopping centre and relaxing in the garden

Given the benefits of natural sunlight highlighted above, few of the participants noted that they walked to the shopping centre and relaxed in their gardens.

My walks to the shopping centre, and strolls in the garden also helps (Family 1).

The above can also be another way of exposure to natural sunlight. The statement below further corroborates this:

This was limited to walking to the shops, sitting outside to enjoy the sun and air, or gardening. No longer went on nature trails (Family 11).

Subtheme 3: Ability to discard garbage, cleaning the fridge and pet management

Another basic measure of controlling the spread of the virus is that waste should be classified before disposal and the disinfection frequency of waste containers should be increased (Wang *et al.* 2020). Given that there are also chances of pets transmitting and or being infected from the virus, the responsibilities associated with pets such as the disruption to routine, limited participation, and or increased worry of meeting the pet's needs may cause stress during the COVID-19 (Applebaum *et al.* 2021). Therefore, it was critical to know how the family discarded their garbage and managed their pets during this period. From the transcribed interview data, some of the participants noted that there was no interruption to their waste discarding and pet management.

- *Discarding of waste*

This was routinely done before the pandemic. We continued to do so because of the necessity for hygiene and sanitation as a control measure (Family 2).

Continued doing so as before the pandemic- neatness, cleanliness and an inviting, healthy living and work environment are not negotiable (Family 4).

Also, part of the reason for the lack of interruption in waste discarding and pet management was associated with having no pets and limiting food waste.

There was no particular difference between pre-COVID-19 time and the COVID-19 period as we often did not have spoilt food, nor do we have pets. We maintained regular cleaning routines (Family 8).

We do not cook or buy excessively, so food is rarely wasted (Family 1).

Nevertheless, one of the participants shared that the panic buying created an increase in wasted food, and thus the need to discard waste.

The panic buying resulted in some food waste. Each time we bought groceries, we would stock enough to last for about three to four weeks. Sadly, some of the food lost its freshness or edibility within two weeks or so, so we were forced to throw it into the bin (Family 7).

From the above, one could draw out the necessity of discarding waste, as it could be a source of contamination. Besides this, one of the participants noted that there was adequate time available for garbage and pet management due to being on lockdown and WFH.

We had ample time for garbage clearing, cleaning and managing our pets since we were mainly in lockdowns and working from home (Family 6).

- Management of waste

Any poor waste management situation may lead to a high incidence of sanitation-related illnesses, such as cholera, intestinal worms and typhoid (Yoda *et al.* 2014). Given the public health disaster from the COVID-19

pandemic, one could easily assume that poor waste management may further result in a public health crisis for the family. Consequently, it was vital to know how the participants and their families managed waste generated during this period. It was found that some daily disposed of indoor garbage in the bins.

Indoor garbage is disposed of daily in the outside bins, which are fetched by the municipality weekly (Family 1).

Refuse removal is undertaken daily into the external bin (Family 12).

Some of the participants noted that daily disposing of household waste reduced the spread of the virus, which is critical for environmental wellness.

..spraying the home and business premises daily, sanitising, and disposing of garbage were prioritised to ensure that we limited the spread of the virus (Family 3).

- Management of pets

According to Wang *et al.* (2020), waste should be classified before disposal and the disinfection frequency of waste containers could be increased. The above view is consistent with basic hygiene measures to limit the spread of infection. While studies by Applebaum *et al.* (2021) raised a concern that the pandemic may lead to an increase in worry about individuals meeting their pets' needs, it was, however, uncovered from the interviews that some of the participants continued to manage their pets.

We continued with maintaining our pets in a healthy way. During the pandemic, we became more aware that any type of neglect is inviting trouble (Family 12).

Concisely, one could assume that effective waste and pet management may lead to a cleaner and healthier lifestyle. The statement below also reinforced this.

Discarding garbage regularly, cleaning spoiled foods out of the refrigerator, and staying on top of managing pets made our home healthier, reduced allergies, and support air quality efforts (Family 5).

Subtheme 4: Ability to manage litter and recycling items

While the COVID-19 pandemic imposed a global emergency, it also raised issues with waste management practices. There have been concerns about the contamination risks associated with solid waste management such as medical and household waste. Penteado and De Castro (2021) noted that the risk of increasing the spread of the virus through household waste from contaminated individuals cannot be ignored. More concerning is that the pandemic has led to many environmental problems. For example, Filho *et al.* (2021) found that the lockdowns have led to higher levels of consumption of packaged products, and of take-away food. This is also confirmed by some of the participants who noted that household litters and disposal items increased during the period due to the family spending more time at home.

- Disposing of waste

Many of the participants continued the practice of disposing household waste as a way of waste management practice.

Litter and recycling items increased and were disposed of more often because we spent more time at home (Family 5).

Litter and other disposal items did increase as we spent more time at home, but accumulation was minimal as we cleaned regularly since we worked from home (Family 6).

It was found that some of the participants regularly emptied their household trash, while others removed trash daily from their household. The excerpt below summarised the frequency the participants removed household litter.

We empty our trash as before, whenever our kitchen bin is full. We ensure that this is collected regularly (Family 11).

Managing litter didn't seem to be a big issue, as my wife, two daughters and mother regularly cleaned the home. We did accumulate litter as we cleared it as part of a daily routine (Family 7).

Two of the participants noted to daily cleaning litters while one indicated to routinely do the same.

Litter was minimal as we cleared them on a daily basis (Family 12).

Yes- even with more litter and the use of food packaging items, we continued with our daily routine of cleaning bins (Family 4).

COVID-19 reinforced the need for hygiene/cleanliness, part of which is environmental wellness. We routinely clear litter (Family 10).

From the above narrative, one could draw out that there was an increase in household waste that necessitated the need for daily and regular disposal of waste. From an environmental perspective, such an increase may likely strain the municipal waste management systems (Filho *et al.* 2021). Hence, the need for recycling becomes essential. From the interview transcript analysed, it was gathered that some of the participants engaged in weekly recycling while others did daily recycling.

- Recycling of waste

Three of the participants indicated weekly recycling of household items, while

one daily.

....dispose of recyclable items for collection (Family 10).

...recyclable items were sent for collection on a weekly basis (Family 12).

Recyclable items are fetched weekly by a private company (Family 3).

...non-negotiable daily practice (Family 8)

Corroborating with *Chen and Lee (2020)*, one can say that the above recycling practice is critical in household waste management. This is vital in having a clean and safe environment. This can also be supported by participants who reduced the use of disposable items in a bid to manage waste and litter.

We always avoid buying food/drinks packaged in recyclable containers (Family 7).

We are very conscious of minimising litter and using reusable items- we have our own mugs/water bottles (Family 9).

Apart from recycling, waste segregation is another public health measure for effective waste management. The participants indicated having different waste bins for plastic, paper, and garden refuse. Zhuang and colleagues noted that waste separation is a critical component of successful recycling management in terms of enhancing the quality of recyclables, and optimising de-incineration (Zhuang *et al.* 2008). Hence, and agreeing with *Chen and Lee (2020)*, source separation for recycling is one of the most crucial methods for achieving sustainable household waste management.

We have different bins outside for paper, plastic and garden refuse (Family 1).

Recyclable items were put into special bins for external collection (Family 6).

....having them separated into different bins for weekly pickup (Family 4).

- Degradation practice

Composting is beneficial to the environment by reducing greenhouse gas emissions and improvement of soil quality when applied to land and this considers effective waste management (Fadhullah *et al.* 2022). Participant from family 3 also corroborated this by stating the following:

We throw away the peels from fruit and veg into the garden to support biodegradable practices (Family 3).

Subtheme 5: Ability to set aside time to enjoy nature

According to Hartig *et al.* (2014), contact with the natural environment significantly improved psychological and cognitive outcomes. Thus, one can rightly assume that setting aside time to spend outdoors is a small investment of time that offers big health benefits. For example, natural sunlight and time in nature have been reported to enhance positive mood (Pasanen *et al.* 2018). Given the health benefits of enjoying nature, it was worth knowing that some participants and their families set aside time to enjoy nature during this period of the pandemic. From the interview transcripts analysed, some of the participants stated that in their bid to enjoy natural sunlight, they spent time walking and/or gardening.

With Covid -19, visits to the beach and other tourist sites have been limited. But sitting outside, walking in the garden or to the shops, and planting my vegetable and herbs helps to connect with nature (Family 1).

As a family, we enjoyed walks, even though restricted. These became a substitute for going to the beach. The walks provide opportunities to enjoy basic exposure to nature (Family 10).

From the above narratives, it is evident that although other natural tourist sites were restricted, walking and gardening were a means to substitute for this.

This was restricted during lockdown because of the km radius within which we were allowed to move. But living next to a park and having a large garden in the complex gave us an opportunity to enjoy nature – we sat on the grass, walked around the park, and had time to look at the different birds and trees around- this gave us insights into the rhythms and ways of nature (Family 9).

While for some, COVID-19 disrupted their natural routine, it was uncovered that watching documentaries on nature, as well as walking in the garden helped connect them with nature.

My husband is a climate change activist. Before the outbreak of COVID, he would travel out for mountain trails, visit forests, and participate in a river/beach cleaning occasionally. Unfortunately, COVID regulations denied him these opportunities, so he could not enjoy nature as he previously did. We did with less, such as walking in the garden/park and even watching documentaries on nature (Family 2).

During the lockdown, the hikes and retreats stopped. But I continued with my gardening and watching documentaries on nature (Family 4).

Besides walking and gardening, some of the participants found time to relax in their gardens.

We sit in our garden; we have a garden patch which is well maintained. We stopped going on nature trails (Family 11).

We became more aware of nature's value. Sitting in the garden to have tea was refreshing. We also took notice of the natural habitat, like the birds, trees and insects around us. After many years, I plucked fresh plums from the garden and enjoyed it (Family 12).

Consistent with the view that contact with the natural environment significantly improved psychological and cognitive outcomes; it was evident from the statement below that nature indeed enhanced psychological wellbeing.

Setting time aside to enjoy nature such as sitting under the tree and watching the birds or pets run around can be emotionally and spiritually reinvigorating (Family 5).

Another way some of the participants enjoyed nature was through mowing and pruning. It was considered therapeutic.

We started mowing the lawn and pruning the plants during the lockdown. This helped in saving costs but was also therapeutic for us as a family (Family 2).

6.4.4.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF ENVIRONMENTAL WELLNESS DURING COVID-19

The importance of a quality environment on the well-being of an individual can never be overemphasised. The above them highlights the health benefits of nature. It was also established that while some of the participants loved enjoying nature, the restriction and the shutting down of most tourist sites made it difficult for them. More so, it was evident from the theme that the lockdown created a conflicting environment where some of the participants had to work and share space with other family members. Hence, it was vital to know how the participants managed their environmental wellness during the COVID-19 lockdown. From the interviews, the following were uncovered:

Subtheme 1: Keeping the environment clean and safe

Part of the environmental wellness proposed in the literature is that indoor and outdoor environments should be kept clean and hygienic (Wang *et al.* 2020). Consistent with this, most of the participants interviewed reiterated managing and maintaining wellness by keeping the environment clean and safe. Part of the measures taken included recycling and disposing of trash.

We always ensured we disposed of trash and separated recyclable trash for disposal (Family 1).

Regular cleaning. Keeping the home neat. Sorting our garbage into recyclable and non-recyclable bins for collection (Family 2).

We continued with maintaining a healthy home environment; we spent time outside, and we reused items like plastic packets/containers (Family 4).

Continuing with our environmental wellness practices rigidly (ensuring that trash is not left lying around, using bags and water bottles which are reusable, and loading recyclable items separately for collection (Family 9).

Furthermore, some of the participants followed sanitising and daily cleaning routines.

Appreciate the garden more, continue with our daily cleaning routines, sanitised, kept the home well ventilated- open doors and windows. Sat in the garden-even working on my laptop (Family 12).

Micro-environmental wellness was managed by cleaning the home and workplace by fumigation and sanitisation. Cleaning hands and general cleanliness were enhanced as family members had time at home (Family 6).

We managed environmental wellness by ensuring the house was clean, and furniture and surroundings were sanitised (Family 7).

Keeping pets clean was also noted as a way of keeping the environment clean and safe.

Collecting trash and disposing of it for weekly collection, cleaning the garden as a family activity, regularly washing dishes by hand, cleaning cupboards/fridge, washing our hands, and mopping the floors. Keeping our pets clean (Family 5).

Another way some of the participants maintained and managed their environmental wellness was by abiding by the health and safety rules.

Abiding by health and safety at all times wherever we are. Encouraging our friends and family to be more conscious of the environment (Family 3).

Subtheme 2: Conservation practices

As previously noted in this theme, voluntary conservation efforts are necessary for a sustainable and healthy environment (Hannibal *et al.* 2019; Petersen *et al.* 2015). From the interviews, some of the participants managed their environmental wellness through conservation practices. It was found that the participants were intentional in saving water and electricity. These they achieved by harvesting water using a water tanker.

We have a water tank outside to collect rainwater for garden use. We do not use the hose unnecessarily to avoid wasting water (Family 1).

Opting for natural sunlight and fresh air as opposed to using air-conditioners to save electricity was another consideration.

We try to get enough sunlight and fresh air by opening our windows. We avoid switching on the aircon often, to also save on electricity. We do not leave lights or our computers on at night, or even during the day when not in use (Family 1).

We also made deliberate efforts to ensure lights in the house were only switched on when necessary. We avoided using the aircon (Family 7).

Sparingly using water when doing laundry or washing dishes.

Turning off lights and computers when not in use, using the dishwasher and washing machine sparingly (Family 9).

Subtheme 3: Gardening

Gardening was another way of managing environmental wellness. Two of the participants were involved in vegetable gardens. This may be connected to the fact that natural food helps improve wellness.

I have a small vegetable patch to grow my herbs, tomatoes and chillies (Family 1).

We had a regular supply of fresh veg and herbs from our garden (Family 11).

Subtheme 4: Enjoying natural air

As earlier noted, natural sunlight and air have health benefits. This could also help explain why some of the participants managed their environmental wellness during COVID-19.

I have a walker with a trolley to go shopping, this helps with exercise and getting some fresh air (Family 1).

We became extra conscious of having access to fresh air and sunlight (Family 11).

Enjoying fresh air and natural light (Family 2).

6.4.4.5 THEME 5: RECOMMENDED CHANGES TO ENVIRONMENTAL WELLNESS

Given the benefits of environmental wellness, some of the participants proposed changes that could help reconstruct environmental wellness during the pandemic. These were:

Subtheme 1: Electricity and water conservation

The need to save electricity and conserve water has been noted in this chapter. Some of the participants reinforced this need by recommending electricity and water conservation as changes to their environmental wellness.

Ensure that all our appliances and light bulbs are energy efficient (Family 1).

Buy a rainwater tank to conserve water for gardening, washing windows etc. (Family 11)

Get a water tank to collect rainwater (Family 2)

Water and electricity usage; by learning to recycle and turning off lights and computers when not in use (Family 4).

Practice ways of conserving water/electricity (Family 5).

Conserve energy by using energy-efficient appliances and light bulbs (Family 9).

Subtheme 2: Walking and outdoor activities

The importance of natural sunlight and air on psychological well-being has been reported in this chapter. Hence, it was supported by some of the participants reinforcing changes to their environmental wellness. For instance, hiking, and walking could be interpreted as a way of enjoying natural sunlight and air.

Start our walks/hikes again (Family 11).

Spending more time outdoors, even working on therapy on the patio; commuting by biking or walking where necessary (Family 4).

Use the car less often when we can walk to the market/shops if the weather permits (Family 9).

Subtheme 3: Recycling and reducing the use of plastics

Changes in lifestyle and industrialisation as seen in the increase in the use of plastic packages. However, much single-use plastic is not biodegradable and thus creates serious havoc on the environment. This concern may have informed the recommendation for recycling plastics as it is commonly used in many households.

Reduce the use of plastic packets and bottles (Family 1).

Avoid using plastic bottles and bags - invest more into reusable items (Family 2).

By using reusable bags and water bottles; being mindful (Family 4).

Limit the use of plastic containers/invest in durable shopping bags for groceries (Family 5).

Subtheme 4: Gardening

Growing one's own food is highly essential not just in reducing household costs, but also in having a daily supply of fresh and healthy food. Some of the participants thus suggested gardening as a change to their environmental wellness.

Starting a vegetable garden (Family 2).

Move into a bigger house, with a garden in which we can grow our herbs and vegetables. Get a dog and a bird for my kids (Family 7).

Prune the trees in the garden. Start a vegetable patch (Family 12).

Subtheme 5: Environmental cleanliness practices

Part of the public health measures recommended for a safe environment during COVID-19 was extensive and regular cleaning as well as sanitisation. Some of the participants suggested the following changes to their environmental wellness.

Enhance clinical cleanliness and be able to sanitize and fumigate our surroundings as a routine after the pandemic (Family 6).

Get the whole family involved in environmental cleaning such as public spaces, as the exercise helps also with overall wellbeing. It can make us appreciate nature more, and value the benefits of a clean and protected natural environment (Family 8).

Given the importance of a clean environment in the management of the pandemic, some of the participants advocated for an awareness campaign to influence a clean environment among the public.

People simply don't abide by the rules of social distancing and keeping the environment clean. Create more awareness among family, friends and our community. Encourage our religious leader to raise this in his weekly sermons (Family 3).

I would do an awareness campaign to influence others (Family 10).

6.4.5 FINANCIAL WELLNESS DIMENSION

Financial wellness involves the ability to have financial resources to meet practical needs; and a sense of control and knowledge about personal finances (Swarbrick and Yudof 2015). Raveendran *et al.* (2021) regard financial wellness as a significant constituent of the overall well-being of an individual. Thus, financial wellness is seen as having financial security and freedom of choice, in the present as well as the future (Raveendran *et al.* 2021). Moreover, the claim by Raveendran *et al.* (2021) of the heightened need for financial wellness and a realisation that there must be a concerted system-wide effort to enhance the financial wellness of individuals, has come out clearly in the wake of the COVID-19 pandemic.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for financial wellness under the 5 themes.

THEMES	SUBTHEMES
1. Financial wellness situation before COVID-19 (2 subthemes)	1. Stable financial situation 2. Family facing financial problems
2. Overall effect of COVID-19 on financial wellness (3 subthemes)	1. Positive effect on financial wellness 2. Negative effect on financial wellness 3. No effect on financial wellness
3. Impact of COVID-19 on specific aspects of financial wellness (6 subthemes)	1. Access to funds to meet current expenses 2. Ability to balance wants and needs; and balancing savings and spending

	3. Access to funds for unexpected expenses 4. Ability to pay bills timeously 5. Financial planning for the future such as home ownership/educating children 6. Enlisting professional help with financial matters
4. Pathways to the management of financial wellness during COVID-19 (4 subthemes)	1. Strict budgeting 2. Living within means 3. Savings 4. Financial planning before retirement
5. Recommended changes to financial wellness (5 subthemes)	1. Increase savings 2. Cutting down expenses 3. Job change 4. Supplement income 5. Budget for children

6.4.5.1 THEME1: FINANCIAL WELLNESS SITUATION BEFORE COVID-19

A lack of financial wellness is a major problem across the globe (Raveendran *et al.* 2021). Hence, it was vital to understand the financial challenges faced by the participants before Covid-19. When asked to describe their financial challenges before COVID-19, the following subthemes were uncovered.

Subtheme 1: Stable financial situation

Nearly all of the participants indicated having a stable financial situation with no known challenges. Some of the reasons for having no challenges include living within one's means and budget

...we always lived according to our means and have a budget (Family 1).

No financial challenges- budgeting to meet our expenses and live within our means was a priority (Family 11).

No. Our financial resources met our practical needs as we budgeted and lived within our means (Family 5).

The above narratives suggest that the participants engage in budgeting; and do not spend more than their income. This means that they can save money for their financial goals, and it also gives them a cushion in case of emergencies when extra cash is needed. For example, financial budgeting may have contributed to the prompt payment of debt as seen in the statement below.

No- we lived on a strict budget. However, when there were unforeseen major expenses such as plumbing, we used our credit card, but ensure it was paid off timeously (Family 2).

Furthermore, others attributed their lack of financial challenges to their stable employment.

No as a couple we have been formally employed- income has been stable (Family 10).

No financial issues- retired parents had a steady source of income. I remained in my job without any financial restraints (Family 12).

No- stable business and income (Family 3).

No, as we were all employed (Family 4).

No, we barely experienced financial challenges before COVID-19, as I had a stable job; my wife was working, while one of my daughters also had a part-time job. My mom had a stable pensioner's income (Family 7).

No- I had a management job which paid well. My partner owned a restaurant business which was flourishing (Family 9).

The retired couple, who lived on their pension, also acknowledged supplementing their income by working part-time. As such, one could say that having a stable source of income and/or financial earnings may have alleviated financial challenges. For example, the loss of livelihood made many people vulnerable to financial challenges during the pandemic (Raveendran *et al.* 2021). Presumably, it thus means that having a source of livelihood mitigates financial challenges.

No, we lived on our pension, which was sufficient. Our grandchildren receive support from their late parents' trust fund. We tutored part-time to supplement our income (Family 8).

Subtheme 2: Family facing financial problems

Nevertheless, one of the participants noted that the family faced a financial problem. According to the participants' view, the cause of this is the manifestation of the economic environment and not necessarily the consequence of the pandemic.

With or without COVID-19, our family would have financial challenges here and there. It is a manifestation of the economic environment (Family 6).

The above is consistent with the view that social and economic environments like macro-economic context, family wealth, access to education, and geographic location can affect financial wellbeing (Brüggen *et al.* 2017).

6.4.5.2 THEME 2: OVERALL EFFECT OF COVID-19 ON FINANCIAL WELLNESS

The Covid-19 situation has created a new dynamic in financial wellness, which thus poses a serious challenge to individual wellbeing. One of the major causes of financial hardship among employees is a shortage of emergency preservations (Corporate Wellness Magazine 2021; England 2021; Hancock 2020; Allan 2020). Alban, in his study found that financial wellness is directly associated with overall well-being such as productivity experienced at work, quality of the relationship, quality of health and hence the quality of life (Alban 2020). Thus, one could directly link a lack of financial wellness to behaviours that affect the quality of an individual's life. Given the COVID-19 crisis, it becomes critical to know if the pandemic has had an effect on the financial wellness of the participants. From the interviews, it was found that the pandemic had positive effects on some of the participants, while for others there were negative effects on their financial wellness.

Subtheme 1: Positive effect on financial wellness

In terms of the positive effect on financial wellness identified in the study, some of the participants noted the following:

- Reduced cost of living

Participants indicated that household expenses were reduced due to the lockdown.

Staying at home has made us resort to more cooking which is cheaper, we saved on travel costs to work; shopping for clothes was reduced (Family 10).

Helped us to save more- no outings, dinners, and take-outs; no shopping for clothes and presents; reduced spending on luxuries and toiletries (Family 12).

The above narratives show that participants saved more due to the reduction in luxury expenses like shopping, eating out and travel costs. As such, it can be said that COVID-19 positively influenced the financial wellness of the family, since they saved more during the pandemic. Another plausible explanation for the reduction in the cost of living may be that the participants were cautious about spending. Warren *et al.* (2021) found that Australians were reducing their spending in response to the economic impact of COVID-19, and that there was a high level of caution with regard to spending.

Subtheme 2: Negative effect on financial wellness

As highlighted by the International Monetary Fund (2020) World Economic Outlook report, the global economy will contract sharply by -4.9 per cent. This means that the COVID-19 outbreak will have major effects on the economy of both households and nations. From the interviews, it was found that the pandemic had a negative effect on the financial wellness of some of the participants and their families. These negative effects included:

- Reduced income

From the interviews, it was found that the pandemic contributed to the reduction of some of the participants' income.

The reduced income from private tutoring meant that we cut down on personal luxuries (Family 8).

I continued with my management post. The restaurant business was forced to close. My partner had to hold 2 part-time jobs after he closed

the business. There was a decrease in income, but we were not left in debt. He did receive relief funding from the government (Family 9).

From the above, it is sufficient to assume that the reduced income as a result of the pandemic caused some of the participants to cut down expenses. This suggests an effect on financial wellness. According to Botha *et al.* (2021), negative involuntary labour market shocks such as unemployment, reduced work hours, and lower wages decrease the resources that are available to achieve wellbeing. This is also evident in the statement below.

COVID-19 affected our financial well-being, as my wife and daughter stopped working. We had to cut down on expenses (Family 7).

But COVID-19 caused my retrenchment from my part-time job. I became unemployed for a period of time. My wife had to close down her business. We had to focus on essential needs due to reduced income. We did receive support from special relief grants, family food sponsors and vouchers from the church (Family 5).

The perceived reduced income may have led to financial strain, and thus negatively affected the family's wellbeing. As participant from family 5 said, the family had to focus on essential needs, which could compromise the overall quality of life.

- The increased cost of living

Another negative effect of the pandemic on financial wellness was the increase in the cost of living. Some of the participants indicated that cost of living increased as their income took a hit.

Business affected and income affected and cost of living increased. We had to revisit our spending habits, reduce expenses, especially luxuries, and used some of our savings/credit card facilities (Family 3).

..Our gas/electricity bill did increase (Family 4).

The above also suggests a negative influence on financial wellness. For instance, the increase in the cost of living made some of the participants use savings and credit card facilities, which will no doubt strain their financial wellness. Additionally, this can be corroborated by Khan *et al.* (2021), who found that the COVID-19 pandemic impacted the income of older adults; and adversely affected older adults saving capabilities.

Subtheme 3: No effect on financial wellness

Despite the above, some of the participants maintained stable incomes and thus it can be said that the pandemic had no effect on their financial wellness. The likely explanation for this is maintaining full-time employment during this period. In addition, strict financial discipline could have contributed to the family's stable income.

We retained a stable income from our full-time jobs. The income from the part-time business decreased. Fortunately, we did not have too much debt to leave us in a financial crisis (Family 6).

6.4.5.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF FINANCIAL WELLNESS

An impression of the contemporary COVID-19 restrictions might indicate that many households were financially imperilled. This financial crisis can heighten stress levels for employees dealing with stress and anxiety or who have already experienced these disorders in the past. For instance, Corporate Wellness Magazine (2021) outlined on its webpage that employees were confronted with employment damages, leave, and salary cuts that forced them toward what could be defined as the most acute financial crisis. As such, one could rightly say that the COVID-19 pandemic has been one of the most challenging times financially for many employees worldwide. It is therefore important to know how

the pandemic impacted specific aspects of the participants and their families' financial wellness.

This theme explored the impact of COVID-19 on the financial wellness of the family structure under six specific areas (access to funds to meet your current expenses; balancing your wants and needs and balancing your savings and spending; access to funds for unexpected expenses; paying your bills timeously; financial planning for the future such as home ownership, educating your children, or retirement; enlisting professional help with financial matters).

Subtheme 1: Access to funds to meet current expenses

As already shown in this chapter, the pandemic contributed to the reduction of household income for some of the participants. Given the increase in the cost of living, it was critical to know if the participants had access to funds to meet current expenses. It was uncovered that some of the participants had income salary and savings, personal savings and family support while others had access to government grant, credit card and savings.

Among those who indicated having financial access to funds to meet current expenses through their income and savings, the following was stated:

Since we are formally employed, we have always received our monthly salaries on time. We also have savings accounts as backup (Family 10).

Manageable- savings, investments, continued income from full-time employment (Family 12).

Our wage incomes were not enough to meet all current expenses. We used our savings (Family 6).

There was adequate money to pay current expenses. We ensured before COVID-19 that we lived within our means. We always set aside money

toward our savings. The reduced income did not get us into debt, as we are spendthrifts (Family 9).

Among those who used personal savings and family help to pay for the current expenses, the following was shared:

We did not get into debt as the income carried us through, with some financial support from family. We also have a savings account (Family 1).

*Family help, access to relief funds, and use of savings (Family 5).
Adequately covered (Family 8).*

Botha *et al.* (2021) noted that Australian government measures are in place to reduce flow-on effects on people's financial situations. This was uncovered as a form of grant as revealed in the statements below:

The government grant to help those in temporary unemployment helped us. My wife also got an allowance as an essential worker (Family 2).

We managed on 2 full-time incomes, instead of 3. My son did receive some government relief funding (Family 4).

Having credit card access means that some of the participants can purchase things, they need and pay back later. This was also noted to help some of the participants pay for their current expenses.

Living off credit- cards and some savings to fund expenses (Family 3)

We used our savings and credit cards (Family 6).

Subtheme 2: Ability to balance wants and needs; and balancing savings and spending

Raveendran *et al.* (2021) identified worries about retirement, debt, and the strain of living to pay debts as common financial stressors. It thus becomes important to know how the participants balanced wants and needs. From the interviews, nearly all of the participants indicated that they prioritised their needs, which helped them balance their saving and spending habits.

You prioritise needs, and it was an unusual time that one had to become creative in spending. With restrictions, there was no need to focus on wants. Spending on unnecessary items was halted. We became more concerned about saving (Family 11).

The focus was on needs. Wants to be diminished due to lockdown and social distancing protocols. Saved more, spent only on necessities (Family 12).

Priority was given to essential needs, in view of future uncertainty. This helped in minimising unnecessary expenses (Family 2).

For some families, making financial changes to their living was not an easy task, and had a negative impact on their wellness. Despite this, the family had to adjust to the new reality.

Initially, it was difficult and depressing; and emotionally and mentally devastating. Balancing this new life was challenging. But to survive, we had to be realistic and practical if we were to transition through this upheaval successfully. We had to make amends and be flexible with our spending and satisfy our wants. We prioritised our essential needs as a family and business owners. This helped with controlling unnecessary expenditure (Family 3).

Participants from family 4 believed that cutting down unnecessary spending was

necessary for the family's wellbeing. This was achieved by buying things at special prices and cutting down on waste.

It is absolutely necessary to balance your expenses with what is necessary for you and your family's well-being. Extravagance, when funds are restrained, was a no-go zone. We cut down on unnecessary expenses, and bought groceries, especially during specials; we also developed a weekly meal plan which helped to minimise wastage; save n buying only what is needed for the week and realised that not going out often was the greatest form of savings. So, making choices about when to go out and which invites to accept is a money-saving strategy (Family 4).

The above suggests rational financial thinking and behaviour amidst a financial crisis. This aligns with the field of behavioural finance, which substitutes normal people for rational people in standard financial management (Statman 2019). Although some of the participants prioritised needs and streamlined the need for luxury wants, the family's struggles to save highlight the extent of Covid-19 impact on financial wellness. This was mainly attributed to reduced income earned by some of the participants.

The focus was on needs. Spending was carefully monitored. Not possible to save because of reduced income. We used some of our savings to pay bills (Family 5).

The income was not sufficient to plan any savings as we did before. My income was used to cater for food, medicine and other necessities, which were deemed important (Family 7).

The above statement is consistent with the report which suggested that in the last two years many families have resorted to taking out their emergency savings as in this pandemic, many people's salaries were reduced or deducted

and, in some cases, the person earning for the family lost his/her job (Corporate Wellness Magazine 2021; England 2021).

Another reason for the lack of savings can be attributed to an increase in medical emergencies.

Wants were largely streamlined and we were left only with major needs. We also spent more on immunity boosters. It was more of spending than saving. There was little room to save cash, but we reduced spending on non-essentials (Family 6).

Besides prioritising needs, some of the participants indicated living within their means. This was an effective financial strategy as it prevented debts.

We always live within our means. While we had to cut down on some luxuries such as toiletries, we did not get into debt (Family 1).

In addition, living within one means helped some of the families to save during the crisis. This was achieved by adjusting the family budgets to meet only the basic needs.

We have adjusted our budgets to meet basic needs. Thus, we managed to have a surplus to increase our savings for a rainy day (Family 10).

Since wants are luxuries, we ensured that spending on our needs and wants was within our financial earnings. We do not use our credit cards, unless for emergencies. Allocating money towards our savings was a priority, even though the amount decreased after the closure of the business. A revised budget during COVID-19 ensured that we spent on our wants and needs and wants in a financially healthy way (Family 9).

Subtheme 3: Access to funds for unexpected expenses

From the above narratives, one could draw that most of the families prioritised their needs and or lived within their income. It thus is important to determine if the participants had access to funds for unexpected expenses. From the interview responses, nearly all indicated having savings for their unexpected expenses, while few got by with assistance from friends, family and government grants. Many of the participants disclosed having sufficient savings to meet unexpected expenses.

Our finances have been constant. We have savings to meet unexpected expenses (Family 10).

We are good savers, so access to funds was not a problem (Family 11)

Savings was useful to face unexpected expenses (Family 5).

Unexpected expenses were catered for through our savings. We have common savings account for myself, my wife and my daughter for unforeseen expenses (Family 7).

The above may be associated with prudent financial planning as indicated by the participant from family 12.

Sound financial planning allowed for savings for a rainy day (Family 12).

These funds were available, but we had to prioritise expenses so that the funds were not totally depleted (Family 2).

Savings, use of the credit card and trust funds were other sources of income for unexpected expenses.

We used our savings and credit cards (Family 6).

All 3 of us have savings plans, investments, and credit cards- however, these were carefully monitored to avoid undue debt (Family 4).

We have a savings plan. The children's unexpected needs were catered for in the trust fund (Family 8).

Sound budgeting habits ensured that our savings was always a backup. We also have credit cards which have funds available (Family 9).

The government grant, friends and family were other sources of finance for unexpected expenses.

We did have access to funds such as business rescue grants from the government. But we had to be careful not to overspend as it is repayable (Family 3).

Financial help from the church, family and friends and government relief funding was of assistance (Family 5).

We have a savings account but fortunately did not dip into that for unexpected expenses. For example, when the geyser needed repairs, the family helped to pay (Family 1).

Subtheme 4: Ability to pay bills timeously

The financial and social disturbance caused by the pandemic is devastating, as tens of millions of individuals are at risk of falling into extreme hardship, while the number of undernourished individuals, currently approximated at almost 690 million, increased by as much as 132 million by the end of 2020 (Kimberly 2020). Moreover, it is reported in the literature that there are unanticipated financial modifications in the daily lives of people that adversely impacted their ability to sustain themselves (Kutsar and Kurvet-Käosaar 2021). As such, it was vital to determine if the pandemic caused a delay in the participants paying bills as they

adjusted to the new financial reality. From the interview transcripts analysed, nearly all the participants indicated that there was no interruption in paying their bills. Some of the participants and their families continued to pay bills on time as before the pandemic.

We continued to pay our bills on time (Family 1).

Yes, our bills were always paid timeously before and during the pandemic (Family 8).

Participant from family 10 attributed their ability to pay the bill on time to them avoiding buying things on credits.

We have managed to avoid any arrears, so all bills are paid timeously which has always been our priority. We do not buy on credit. We avoided buying anything new during covid-19, due to uncertainty of the future (Family 10).

For family 11, in focusing on their needs, it was ensured that bills were paid on time.

Bills are always paid on time as we focus on needs and not wants and saving rather than spending during such uncertainty (Family 11).

Some of the participants attributed their ability to pay bills timeously to the fact that it is paid online.

Most bills are paid online; this was cost and time-saving. Debit orders also ensured that there were no delays in payments (Family 12).

On-line without fail (Family 4).

The advantage of online payment in addition to saving time and cost is that

payers can monitor payment and ensure it is paid timeously.

We always accurately monitor payment dates and manage our finances carefully and responsibly, which goes a long way towards reducing the risk of not paying bills timeously (Family 9).

Having access to credit cards, grants and adequate savings ensured the payment of bills timeously.

We managed to continue doing this due to access to the grant, credit card and savings. But amending our budget helped to keep our finances under control (Family 3).

Participants from family 5 considered paying bills as civil responsibility and thus could have influenced their behaviour towards bill payments.

Paying bills timeously is an obligation, which we did not compromise on. This is a compulsory requirement and civic responsibility (Family 5).

In addition to the above, it was also uncovered that certain bill payments had some delays. For example, waiting for insurance to process payment for bills caused delays in some payment.

Most bills were paid timeously, except when the geyser burst/car repairs required insurance processing - delayed due to staff working remotely (Family 6).

Participant from family 2 noted to have the leverage to delay payment and or partial payment in some bills without attracting penalties. As stated by the participant, it was a specific financial relief measure, probably to caution against the effect the pandemic had on an individual's financial wellness.

Certain bills were paid timeously, where we were given leverage for delayed payments or partial payments, we exercised this option. Fortunately, there were no penalties as it was COVID-19-specific financial relief measures implanted by various businesses/organisations (Family 2).

Subtheme 5: Financial planning for the future such as home ownership, educating children

Lusardi and Mitchell (2017) in their research attributed a lack of financial literacy as to why individuals do not act in their best interest in planning for financial wellness. According to Raveendran *et al.* (2021), financial literacy included aspects of knowledge, attitude and behaviour covering a range of contexts such as money management, planning for short- and long-term financial goals and awareness and choice of financial products. Given the negative impact of Covid-19 and the associated effect on financial wellness, it is critical to determine if the participants had an interest in planning for the future such as home ownership and educating children. From the interviews, many of the participants had different financial planning measures such as bonds, investment plans, and insurance plans while few indicated not to have any. These are detailed in the excerpts below.

- Planning for future home ownership

From a financial management perspective, one could rightly say that buying a home saves an individual more in the long term than renting a house (Lusardi and Mitchell 2017). In addition, monthly home loan repayments add up to less than total rent over the same period; especially when one considers how rental prices are increased incrementally.

We have stalled the purchase of our home, which we have been saving for (Family 5).

While we planned for future home ownership, the time is not right (Family 9).

- Mortgage and bond

The interviews revealed that many of the participants had mortgages and bonds for their own homes. Some of the participants revealed to have mortgage plans on their house, which they were paying.

We have a small bond, which will be paid off soon (Family 11).

We are still paying for our bond, but the bank allowed us a temporary reduced mortgage monthly repayment (Family 3).

We always pay a higher amount on our mortgage repayment and avoid debt (Family 9).

However, some of the families had already paid off their mortgages, while others inherited a house.

My parents planned well for their retirement. I have taken a leave out of their book by doing likewise. The mortgage has been paid off. I am about to pay the load on my car off, as I paid a substantial deposit toward the car (Family 12).

I inherited the house from my mother, hence it is a bond-free house (Family 6).

- Buying a house

Given the perceived benefits such as having an asset that can be passed onto heirs as shown above (Family 6 statement), some of the participants revealed

their intention to buy their own house. As such, making financial decisions to save towards it is seen in the statements below.

Once in find a full-time job, we plan to buy a house. Our savings plan incorporates the decision to save a substantial deposit for the house so that our mortgage repayments will be lowered (Family 10).

We are renting at present. We planned to buy a house in 2 years. It is still possible as we are not in debt or used our savings (Family 7).

- Planning for retirement

Having a retirement plan is suggested in the literature as a key determinant of financial wellness, particularly in old age (Swarbrick and Yudof 2015). From the interview analysis, some of the participants have different retirement plans.

My wife has a retirement policy and contributes toward a pension fund (Family 10)

We contribute toward our pension funds; we have savings which is growing (Family 11).

I contribute toward a pension fund. We hope that once my wife secures full-time employment, she will have a pension fund as well (Family 7).

We have policies in place to pay for our child's higher education and retirement annuity policies (Family 3).

Our financial planner guided us on our investments- life covers, education (Family 9).

COVID-19 showed us that financial planning is key for stable financial well-being in times of uncertainty. We realised that we need investment

plans, which we are considering once the business is back in operation (Family 6).

- Children education

Financial planning, particularly for children can help contribute to financial wellness. From the interviews, some of the participants noted having saving plans for their children.

We have a financial plan to secure the education of our 2 children (Family 7).

In addition to the above, it was found that some of the children's education is covered by government funds. For instance, family 6 noted that two of the children have scholarships.

We have educational savings plans for our children. University fees are covered by the government. Two children have scholarships for private schooling (Family 6).

Participants from family 10 shared that tertiary education is covered by the university and the children received a government allowance to cover the cost of their education.

The children receive a government allowance, as our incomes are below the threshold. They have savings plans as well. For their tertiary education, the fees are covered by the university, and they pay once they qualify and start full-time employment (Family 10).

- Financial plan for the future

In terms of the financial plan for the future, some of the participants noted having a saving plan, while others indicated reducing their spending. These are

reflected in the statements below.

We did have a savings plan but had to use some of it. We hope to recover the withdrawals once we have stable jobs again (Family 5).

Monthly savings (Family 9).

According to the participant from family 4, financial planning begins with how money is spent. Financial planning was noted to contribute to a healthy financial life.

By adjusting your spending on wants. Financial planning begins with how you spend your money “wisely”, something, I taught my children so that they can practice this for a healthy financial life (Family 4).

Also, buying things in bulk increased their saving abilities.

Buy things that are discounted, sometimes in bulk especially non-perishable items- these strategies help with saving money monthly (Family 9).

Raveendran *et al.* (201) indicated that lack of self-control may lead to the inability to save for the future. From the above narratives, there is strong evidence of good self-control among some of the participants, which enabled them to save.

Subtheme 6: Enlisting professional help with financial matters

According to Chung *et al.* (2020), the impact of the pandemic Covid-19 on older people is still significant. As such, taking proactive measures such as saving early and ensuring financial security can help to ensure a better life after retirement (Aziz *et al.* 2021). Given the connection between financial literacy and financial wellness (Raveendran *et al.* 2021), it becomes essential to know

if the participants enlisted professional help with financial matters. From the interview analyses, the following were uncovered:

- Financial brokers and accountants

To ensure financial wellness, Botha *et al.* (2021) noted that targeted help in the form of financial counsellors or advisors, as well as temporary debt relief, might be appropriate measures to increase financial wellbeing. From the interviews, many of the participants revealed to have made use of professional financial assistance such as financial brokers and accountants.

Before retirement, we had a financial broker who advised us on our investments and savings plans for retirement. We, therefore, are fortunate to have financial stability now, even though it is not an affluent lifestyle that we live (Family 1).

The use of a financial advisor was revealed to be very helpful in financial planning.

Fortunately, our accountant and financial broker have been very helpful in financial planning (Family 3).

For example, the participant from family 4 noted that an expert's financial advice can prevent making wrong investments and spending decisions, which is critical for ensuring financial wellness.

I did have a financial advisor who tailored a financial plan to suit my individual needs, my sons did likewise when they started working. Expert financial advice can avoid making wrong investment/spending decisions (Family 4).

Using financial experts can also guide households to navigate challenging financial situations like those caused by the pandemic.

We have on three occasions sought the aid and expertise of financial experts to guide us on how to sail through these challenging times (Family 7).

A financial planner was also found to be helpful in safe guarding investments for old age.

We sought the advice of a financial expert when were still working, which helped in planning for our old age. A number of our investments reached full term, which we reinvested and get an income from them (Family 8).

As such, financial knowledge was vital in maintaining financial stability.

We had sound financial knowledge, we did use a financial planner, many years ago which helped us to maintain financial stability even during the pandemic (Family 9).

- Parents

Apart from the financial experts, one of the participants revealed gaining financial literacy from their parents.

According to the participant, their advice helped to guide the choice of investments and the decision to buy a car.

The best lessons were from my parents. I took their advice in terms of investments, and financial options to buy my car. We have an accountant to help with tax matters (Family 12).

- None

Two of the participants noted that there was no need for a financial assistant as they prioritised savings.

Our financial situation is very simple. No need for professional help, as we focus on a budget, savings, avoid credit cards, and buy items for cash (Family 11)

There was no need as we managed a simple budget (Family 2).

However, one of the participants attributed the reason for not using financial advisors to the affordability of such services. The participant, however, noted gaining financial literacy online as well as taking advice from family and friends.

We cannot afford professional help with financial matters, but we read a lot on financial planning from various websites and take advice from family and friends, which is constructive for better management of our finances (Family 5).

While the participant from the family does not have any financial advisor now, it was, however, hinted that this will be considered in future. The change of mind set was attributed to the negative financial challenges faced during the pandemic.

It was not an urgent matter currently but going forward we will consider a financial broker as the pandemic taught us about financial preparation for unprecedented financial challenges (Family 6).

6.4.5.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF FINANCIAL WELLNESS DURING COVID-19

Given the importance of financial wellness in the wellbeing and quality of life of an individual, this theme explored how the participants managed their financial wellness during the pandemic. From the interviews, it was gathered that most of the participants managed their financial wellness through strict budgeting, living within their means, savings, and through adequate planning before retirement. These are discussed below.

Subtheme 1: Strict budgeting

As previously stated, many of the participants noted cutting down on unnecessary expenditure, which they achieved by focusing only on their immediate needs. This also revealed how they managed their financial wellness during the pandemic.

Participants from family 11, for instance, managed financial wellness by avoiding unnecessary use of the car. This perhaps could be a way of reducing expenses on gas and petrol. The family also grew their own vegetables, which may have helped to reduce the cost of groceries.

Strict budgeting, avoided using the car unnecessarily, maintaining our herb and veg garden, focussing on needs (Family 11).

Similarly, family 5 reduced the use of lights and water, which helped to save costs on water and electricity bills.

We set a budget: we write down our income and spending. We did not invest in any luxuries. we reduced the use of lights and water (Family 5).

Further, family 2 indicated managing their financial wellness by reducing service providers and taking up the responsibilities by themselves.

Reduced the use of service providers- like mowing the lawn, we did that on our own. Monitored the usage of gas and electricity- reduced the unnecessary use of dishes/clothes to minimise switching n the dishwasher/washing machine; did not leave on lights unnecessarily (Family 2).

Family 12 also reduced expenses by cutting down on unnecessary spending and switching over to energy-saving appliances to conserve electricity.

Saved more as our expenses diminished; became more aware of unnecessary spending on wants; and invested in energy-saving appliances once they became dysfunctional (Family 12).

Family 7, 8, and 4 cut down expenses by planning their expenses ahead of time. In doing this, they significantly cut down their expenses and avoided overspending on unnecessary items.

Most importantly, we significantly cut down on our daily, weekly and monthly expenses. We also planned our expenses ahead, so we already had a good estimate of how much will be spent daily, weekly and monthly (Family 7).

We managed our financial wellness by planning our budget well in advance and not spending on unnecessary items (Family 8).

Made sure we maintained a budget; be aware of how we spent our money; make sure also to build our savings; always planned for major purchases when and if necessary; saved early for retirement; we handled credit with care and also kept financial records (Family 4).

Subtheme 2: Living within means

Three of the participants revealed that the family lived within their means and thus could manage their financial wellness during the Covid-19. These are reflected in the statements below.

Living within our means, budgeting, reducing unnecessary expenses, especially on luxury items, and continuing with our monthly savings (Family 10).

Reduce expenses, lifestyle change and learn to live with less (Family 3).

Lived within our means. Maintained a savings plan even though it was reduced. My partner found part-time employment even though it paid less and not totally satisfying from a financial perspective, but it was better than sitting idle at home (Family 9).

Subtheme 3: Savings

Two of the participants shared that they had adequate savings to manage their finances during Covid-19.

We have savings to meet unforeseen expenses (Family 1).

Our debts are minimal, we have savings and credit cards. But such funds were not spent recklessly (Family 6).

Subtheme 4: Financial planning before retirement

In addition to the above, financial planning before retirement helped family 1 to live comfortably during the period of the Covid-19 pandemic.

Financial planning from our early years gave us the advantage to have a comfortable life during retirement (Family 1).

6.4.5.5 THEME 5: RECOMMENDED CHANGES TO FINANCIAL WELLNESS

From the above narratives, there is no doubt that the COVID-19 pandemic has spawned substantial international health and economic crisis outcomes. In this theme, there is evidence that job and earning losses were harmful to financial wellbeing. The impact was also felt on how some of the participants adjusted their standard of living to mitigate and manage the effects of the virus on their financial wellness. Given the said challenges and the need to make changes to financial wellness in case of another unfortunate crisis, the following recommendations were proposed for financial wellness.

Subtheme 1: Increase savings

Undoubtedly, savings were critical for many of the participants interviewed. It helped sustain the family and allowed them to pay their bills timeously to avoid emotional distress from it. As such, many of the participants proposed increasing savings as a recommendation for financial wellness.

Try to amend our budget to increase savings, so that we can go on a local holiday after the pandemic (Family 1).

Improve on our savings plan (Family 2).

Revisiting our income and expenses, to improve our savings (Family 3).

Find ways to increase our savings plans, and apply for promotions even if it means moving away as we are all working and financially independent (Family 4).

Improve on our savings plan (Family 5).

Increase our pension fund (Family 7).

Subtheme 2: Cutting down expenses

Another way some of the participants managed the effect of the pandemic on their financial wellness was by cutting down on expenses. They achieved this by prioritising only the family needs and avoiding unnecessary spending. As such, cutting down expenses was recommended as a change to financial wellness.

Look at ways to cut down expenses like electricity/water savings, buying groceries in bulk during specials and increasing the vegetables which I plant in my garden (Family 1).

Start using the train services rather than driving to work- a major fuel-saving strategy. Buy non-perishables in bulk when they are on special (Family 12).

Try to minimise the use of our cars- save fuel and maintenance. Reduce the use of the credit card (Family 2).

Use more public transport (Family 5).

Subtheme 3: Job change

Another recommended way one could reconstruct financial wellness is through a job change. COVID-19 exposed the fact that some jobs did not guarantee financial security, and employees are susceptible to losing jobs in the event of a crisis like the pandemic. This may have informed the decision for job change as proposed by some of the participants.

Change our jobs; increase our mortgage repayments (Family 11).

Apply for a new job. Find better premises for my wife's salon in a more busy area/improve her beauty and hair skills (Family 5).

Another premise for job change may be motivated by the desire for a higher salary – which may help in accessing loans as noted by family 10.

Maybe apply for other jobs with a higher salary (Family 7).

Securing a permanent job, which can then allow me to get access to loans. My wife hopes to apply for better-paying jobs once she qualifies with her degree (Family 10).

Subtheme 4: Supplement income

Supplementing income was another suggested way of reconstructing financial wellness. COVID-19 has taken a toll on the income of many households. Hence, it is understandable that some of the participants desired supplementing their income. This may be connected to the fact that higher income is associated with greater financial satisfaction (Brown and Gray 2016), fewer financial hardships (Shim *et al.* 2009), and increased financial wellbeing (Comerton-Forde *et al.* 2020).

Continue with the private lessons to supplement our income (Family 1).

Source funds to diversify the business. Start private tutoring. Implore our university kids who are working part-time to contribute to household expenses (Family 6).

Increase our IT skills so that we can offer more online classes (Family 8).

Subtheme 5: Budget for children

Financial education for children is important for successful financial retirement planning during downturns and pandemics (Lim *et al.* 2021). Consistent with this, two of the participants interviewed revealed developing a budget plan for their children as a means of managing their expenses.

Develop a budget for the children to manage their expenses (Family 2).

Expose our children to basic financial planning such as drawing up their own budgets and setting goals so that they start being frugal with their allowances (Family 9).

6.4.6 PHYSICAL WELLNESS DIMENSION

According to Swarbrick and Yudof (2015), physical wellness involves the maintenance of a healthy body, good physical health habits, good nutrition and exercise, and obtaining appropriate health care. Other scholars such as Goodman *et al.* (2018) and Jia *et al.* (2021) described physical wellness as making choices to avoid harmful habits and practise actions that support an individual's physical body, health and safety.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for physical wellness under the five themes.

THEMES	SUBTHEMES
1. Physical wellness situation before COVID-19 (2 subthemes)	1. Outdoor exercise 2. Household chores
2. Overall effect of COVID-19 on physical wellness (2 subthemes)	1. Positive effect on physical wellness 2. Negative effect of COVID-19 on physical wellness
3. Impact of COVID-19 on specific aspects of physical wellness (7 subthemes)	1. Daily exercise routines 2. Dietary habits 3. Alcohol and other substance usage 4. Sleep patterns 5. Regular health check-ups 6. Weight management 7. Stress levels
4. Pathways to the management of physical wellness during COVID-19 (4 subthemes)	1. Physical activity 2. Healthy eating 3. Medically vigilant 4. Connection with others
5. Recommended changes to physical wellness (6 subthemes)	1. Physical exercise 2. Healthy eating 3. Adequate sleep

	4. Joining dancing classes 5. Good hygiene practice 6. Medical consciousness
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6.4.6.1 THEME 1: PHYSICAL WELLNESS SITUATION BEFORE COVID-19

The participants were asked to provide information on the physical activities they engaged in before COVID-19. From the data transcribed, many of the participants engaged in walking and other physical activities such as hiking, gyming, jogging, cycling, swimming, surfing, household chores, and playing soccer/football. It is worth noting that some of the participants engaged in multiple physical activities before the pandemic. These are discussed in the subthemes below.

Subtheme 1: Outdoor exercise

The participants from family 10 engaged in jogging, walking and swimming.

Day-to-day exercises, which included morning jogs, walks and going to the beach for swims (Family 10).

The extracted data from family 8 and family 12 representatives also revealed multiple physical activities.

The grandchildren played sports at school and belonged to swimming and soccer clubs (Family 8).

Going to the gym, swimming, and doing our own gardening (Family 12).

Subtheme 2: Household chores

Another interesting physical activity revealed by some of the participants is doing household chores.

I do the household chores (Family 1).

We also did this activity around the house when necessary (Family 4).

Wash the car weekly and clean the home (Family 5).

Other family members barely were involved in any form of exercise or physical activities, apart from household chores (Family 7).

The above household activities could also be considered physical activities. According to Murphy *et al.* (2013), lifestyle approaches to physical activity have included the promotion of domestic physical activities such as do-it-yourself or home maintenance, gardening and housework. Thus, one could rightly say that engaging in any physical activities such as household chores could help achieve the needed physical well-being. This is consistent with Murphy *et al.* (2013), who said that any activity is better than none.

6.4.6.2 THEME 2: OVERALL EFFECT OF COVID-19 ON PHYSICAL WELLNESS

The COVID-19 pandemic has caused many people to pause and re-evaluate his or her physical health and wellbeing. The abrupt changes brought on by COVID-19 may have impacted many regular physical wellness routines one had or brought on new challenges, thereby making it more difficult to make choices to best support the physical body, health and safety (Binghamton University 2021). From the interview data transcribed, it was uncovered that COVID-19 had both positive and negative effects on the overall physical activities of some of the participants and their families.

Subtheme 1: Positive effect on physical wellness

As explained above, physical wellness involves the maintenance of a healthy body; good physical health habits; good nutrition and exercise; and obtaining

appropriate health care (Swarbrick and Yudof 2015). As such, some of the participants shared that COVID-19 had a significant effect on their diets, sleeping habits, and physical activities.

- Healthy diets

Some of the participants indicated being engaged in healthy eating during the lockdown.

Maintained healthy drinking and eating habits (Family 12).

We cut down on buying expensive vegetables/meat because of costs. Our diets were healthy but restricted (Family 5).

I cooked more as we stopped buying uber eats (Family 8).

While the study by Ammar *et al.* (2020) reported that COVID-19 caused an increase in an unhealthy pattern of food consumption, the above narratives suggest that some of the participants maintained healthy diets and habits. The most likely reason may be found in participants from family 10 stating that they started cooking their own meals instead of buying.

Cooking more healthy meals at home instead of buying improved our dietary habits (Family 10).

Another plausible reason for the increase in healthy eating may be connected to participant from family 1 revealing that both couples have co-morbidities, and thus continued with their known lifestyle.

We continued with healthy eating as my husband and I have co-morbidities, which require us to be on special diets (Family 1).

- Midday sleep

Another positive effect was on the sleeping pattern. This is revealed in the statement below:

We ensure that we have enough sleep, even a midday nap helps us to re-energise, especially on days that I have extra domestic chores (Family 1).

- Increase in physical activities

While Ammar *et al.* (2020) reported that COVID-19 home confinement resulted in a decrease in all levels of physical activities; however, for family 10, there was an increase in their physical wellness during the pandemic as they reportedly engaged in physical activities like walking and doing domestic chores.

My husband and I paid more attention to physical wellness during the pandemic such as walking to the stores. We assisted the helper with domestic chores as we spent more time at home. The grandchildren could not play school/private sports, so they started to lift weights at home and do home-based exercises (Family 8).

The plausible reason for the above could be that physical activities are essential to staying fit and healthy during the pandemic.

Subtheme 2: Negative effect of COVID-19 on physical wellness

While governments, including the Australian government, enforced restrictions as a way of abating the rate of infections, however, such limitations were found to negatively affect the overall physical wellness of some of the interviewed participants and their families. From the thematic data extracted, it was uncovered that COVID-19 led to the following:

- Interrupted outdoor exercise

Reiner *et al.* (2013) reported that outdoor physical activity holds strong potential as an effective coping and preventive strategy given its many well-documented physical, social, and mental health benefits for people of all ages, especially those with or at risk of developing chronic diseases. From the interview discussion, many of the participants shared that COVID-19 interrupted their outdoor exercise. Some of the participants revealed that they stopped jogging and hiking, while others were unable to continue with gym exercise.

We stopped jogging and hikes; tried online exercises; walked to shops rather than use the car and continued with gardening (Family 11).

Unable to go to the gym. Increased swimming times at home (Family 12).

During the COVID-19 lockdown, we're unable to practice our family sport. Because the park was closed. Jogging and gym stopped (Family 5).

Empirical studies, for example, suggest that physical activity can prevent chronic diseases such as cardiovascular disease, diabetes, and obesity (Anderson and Durstin 2019; Peluso and Andrade 2005). The above restriction in physical activities is concerning and may result in poor physical wellness. For instance, one of the participants noted that restriction of outdoor activities resulted in weight gain. This is concerning, as it may potentially increase the chances of chronic disease such as obesity and diabetes.

Weight gain. A daily routine of gym and walking stopped. We started more swimming at home and exercising by following you-tube videos. We also had to control our eating as we had more time at home and started to indulge in junk food (Family 3).

While some of the participants found a way to engage in physical activities such as indoor exercise, and yoga, it was not vigorous. This may suggest that the

participants were not getting adequate or recommended weekly physical activities. The United Kingdom's current physical guidelines, for example, suggest that adults should undertake 150 minutes of moderate intensity physical activity per week (Department of Health 2011).

Initially, most of these activities were suspended. We did walks in the park, indoor exercises, and yoga, even though it was not as vigorous as the gym (Family 9).

Physical wellness was limited to indoors by improvising a gym; walking to the market and shops; maintaining the garden on our own instead of using private service providers; home maintenance such as painting and cleaning the roof (Family 6).

From the above, it is evident that community environments such as parks were vital in engaging in physical activities. This is consistent with a large body of physical activity literature that recognises the significant role of community environments (e.g, streetscape, aesthetics, roads and traffic, neighbourhood parks, and activity zones) in promoting physical activity and reducing sedentary behaviour (Committee on Environmental Health 2009; Sallis *et al.* 2012). This is also evident in the statement below which suggests that physical activities helped with reducing sedentary behaviour.

Outdoor activities were restricted, but we had to find innovative ways of avoiding sedentary behaviour like washing the cars at home, spring-cleaning, weightlifting at home, and swimming almost daily in the home pool (Family 2).

- Limited physical activities

Another negative effect of COVID-19 on physical activities is that it limited these activities. This is supported by Park *et al.* (2022) who asserted that many people

reported challenges in engaging in a healthy dose of physical activity amid the pandemic; and further corroborated below.

Walking to the shop became limited during lockdown. But our other physical activities continued (Family 1).

We had to stop walking long distances/swimming during the total lockdown period (Family 10).

6.4.6.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF PHYSICAL WELLNESS

The literature has been inconsistent about the impact of COVID-19 on physical wellness. Some studies indicated COVID-19 resulted in significant decreases in physical activities such as daily step counts (Assaloni *et al.* 2020; Di Sebastiano *et al.* 2020; Vetrovsky *et al.* 2020), outdoor physical activity and outdoor play (de Lannoy *et al.* 2020), and exercise/sports (Bourdas and Zacharakis 2020; Colley *et al.* 2020). Other studies, however, reported significant increases in physical activity with family (Azizi *et al.* 2020), and domestic working conditions such as gardening (Pišot *et al.* 2020). A similar consistency was also observed in the narrative above where it was uncovered that COVID-19 has had both positive and negative effects on physical wellness.

This theme explored the impact of COVID-19 on specific aspects of physical wellness of the family structure under seven specific areas (daily exercise routines; dietary habits; alcohol and other substance usage; sleep patterns; regular health check-ups; weight management; stress levels).

Subtheme 1: Daily exercise routines

Kaur *et al.* (2020) and team note that the closure of fitness centres and public parks have forced people to stay at home, which has disturbed their daily routines and hampered their fitness activities (Kaur *et al.* 2020). Consistent with

this, it was found that the COVID-19 restriction impacted the daily exercise routines of some of the participants interviewed. Nevertheless, some of the participants found a way to engage in exercise routines for example, family 10 started indoor exercise and walks in the nearby park as well as dancing. The use of music is supported by the finding of Kaur *et al.* (2020) who reported that during the lockdown, people tended to play music as a tool while working out.

These were interrupted by lockdown restrictions. We started indoor exercises, walks in the nearby park, and dancing to traditional music was stimulating (Family 10).

Family 6, 11, and 12 revealed increased gardening activities. This aligns with Pišot *et al.* (2020) who reported that COVID-19 caused an increase in domestic working conditions such as gardening.

Due to lockdown restrictions initially, we could not go out, it made us slack- no jogging and hikes. But we did more gardening, and online exercises (Family 11).

Had to manage in limited spaces and with limited resources- but had to be creative like swimming more often, my parents started doing aqua exercises; continued with our gardening (Family 12).

There were restrictions/fear to going out and therefore affected routine morning jogs/soccer games. Physical social games were completely cut out. We started indoor exercises by following videos and doing more domestic gardening and household maintenance chores (Family 6).

Exercising at home was also a common practice uncovered in the interviews.

We started new activities to keep active - more regular swimming at home, using our own labour to clean the cars and mowing the garden (Family 2).

Changed, but did not stop exercising through new means like exercising at home, walking to shops, or using the stairs instead of the lift (Family 4).

Daily exercise routines were reduced due to COVID-19 restrictions. Started walking around the house and followed you-tube exercise videos (Family 5).

Kaur *et al.* (2020) in their study noted that positive self-perception and motivation to overcome dependence on gym and fitness equipment was the driving force behind continued fitness exercises at home. This could also help explain the increase in home exercise as observed in the interviews.

With the gyms closed, we had to be disciplined with our new exercise routine from home. Even on days when our moods were not good, we pushed ourselves to be active (Family 3).

Furthermore, regular fitness workouts at home during the lockdown, according to Kaur *et al.* (2020), helped people to overcome psychological issues and fitness concerns. One of the participants noted that there was no interruption to their daily activities. This may be attributed to the age of the participants, as both couples are elderly with little or no outdoor exercise activities.

I continued with my domestic chores, gardening, and walks in the garden. I also enjoy dancing to You-tube videos. My husband continued with his leg and hand exercises (Family 1).

Subtheme 2: Dietary habits

According to Kaur *et al.* (2020), the sudden changes in people's lifestyles during the pandemic included, but are not limited to, physical activities and exercise. Contrary to some studies that reported that COVID-19 home confinement resulted in an unhealthy pattern of food consumption (Ammar *et al.* 2020; de

Oliveira Neto *et al.* 2020), the interview data transcribed revealed that nearly all participants maintained healthy eating habits.

Many indicated preparing their meals and avoiding junk food. For example, it was revealed that the family prepared their own meals and avoided take-outs and or junk food. Fruit and vegetable smoothies were part of healthy diets, including lemon, ginger and honey consumption to boost immunity.

I prepare healthy meals, due to our health issues. We avoid junk food. I prepare fruit and veg smoothies. We also have home remedies like lemon, ginger and honey in warm water daily to sustain our immunity levels (Family 1).

We cooked more meals at home, which were healthier than take-out. We also started having more Vit C fruits and boosters to increase our immunity. We resorted to other traditional supplements like turmeric, ginger, moringa and lemon, which are immunity boosters (Family 10).

We ate healthily, avoided buying the usual weekend take-outs, and made our smoothies at home rather than buying them (Family 2).

Drinking healthy water was also vital as seen in the statement below. Ginger, parsley and cucumbers were added to the drinking water.

Had fresh veg and herbs from our garden. Consumed more water- added parsley and cucumbers to our water bottles. Became more aware of eating and living healthily (Family 11).

We became more aware of the need to eat and drink healthily. We started adding ginger and lemon to our water, used more parsley in our food, and stopped buying biscuits/chips and chocolates as it was junk and was expensive for a family of 6.

My mother made smoothies and baked items like low-fat brownies (Family 7).

The probable reason for this may be to boost the immune system. This is also evident in the statements below:

We became more cautious and particular about what we ate. We consumed fewer fatty, meaty and oily substances during the pandemic. Drank more water. Increased our immune boosters (Family 8).

We drank lots of water with ginger and lemon. As a family, we generally avoid cakes, biscuits and other confectionaries (Family 9).

However, one family noted that dietary habits were reduced due to financial resources, but still maintained that the diets remain healthy.

Dietary habits were changed and reduced due to limited resources. But it remained healthy, though the same menu became more routine (Family 5).

Subtheme 3: Alcohol and other substance usage

Psychological distress and emotional challenges are likely to affect other health-related behaviours and may generate a change in the consumption of alcohol and other substances (Carrico *et al.* 2020; Clay and Parker 2020). There was concern in the early days of the COVID-19 pandemic that the use of alcohol and other substances would significantly increase (Roberts *et al.* 2021). From the interview data transcribed, none of the participants or their families had any incidence of alcohol and drug abuse. The excerpts from the interviews are captured below.

Many of the participants interviewed in this study indicated not to consume alcohol or any other substances. This is contrary to a systematic review

conducted by Roberts and his team where the authors found a trend toward increased alcohol consumption during the COVID-19 pandemic (Roberts *et al.* 2021). However,

We don't take any alcohol (Family 10).

No consumption of alcohol or other substances (Family 11).

No alcohol consumption before and during COVID-19 (Family 2).

No alcohol and other substance usages (Family 9).

We do not take alcohol. No inclination toward substance abuse (Family 6).

The most probable reason for non-alcohol consumption may be attributed to religious reasons. For instance, family 5 stated that the family is not used to alcohol according to their belief. Alcohol consumption is haram in Islam and therefore forbidden.

We are not used to alcohol according to our beliefs. We were not affected by COVID-19 restrictions related to alcohol consumption (Family 5).

Also, and as drawn from the statement attributed to family 7 participants, being a conservative Christian forbids the use of alcohol and any other substances.

Being a conservative Christian family, we did not consume any alcohol, nor did we use any substances (Family 7).

Another possible reason for the non-consumption of alcohol may be connected to a lack of social engagement. This is reflected in the statement below.

Alcohol was only consumed when we socialised with family and friends.

In the absence of social contact, we reframed from this (Family 3).

The above may be aligned to the view of Rehm *et al.* (2020) who suggested a decrease in the use of alcohol, due to limited availability and financial constraints. In this case, the absence of social contact may mean the limited availability of alcohol.

While many of the participants did not consume alcohol or use a substance for obvious religious reasons and absence of social interaction reasons, some did consume alcohol, but did not abuse it.

There is no substance abuse, but we still enjoy our red wine at the weekends (Family 1).

We enjoy our red wine at the weekend, but in moderation (Family 12).

Minimal, such as a glass of wine at the weekend (Family 8).

Many of these participants consumed a glass of wine only on weekends, thus suggesting limited use of alcohol.

Limited as before the pandemic. We remained in control (Family 4).

Subtheme 4: Sleep patterns

There is no doubt that the COVID-19 pandemic has led to significant changes in daily routines and lifestyles worldwide and mental health issues have emerged as a consequence. Some of these consequences include poor quality sleep and comorbid psychological disturbances (Li *et al.* 2020). From the interview, the data transcribed revealed that the pandemic has had both negative and positive impacts on some of the participants' sleeping patterns.

Pérez-Carbonell *et al.* (2021) found that sleep disturbances have affected a substantial proportion of the general population during the COVID-19 pandemic lockdown. Consistent with this, the data transcribed from the interviews revealed disturbances in the sleeping patterns of some of the participants. Many of the participants expressed difficulty in falling asleep during the initial phase of the lockdown. The cause of sleep disturbance was connected to the uncertainty of the virus and the concern over their friends and family falling sick.

After the first initial lockdown, it became difficult to sleep due to the idle days, concern over sick family and friends, and uncertainty (Family 11).

There were days when we could not sleep when the business was threatened with closure/lost 2 family members to COVID-19 (Family 9).

The above finding is consistent with the study by Pérez-Carbonell *et al.* (2021), which reported that 30.9% of their participants had difficulties falling asleep during the pandemic. The irregular sleeping pattern was another sleeping disturbance gathered in the study. One of the participants accentuated the following:

Our sleeping patterns were affected and sometimes became irregular because of the lockdown protocols for work/school. I tended to work late into the night, while my mother, daughters and wife usually watched Netflix and other series late into the night (Family 7).

The above can be corroborated by Brooks *et al.* (2020) who said that resultant issues such as work, family and financial problems; limited exposure to natural light; and restricted opportunities to exercise may have negative effects on sleep. The consequence of this is captured by Belingheri *et al.* (2020) who said sleep deprivation may lead to immunological alterations. On the other hand, some of the participants revealed improved sleeping patterns. This was attributed to working from home.

There was relatively more sleeping time. We were usually home, working from home (Family 6).

Nevertheless, some did not experience any changes in their sleeping pattern.

We do not compromise on our sleep for at least 8 hrs at night, and when possible, a midday nap (Family 1).

Regular and ensured we had a sound sleep (Family 4).

I will say our sleeping pattern did not change. It was the same before the pandemic (Family 8).

Remained consistent (Family 2).

Participants from family 10 attributed the family's healthy sleeping patterns to less travelling to work and or school.

Even though there were times of work- overload, we maintained healthy sleep patterns. We scored on less travelling to work/school, which meant that we could wake up less early (Family 10).

Subtheme 5: Regular health check-ups

Routine health check-ups are offered in various countries. As such, delaying these check-ups may have long-term medical consequences (Hajek *et al.* 2021). Since the COVID-19 pandemic has disrupted daily routine activities, it was vital to know if it affected regular health check-ups. In addition, it was also essential to understand the factors associated with postponing routine check-ups during the pandemic. From the interviews, while many of the participants indicated that there was no impact, others revealed that they had to postpone health check-ups. The main reason given for postponing was delayed and/or restricted appointments; avoidance of hospital visits; and the medical team

being positive, thus leading to the cancellation of the appointments.

Some of the participants had no need for medical check-ups. As such, the hospital was avoided, and only visited when it is necessary.

Avoided hospitals unless, when necessary, like tooth procedures. We live healthily and have no chronic illnesses (Family 11).

When only necessary if not feeling well- maintaining our health is important (Family 3).

Participant from family 10 indicated that there was no chronic illness in the family and the family observes healthy lifestyles, and thus did not require routine health checks.

Even before COVID-19, we only visited the health practitioner if there was a need. We do not have a distinct check-up routine, as there are no chronic illnesses in the family, and we observe healthy lifestyles (Family 10).

Others who had the need for medical check-ups indicated that this was not interrupted.

This was not compromised as my parents are on chronic medication (Family 12).

We are on chronic medication, so our quarterly check-ups are adhered to. But routine checks like dental care and eye tests are not missed (Family 1).

Only our old age dependent with chronic disease got her regular health check-ups. We practice good dental/eye care, which helps to reduce dental check-ups (Family 6).

My elderly mother and physically challenged son usually had their medical check-ups. We all had Covid-tests if there were symptoms. We had devices at home to check our blood pressure/sugar levels (Family 7).

Despite the importance of regular check-ups, it was uncovered that some of the participants delayed their health checks due to restricted bookings caused by the pandemic.

We are diligent about being in good health- routine check-ups are continued, but sometimes delayed due to restricted bookings (Family 2).

We do regular health check-ups. But we could not do it due to COVID-19 lockdown restrictions. Sometimes there were weeks of delays in getting appointments (Family 5).

As senior citizens, we occasionally did check-ups before the pandemic; we seem to do health checks more often during the pandemic. We would check our BP and sugar levels; we would check if we were suffering from COVID-19, etc. The grandchildren had their annual check-ups, it was delayed due to difficulty getting appointments (Family 8).

The above findings may likely be attributed to the challenges faced by the healthcare system during the pandemic and is corroborated by Hajek *et al.* (2021) who reported that serious challenges for health and the healthcare system are linked to the COVID-19 pandemic. Equally, the above narratives can be supported by a recent scoping review by Scheidt-Nave *et al.* (2021), that suggests outpatient appointments did not take place during the Covid-19 pandemic in Germany, for example, due to capacity restriction. The concern is that delayed and or restricted appointments that postponed routine health check-ups may potentially have important long-term health consequences (Hajek *et al.* 2021).

Another reason for postponing health check was that some of the participants avoided hospital visits due to risks of infection.

We avoided the dentist and optometrist, to minimise the risk of exposure. Such delays were not life-threatening (Family 9).

The above narrative may be related to the fear of being infected with COVID-19, which could have contributed to the postponing of routine health checks during the pandemic. This is supported by the fact that recent studies showed that individuals avoided hospital visits during the COVID-19 pandemic, mainly for reasons of being infected (Hajek *et al.* 2021; Lazzerini *et al.* 2020).

The annual check-ups we affected and sometimes delayed during lockdown due to medical practitioners being COVID-19 positive and we were also afraid of contracting the virus by going to health facilities (Family 4).

Subtheme 6: Weight management

Previous studies suggested that weight management may be especially difficult during the COVID-19 pandemic, as reduced in-person support, fewer physical activity options, daily routine disruption, and food-focused coping are all associated with weight gain (Almandoz *et al.* 2020; Zachary *et al.* 2020). Borgatti *et al.* (2020) found that loneliness while working remotely increased the difficulty of weight management behaviour during COVID-19. Given this concern, it was important to understand how the participants managed their weight during the COVID-19 pandemic.

In agreement with Borgatti *et al.* (2021) who found that staying active; planning and tracking food consumption; choosing healthy foods; and reducing emotional eating protected against weight gain, the interview data analysed indicated some of the participants managed their weight by eating healthy and exercising. Thus, one could rightly say that eating healthy and exercising are key for weight

management during the pandemic.

The new normal has had a positive impact on us, as we eat and drink healthily, and have become more health conscious. This has helped in maintaining our weight (Family 10).

Weight gain was avoided as we did not become sedentary - we improvised like walking to the shops, doing online exercises, and doing regular gardening (Family 11).

Remained consistent as we have a healthy and balanced lifestyle (Family 12).

Followed diet and exercise (Family 3).

Maintaining a healthy eating/exercising programme throughout was a priority (Family 4).

We always try to assess family weight during check-ups. Exercise and healthy eating kept our weight consistent during lockdown (Family 5).

Obesity and comorbid conditions are associated with worse outcomes related to COVID-19. This is also evident in the statement by one of the participants that the family noticed to be experiencing weight gain during the pandemic.

It was first difficult to keep, but we got back on track to eating healthily after we realised we were putting on weight. As parents, we had to lead by example (Family 3).

As such, having to start eating healthy and exercising is the key to controlling obesity and possible weight gain.

We were now extra cautious of healthy eating, exercising, and proper sleep. This indirectly controlled obesity and possible weight gain (Family 7).

Exercises, a healthy diet and good mental well-being mitigated issues with obesity, weight gain and sedentary behaviour (Family 6).

Subtheme 7: Stress levels

According to Durbas *et al.* (2021), lockdowns; social and economic restrictions; and rapid changes to online implementations might be regarded as significant stressors. The authors noted that COVID-19 is a traumatic factor that threatens people and their beloved relatives' lives; and therefore, affects community health physically and emotionally (Durbas *et al.* 2021). Given the association between emotional stress and COVID-19, it was vital to determine if the participants experienced any form of stress during this period. From the interview transcripts analysed, the following were uncovered:

- Moment of stress

Many of the participants experienced moments of stress during COVID-19. Some of the key factors contributing to the stress included the loss of loved ones, fear of contracting the diseases, etc. For instance, a participant from a family revealed to have a moment of stress due to the negative news and loss of family and friends.

There were moments of stress due to all the negative news and the loss of family and friends, but the stress was manageable due to our spirituality, healthy lifestyle and support from family and friends (Family 1).

The above narrative is supported by Durbas *et al.* (2021) who found that anxiety and stress levels were associated with losing a family member due to COVID-

19. This is also reinforced by another participant who revealed experiencing a moment of stress due to the fear of contracting the disease, losing a job, and or loss of loved ones.

There were moments of stress like fear of contracting the disease, losing our jobs, and loss of loved ones. With time, we healed through support from family and friends, prayer, and observing our rituals (Family 11).

Brooks *et al.* (2020) reported that movement restriction, separation from family or friends, limited freedom and fear of an uncertain future are all factors that may exacerbate negative psychological impact. These factors could also have influenced the moment of stress experienced by family 9.

It varied depending on the national death rate, immediate family and friends being ill or passing on, getting accustomed to lock down levels, closing the business, uncertainty of periods of lockdown and new mutations of the virus. Buddhist teachers say one should recall examples of compassion, kindness and empathy (Family 9).

- Increased stress

Some of the participants experienced increased stress during the pandemic. The main cause of the stress was a business failure, financial pressure, and uncertainty surrounding the virus.

In terms of fear of business failure, a participant from family 3 revealed the following:

There were episodes because of the business, but they did not become chronic because we were mindful of triggers and addressed issues immediately (Family 3).

In terms of financial pressure, a participant from a family had this to say:

The stress levels of my wife were a bit high due to financial pressure and other unmet needs, especially for children's needs (Family 5).

In terms of uncertainty surrounding the virus, participant from family 6 explained the following:

The uncertainty surrounding us from COVID-19 effects always raised stress levels. (Family 6).

Moreover, the increase in stress level was attributed to new variants of the virus being discovered and the increase in death rate. Such stress might have emanated from anxiety and fear.

The headlines, death counts, and the number of new COVID-19 infections naturally raised our level of anxiety and stress. The discovery of new COVID-19 variants was equally attributed to stress (Family 8).

- Minimal stress

Participants from family 10 revealed having minimal stress. The participant attributed the stress to adjusting to working from home and managing the children and their tasks.

Initially, with the restrictions, we had to adjust to working from home, managing the children's online classes, reorganising our workspaces at home, and ensuring that everyone was well organised for the day ahead. But this was properly managed, so there was minimal stress (Family 10).

6.4.6.4 THEME 4: MANAGEMENT OF PHYSICAL WELLNESS DURING COVID-19

Physical activity, particularly outdoor activities hold strong potential as an effective coping and preventive strategy for people of all ages; especially those

with or at risk of developing chronic diseases (Centers for Disease Control and Prevention 2019; Reiner *et al.* 2013). This is supported by empirical studies, which suggest that physical activity can prevent chronic diseases (e.g. cardiovascular disease, diabetes, and obesity), improve brain health and conditions, promote mental health (e.g. reduced depression and anxiety), and reduced falls or fall-related injuries (Anderson and Durstine 2019; Peluso and Andrade 2005). Thus, physical activity is a common prescription for people with conditions such as obesity and diabetes – who are also at increased risk of being hospitalised or severely ill from COVID-19. Concerning is that many of the participants experienced difficulties and challenges in engaging in a healthy dose of outdoor physical activities amid the pandemic. This subtheme, therefore, explored how the participants and their families managed their physical wellness given the restrictions imposed during the pandemic. From the interview data, all participants engaged in one form of physical activity, while more than half noted eating healthily or being medically vigilant by constantly checking their health. These are explained in detail below.

Subtheme 1: Physical activity

It was uncovered that participants engaged in daily physical activities to manage and maintain their physical wellness.

Daily physical activities (Family 1).

We always try to maintain a healthy body through physical exercise (Family 5).

Among these activities, included walking and dancing; gardening; swimming and domestic chores.

Walks, indoor exercising, dancing (Family 10),

Gardening walks to the shops, and indoor exercising using online sites (Family 11.)

Swimming at home doing aqua exercises (Family 12).

Trying to do some physical exercise and domestic chores beyond routine cleaning (Family 3).

We could do physical domestic work, home exercises, and maintain the vegetable garden (Family 6).

Some of the participants shared that they walked around the house as a form of physical activity.

We had to walk around the block or inside the house to take breaks. My sons sometimes used the stairs instead of the lift, walked to the shops instead of driving; did exercises using YouTube videos (Family 4).

We as a family maintained physical wellness, by engaging in some walks on weekends (Family 7)

Subtheme 2: Healthy eating

The association between healthy eating and physical wellness was already discussed in-depth in this theme. Many of the participants reiterated that they managed their physical wellness by eating healthily.

We remained committed to our healthy eating habits (Family 1).

.. having a healthy diet (Family 12).

Eating healthily (Family 2).

We maintained good eating habits (Family 8).

Apart from healthy eating, fresh air, and sunlight, maintaining healthy drinking habits were also noted.

Enjoying lots of fresh air and sunlight, drinking water with herbs and veg; eating fresh vegetables from the garden (Family 11).

Eat healthy meals, drinking our homemade concoctions with turmeric, moringa, lemon and ginger (Family 10).

Subtheme 3: Medically vigilant

Many of the participants revealed that they become health and medical conscious by adhering to regulations, frequent medical check-ups, and abstaining from habits including smoking and alcohol consumption.

...ensuring our medication was diligently taken (Family 1).

...ensuring my parents had their health check-ups (Family 12).

Maintaining our routine medical check-ups. Observing all social protocols and PPE requirements to avoid being affected (Family 2).

Physical health check-up (Family 5).

....followed doctors' advice, exercised, and took immunity boosters (Family 8).

By abstaining from alcohol/drugs, and by taking lots of water/fluids (Family 7).

Sleeping well, drinking lots of water with lemon and ginger, no alcohol, and no smoking (Family 9).

Subtheme 4: Connection with others

Participants from family 1 revealed that staying connected with family helped manage their wellness.

....staying connected with others helped to keep us inspired and hopeful (Family 1).

6.4.6.5 THEME 5: RECOMMENDED CHANGES TO PHYSICAL WELLNESS

Given the perceived benefits of physical wellness to quality of life, this subtheme explored some of the proposed changes the participants recommended for physical wellness.

Subtheme 1: Physical exercise

Given its many well-documented physical, social, and mental health benefits for people of all ages, outdoor physical activity holds strong potential as an effective coping and preventive strategy. Many of the participants recommended more exercise, particularly outdoor exercise. Some of their views are captured below.

Go back to the old routine- jogging, hiking, expand our garden for more veg and herbs (Family 11).

Increase physical activities outdoors (Family 6.)

To engage in more physical exercises outdoors (Family 8).

Get back to our swimming, gym and running routines. Start hiking with the children (Family 9).

As such, making exercise a routine for the family was the goal.

Making exercise a family routine (Family 3).

Subtheme 2: Healthy eating

The importance of healthy eating to physical wellness is already noted in this chapter. Some of the participants recommended healthy eating as a way of maintaining physical wellness. Among the recommendations, avoiding caffeine and sugary beverages, as well as reducing the intake of meat were noted.

Avoid drinking caffeinated and sugary beverages (Family 5).

...eat more traditional foods, minimise cooking vegetables and start eating raw fresh vegetables, and reduce/avoid intake of meat (Family 6).

Subtheme 3: Adequate sleep

One of the consequences of the COVID-19 pandemic is that it affected the overall sleeping patterns of many people. This helped explain the recommendation for adequate and or improved sleep.

....get an adequate amount of sleep (Family 5).

Improve on the sleeping pattern (Family 7).

Subtheme 4: Joining dancing classes

Dancing is a form of physical activity. This may be the reason for participants joining dance classes to improve their physical wellness. As noted in the statement from family 1, dancing created a sense of calmness.

I would like to join dancing classes as it creates a sense of calmness in me (Family 1).

Join a dancing group (Family 10).

Subtheme 5: Good hygiene practice

One of the measures of containing the spread of the COVID-19 virus is adequate personal hygiene measures. As such, some of the participants recommended good hygiene practices.

Be consistent in practising good hygiene (Family 2).

Maintain high levels of personal hygiene at all times (Family 5).

Subtheme 6: Medical consciousness

Regular medical check-ups help in the prevention of medical emergencies. As such, being conscious of one's medical needs will help in improving the quality of life. Some of the participants recommended medical consciousness such as check-ups, immunisation, and other alternative healing practices.

,....dental check-ups, immunisations, and self-examinations; maintain a reasonable weight (Family 5).

Get into some alternative healing programme, such as homemade remedies which help to tone the body (Family 4).

6.4.7 SOCIAL WELLNESS DIMENSION

Social wellness involves having relationships with friends, family, and the community; and having an interest in and concern for the needs of others and humankind (Swarbrick and Yudof 2015). From a social wellness perspective, there is no doubt that the COVID-19 crisis has affected the lives of people worldwide. In response to the rapid spread of the virus, governments have tried to curb the spread of this deadly virus globally by implementing social distancing

rules, which included asking people to stay at least 6 feet (2 meters) away from anyone outside one's household. While the social distancing guidelines reportedly curtailed the spread of the virus, Okabe-Miyamoto and Lyubomirsky (2021), however, note that the practice of physical distancing (social distancing) inherently limits an individual's in-person social interaction. The consequence of this is that it may narrow their sense of social connection, which is vital in maintaining wellbeing. Hence, one could rightly assume that COVID-19 has imposed a myriad of consequences on health and wellbeing, including in Australia. Thus, understanding how and why individuals and their families' social well-being has shifted due to the pandemic is of interest in this study. Given the unknown trajectory of the pandemic, the social wellness of the participants before and during COVID-19 was explored in order to understand how social wellness was reconstructed to improve the quality of wellbeing.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for social wellness under the five themes.

THEMES	SUBTHEMES
1. Social wellness situation before COVID-19 (2 subthemes)	1. Social gatherings with family and friends 2. Members of church group
2. Overall effect of COVID-19 on social wellness (2 subthemes)	1. Negative effect of COVID-19 on social wellness 2. Positive effect of COVID-19 on social wellness
3. Impact of COVID-19 on specific aspects of social wellness (8 subthemes)	1. Maintaining a network of friends and or family 2. Restrained physical social interaction 3. Ability to regularly spending time with people we like 4. Ability to balance own needs with the needs of others 5. Ability to show and maintain compassion toward those in need 6. Ability to feel a sense of belonging within the

	community 7. Ability to offer support to others through verbal or tangible means 8. Ability to want to communicate with others
4. Pathways to the management of social wellness during COVID-19 (3 subthemes)	1. Social media engagement 2. Community support and engagement 3. Family activities
5. Recommended changes to social wellness (4 subthemes)	1. Interaction with family and friends 2. Technology savvy 3. Joining a club 4. Charity organisation

6.4.7.1 THEME 1: SOCIAL WELLNESS SITUATION BEFORE COVID-19

Social connection is important to individuals' well-being. However, the COVID-19 pandemic altered and made big changes to the way people now live. As a consequence of this, there is an increased interest by the researcher in understanding these changes which might help in managing the current situation and other possible pandemics. As such, the participants were asked to describe their social wellness situation before COVID-19. From the interviews analysed, many of the participants interviewed revealed that before COVID 19, they attended social gatherings and events such as celebrations with family and friends.

Subtheme 1: Social gatherings with family and friends

Attended social gatherings/family friends celebrations (Family 11).

Lots of family/friends gatherings. Attended live performances, movies, barbeques etc (Family 12).

A good network of family and friends. We generally met over celebrations like birthdays and graduation (Family 2).

We were a close-knit family. Joined family and friends for celebrations at church and home (Family 7).

From the above narratives, it is evident that the participants were socially active before Covid-19. This is espoused further in the statement below.

We were socially active... family outings. Meeting with friends and clients (Family 3).

Some of the participants also shared strong bonds and connections with the community.

..we were connected and had relationships with friends, family, and the community, we were taking care of ourselves while also taking care of others. We were active with others and bonded with our kids and other family members. We were in a healthy relationship (Family 5).

Interacted well with my community/family and had frequent visits to check up on each other (Family 6).

Part of the social connection included the church community, which the participant from family 8 described as an unforgettable and beautiful experience.

We spent good moments with grandchildren, family members and members of the church. Mostly unforgettable and beautiful experiences (Family 8).

As such, it is sufficient to say that many of the participants had a good social life. Another social interaction uncovered was family and friends' visitations. Some of the participants revealed spending quality time visiting friends and family.

We enjoyed having our children, grandchildren and friends around frequently (Family 1).

We often met with family and friends for socials. As a family, we went swimming, jogging, and walking. The children had sleepovers with friends (Family 10).

Visiting family and friends, going out, etc (Family 4).

Subtheme 2: Members of church group

Beside the above, some of the participants revealed to be a member of the church group in their communities.

We belonged to a church senior citizen club, which had various weekly activities like church meetings, chess nights and weekend outings (Family 1)

Was an active member at church, regularly attending functions (Family 10).

Spiritual and religious practices give meaning, and purpose and constitute a supportive community (DeFranza *et al.* 2020; Gray 2017). This could help explain the social connection some of the participants had with the church community.

6.4.7.2 THEME 2: OVERALL EFFECT OF COVID-19 ON SOCIAL WELLNESS

Social interaction has been widely interlinked with psychological well-being, social opportunities and employment (Alradhawi *et al.* 2020). Hence, one could assume that restricting individuals from these interactions may be distressing during the pandemic. This theme, therefore, explored how COVID-19 affected

the overall wellness of the participants and their families. It was evident that while some experienced negative effects, there was also some positive effects.

Subtheme 1: Negative effect of COVID-19 on social wellness

While participants revealed that before COVID-19 they had vibrant social activities which included visitations and social gatherings with family and friends, such meetings were affected during the pandemic. For example, the visits from family and friends stopped as highlighted in the statements below.

The visits from our children, grandchildren and friends stopped during lockdown (Family 1).

We avoided meeting family and friends (Family 11).

Restrictions to gatherings forced us to use alternatives like online conversations, phone calls, video calls, and face time. We could not visit family/friends overseas (Family 12).

Unable to have family/friend meetings face to face (Family 3).

Less family and friends' visits, less socialising, and fewer movements outside the house (Family 4).

Meeting family/friends at socials stopped (Family 10).

The consequence can be derived from the statement from family 5 which highlighted having experienced worse social connection and greater loneliness.

During the COVID-19 pandemic, we experienced a worse social connection and greater loneliness. Relied more on social media to stay connected (Family 5).

The above may be attributed to the fact that some people were facing difficulties interacting with people they usually do so with since the COVID-19 restrictions, and this new period of social distancing and working from home disrupted the ability to connect socially and potentially led to loneliness and an isolating environment. The aforementioned assertion resonates with Saladino *et al.* (2020) that social distancing and the security measures put in place to curb the spread of the virus affected relationships among people and their perception of empathy toward others. This is also corroborated by one of the participants who indicated the following:

Most relations have been negatively affected and have lost touch with other relatives and friends. Social circles are dwindling. Resorted to impersonal contact through social media/phone calls. Increased messaging rather than talking (Family 6).

It was also gathered that the church forms a support pillar and social network for many of the participants before the COVID-19 pandemic. This was affected during the pandemic, as some of the participants could not attend physical meetings.

The activities at the church senior citizen club also stopped. Our church prayer meetings were held online (Family 1).

No longer attended church physically, we had to stop swimming/walking and jogging due to restrictions (Family 10).

No religious gatherings (Family 3).

As stated above, the social distancing and the security measures affected relationships among people and their perception of empathy toward others (Saladino et al. 2020). This could have resulted in the perceived individualism indicated below.

Covid-19 has resulted in more individualism as compared to traditional community interactions (Family 10).

It is therefore, inevitable that the absence of social interaction, community spirit and fear of contracting the virus may promote individualism among individuals.

Subtheme 2: Positive effect of COVID-19 on social wellness

Despite the negative effect of COVID-19 on social networks and interactions, some of the participants revealed the positive effects of the pandemic which included:

- Promoted conservation drive

Conservation measures have become a top priority globally. Studies have shown that voluntary conservation efforts are necessary for a sustainable and healthy environment (Hannibal *et al.* 2019; Petersen *et al.* 2015). As such, it was gathered from the interviews that social isolation helped in promoting the conservation drive.

We spend more time at home, and dedicated time to home maintenance and gardening, which helped to keep conversations going while together (Family 11).

- United family

Another positive outcome of social isolation is that it helped in uniting the family.

COVID-19 united the family more, as we had more time to connect, reconnect and bond.... which was often not the case prior to COVID-19. I barely saw my family eye-to-eye before the pandemic (Family 7).

The above can be supported by Tam *et al.* (2021) who said that being confined

together allows families to foster stronger bonds.

6.4.7.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF SOCIAL WELLNESS

The COVID-19 pandemic with the accompanying social distancing challenges has affected particularly those in the usual unsafe or omitted groups (Shim 2020). For example, women with adolescent kids are in this kind of group, considering they have a more elevated chance of matching the standards for a mental disease or psychological suffering (Shim 2020). Given this concern, this subtheme explored the impact of COVID-19 on specific aspects of social wellness. The excerpts from the interviews and each specific aspect assessed in the study are detailed below.

This theme explored the impact of COVID-19 on specific aspects of social wellness of the family structure under eight specific areas (maintaining a network of friends and/or family; restrained physical social interaction; regularly spending time with people you like; balancing your own needs with the needs of others; showing and maintaining compassion toward those in need; feeling a sense of belonging within your community; offering support to others through verbal or tangible means; wanting to communicate with others).

Subtheme 1: Maintaining a network of friends and or family

Okabe-Miyamoto and Lyubomirsky (2021) claimed that social factors and social behaviours, including the quality and quantity of people's social relationships protected well-being during the pandemic. Given that family and friends serve as one of the most important sources of emotional support during stress, it was vital to understand how the participants maintained a network of friends and/or family.

- Engaged in online conversation

With limited face-to-face contact during the stay-at-home and physical distancing mandates of the COVID-19 pandemic, people were at higher risk of feeling isolated and emotionally distressed (Brooks *et al.* 2020; Qiu *et al.* 2020). Juvonen *et al.* (2021) noted that when social isolation mandates prevent friends and family from getting together in person, they can keep in touch through electronic communication methods (i.e. calling, texting). Consistent with this, all the participants revealed that to overcome social isolation, they engaged in online conversations with friends and family. Many of them indicated that they use digital platforms such as WhatsApp and Facebook to maintain interaction with friends and family.

Despite lockdown and isolation protocols, we continued with our video calls, WhatsApp group chats, and Facebook interaction (Family 1)

Interaction most often was virtual/telephonic. We tried to keep in contact through various social media platforms (Family 2).

We could only communicate on the phone, WhatsApp, and Facebook without physical social visits (Family 5).

We communicated frequently with friends/family via zoom, WhatsApp, Facebook and other social media platforms (Family 7).

The above finding is supported by Beaunoyer *et al.* (2020), who reported that during stay-at-home and physical distancing mandates, connecting with friends was largely restricted to electronic methods (i.e. texting, voice and video calls, posting and commenting on social media). This is also evident in the statement below.

We tried to keep our network of family and friends' activities through online conversations, phone calls, video calls, and face time (Family 12).

While convenience or efficiency is an important consideration in everyday communication and as a way to maintain relational closeness under normal circumstances (Ledbetter 2008), multi-modal forms of communication (e.g. video calls) may become increasingly valuable ways to maintain intimacy. Participant 3 acknowledged that while it was impossible to meet face to face due to health and safety concerns, the use of digital technology helped to maintain vibrant communication with friends and family.

Not possible to meet has everyone has kept their distance due to the health and safety of one's life. We resorted to online chats, video calls, Facebook, Instagram and phone calls. Helped to keep the network vibrant, laugh at humorous posts from family and friends, and comment on postings (Family 3).

Similarly, family 4 indicated that social media helped maintain relationships with family and friends.

Social media platforms help to maintain relationships with family and friends (Family 4)

Nevertheless, while social media assisted in maintaining relationships, there was an element of dissatisfaction among some of the participants due to the inability to make physical contact with friends and families.

We could not visit our families back home. Even though this was disappointing, at least we had the technology and social media platforms to keep in contact (Family 10).

Juvonen *et al.* (2021) stated that reliance on social media in communicating during lockdown might be the least satisfying. This may be attributed to the fact that social media involved low levels of interaction such as posting, browsing and commenting. This is evident in the statement from family 8 who shared that the older generation enjoyed physical companionships as opposed to virtual

ones. As such, one could assume that for older adults who are not technologically savvy, social isolation would have been very difficult.

COVID-19 has an adverse effect on keeping up with friends and family in terms of face-to-face contact. Though some try to communicate through virtual platforms, our generation seems to enjoy physical companionship as opposed to virtual one. But we're grateful that technology kept us connected (Family 8).

Subtheme 2: Restrained physical social interaction

As discussed previously in this chapter, Covid-19 prompted most countries including Australia to adopt restraining measures to mitigate the spread of the disease. According to the view of Nogueira *et al.* (2021), confinement measures imposed during COVID-19 are likely to have a significant increase in psychological distress, depression and anxiety. This can also be supported in the statements gathered in this chapter. As such, it was vital to determine the position of the participants concerning the restrained physical and social interaction they faced during the pandemic. From the interviews, the following were noted.

- Need for the safety of family and friends

Despite the social isolation and the need to socialise with family and friends, many of the participants believed that confinement is needed for the safety of their family and friends.

We realised that we needed to behave responsibly for the safety of family, friends and others. While we miss face-to-face contact, the various social media platforms made up for the loss of physical contact. We believed that half a loaf is better than nothing (Family 1).

However, with extended family/friends we had to observe lockdown requirements, hence we respected the need for safety. However, video chats and online conversations helped to fill the gap, which we appreciated (Family 10)

Furthermore, the death count was part of the reason that some participants indicated that the lockdown was necessary to protect their loved ones.

Initially, it was hard but the number of deaths from interactions at funerals and other gatherings made us content to enjoy being safe at home. Technology really made a difference in maintaining contact, which we appreciated under restrained conditions (Family 11).

Difficult to process at first, but in time we accepted the social protocols as it was in the interest of collective wellbeing (Family 12).

We accepted and respected lockdown rules, even though there were moments of sadness such as not seeing my parents and hugging them on their anniversary. We believed in being safe than sorry. Rather save a life than lose a life (Family 2).

- Adopted new social protocols

Others adopted a new social protocol to circumvent the restrained social interactions. For example, a new form of greetings was adopted:

We had to observe social protocols, changed how we greeted when visiting the supermarkets or the doctor; and ensured that when we had home deliveries, we requested the goods be left at the front door. It requires adjustment to a new way of living (Family 3).

Online contact in place of physical contact:

It felt so unusual not to communicate or visit church members on weekends. It felt awkward not meeting close associates after work hours. We had to adjust to online contact, phone calls and relying on hearing the voice and not seeing people in person (Family 7).

- Challenging

For others, the restrained measures were challenging for them and other families.

That was one of my biggest challenges; not being able to touch, talk and be in the company of other family members/friends. Online interaction does not give one the personal touch. But we had to make do with what we had (Family 8).

Apart from the above, having a sick family member with COVID-19 at home, made it more challenging for family 5.

Yes, there was no physical social interaction, except for those of us living in the same house. 2 of my family members were COVID-19 positive and they had to self-isolate at home, which made moving around the home quite challenging (Family 5).

- Delayed work schedules

One of the participants indicated that restrained physical social interaction delayed work completion.

This has caused some delays in my work schedules, especially in the supervision of research projects/visiting project sites. However, with online monitoring and meetings, we did make progress. With limited

physical contact beyond our immediate family, we used social media to keep in contact, for which we were grateful (Family 10).

Subtheme 3: Ability to regularly spend time with people we like

There is no doubt that family and friends serve as one of the most important sources of emotional support during stress. However, with the pandemic, there have been mixed views on people's ability to spend time with friends and family. While it was revealed that the pandemic united families and increased bonds, it also limited interactions with friends and family who were not in the same household. According to Okabe-Miyamoto and Lyubomirsky (2021), different types of relationships have been found to differentially impact people's well-being during the pandemic. As such, it was critical to determine if the participants were able to regularly spend time with people they like.

- Adjusted to new normal

Given the restriction imposed to curb the virus, many of the participants hinted that they adjusted to the new normal. While it was challenging for some, the use of digital technology helped maintain relationships and contacts.

Adjusting to the new normal was challenging in the beginning, but we had to adjust and embrace change. The consolation is that this will come to pass (Family 1).

Things changed significantly, even going to prayer meetings/socials was difficult. We had to be adaptive to the new normal as responsible individuals (Family 11).

Regularly spending time with people I like was restricted in terms of face-to-face contact. We adjusted to keeping in contact via other social mediums (Family 5).

This stopped as we did not visit anyone or have family/friends meetings. But online chats helped to keep the contact. Hearing their voices and seeing them on live chats helped to alleviate the trauma of not seeing them in person (Family 3).

Others expressed caution that the safety of their immediate family was more important during the pandemic, which informed their support for the restriction.

The lockdown measures meant we could spend time strictly with only immediate family members. My family members are no doubt my top priority, and the people I'd like to be with most often. While I value my extended family/friends, I had to bite the bullet for the health and safety of all (Family 7).

We were very cautious of the negative impact of close physical. With different mutations of the virus, being infected was highly possible. But being safe was more important than physically being with them. We regularly organised virtual family dinners, which were full of laughter... new ways of having family dinners (Family 9).

However, four of the participants revealed that the pandemic limited chances of them regularly spending time with people they like.

This became limited or non-existent in certain cases. But thanks to technology, we maintained contact (Family 2)

Besides my immediate family at home, spending time with family and friends was restricted face to face (Family 4).

Has been reduced to only close family members who lived at home. Spoke to neighbours over the fence. No visitors (Family 6).

The above narratives indicated that there was no physical contact with anyone

outside the immediate family. Even neighbours were communicated to through the fence (Family 6). This is so due to the strict regulations and social restrictions implemented to curtail the spread of the virus.

This was not feasible due to the lockdown measures. We had to abide by lockdown regulations, so we were denied the opportunity to spend quality time with people who matter most. Time was spent on online interactions...even family chats on teams or zoom were not the same, but we appreciated some contact (Family 8).

From the above statement by family 8, it is evident that digital technology is not a substitute for physical contact with family and friends.

- Family closeness

Consistent with Tam *et al.* (2021) who stated that being confined together allows families to foster stronger bonds, the participant from family 10 revealed that the pandemic brought the family closer.

We are so attached as a family that COVID-19 has even brought us even closer, seeing that we spent more time at home for long periods for the first time (Family 10).

Subtheme 4: Ability to balance own needs with the needs of others

The COVID-19 pandemic brought lots of uncertainty and challenges to many people. Apart from the loss of the source of livelihood, there were also challenges of financial distress. More worrisome is that vulnerable communities such as communities with deeply entrenched poverty, overcrowded housing, and limited employment flexibility faced greater immediate risks during the pandemic (Fisher *et al.* 2020). The Lancet in their report, noted that homelessness, disability, older age, and or poor mental health increased the risks individuals faced during the pandemic (Sam 2020). Fisher *et al.* (2020)

further noted that without the support offered by local authorities, social inequalities within communities increased. Given this concern, it was essential to know how the participants balanced their own needs with the needs of others within their community. From the interview data transcribed, many of the participants revealed sharing their resources with others during the pandemic.

We believe that sharing is caring. Selflessness, compassion and empathy should take precedence when people are in more destitute circumstances compared to us. Roles may very well change and we may need others to come to our rescue (Family 1).

The above is attributed to the sound religious belief of some of the participants, who emphasised selflessness, compassion, and empathy. This is reinforced by the view below.

Part of our spiritualism and religious faith is the need to be selfless, empathetic and compassionate. We helped with donations, talked to those in distress and also prayed for the well-being of others (Family 10).

Some of the participants recognised the importance of sharing, particularly during this period of the pandemic.

While our own needs have become a priority, we tried to help family and friends in small ways such as food parcels, transferring data for their use; and even donating old clothes and appliances to the homeless/Salvation Army (Family 3).

Initially, we were paralysed and only took care of our immediate family unit until we could make sense of what was happening around us. We later started to interact mostly on social media and reached out to those in need. We offered leftover food to our neighbours, gave donations to the homeless and offered clothes/bedding to the Salvation Army (Family 9).

We supported two different NGOs financially in providing for the needy and homeless. We also helped some destitute families in our complex. Sharing is caring (Family 8).

Part of the sharing involved donations as can be extracted above, as well as sharing of fresh produce as indicated in the statement below.

My needs and that of my family are intertwined. We continued to help our family with basics when needed. We also shared extra fresh produce from our garden with neighbours (Family 11).

Equally, it was also gathered that sharing with others complemented the giver and improved their wellbeing.

Yes, life is about complementarity. Own needs are satisfied when other people's needs are also satisfied. We need to remember that when you care about the well-being of others, your own well-being will be also improved (Family 5).

Moreover, balancing self-care and support for others became increasingly difficult during the pandemic. Participant from family 4 was against compromising one's well-being to support others.

It depends on caring about other people's needs at the expense of caring for our puts this out of balance. I think that it is also a bad idea to sacrifice large amounts of our well-being to do a little bit of good for other people. We need to help others in need but not when personal wellbeing is compromised (Family 4).

The plausible reason for the above sentiment may be connected to the challenges and uncertainties faced by many people during the pandemic. For instance, the participant from family 6 revealed the difficulty the family faced to

meet the basic needs of the family. Such a rough situation may hinder charity support.

It has become difficult to meet the basic needs of my family and only managed to cater for critical needs like basic food, shelter, education and medication. Could not spend as much as we did previously on donations (Family 6).

For example, a participant from family 7 revealed that when there were no financial constraints, the family did offer support to those in need. One can therefore draw out that the financial situation of an individual can either favour supporting others or restrict such support.

.....When there were no financial constraints, we did offer support to those in need. While family needs took priority, where we could help minimally we did so (Family 7).

Participant from family 2 while acknowledging the importance of altruism, however, stressed moderation to ensure balance. In the participant's words:

While it is not good to sacrifice one's own well-being, likewise it is not morally right to ignore the welfare of those who are suffering. Setting boundaries is important to balance personal well-being with that of others. Altruism is part of spiritual consciousness and is connected to social wellbeing (Family 2).

Subtheme 5: Ability to show and maintain compassion toward those in need

As already highlighted, COVID-19 came with its peculiar challenges, which invariably worsened the situation of vulnerable people in the community. It was vital to know how the participants maintained compassion toward those in need. From the interview data analysed, the following were uncovered:

- Offering support

Many of the participants indicated that they offer support to those in need. These are captured in the excerpts below. Participant from family 10 revealed sending money home for a family in need, offering help to the church, and supporting others in shopping.

We sent money to family back home, we helped the church with food parcels and offered to help family and friends such as shopping for them and sharing some of our fresh produce and home-cooked meals (Family 10).

The above is consistent with Fisher *et al.* (2020) who revealed that in Netherlands, for example, volunteer groups were formed to offer help to individuals unable to leave their homes, offering services such as grocery shopping. This is supported by some of the following statements.

We donated to a church initiative, which embarked on feeding the poor and homeless during the pandemic. This food drive included the provision of blankets and winter clothing (Family 7).

We showed compassion by donating blankets/clothes to the shelters/children's homes (Family 8).

Apart from donations, Fisher *et al.* (2020) noted that there were other ways in which communities came together in positive ways in times of COVID-19. In this study, it was uncovered that some of the participants offered support by way of reaching out to others. This is vital in providing emotional support for those going through different psychological issues because of the pandemic and confinement.

We showed compassion through phone calls, online chats and video calls. There were several people in our community who were really

affected. Talking to them helped to know their state of well-being and needs (Family 11).

We always have been motivated to assist those who are suffering. Our compassion was truly tested during COVID-19 when we offered to help a family with issues of domestic violence. Sharing and alleviating pain and suffering is part of our purpose as humans (Family 2).

Showing and maintaining compassion according to family 6 is vital toward social wellbeing. Such well-being included community interactions and solidarity.

Showing and maintaining compassion toward those in need is vital for social well-being and enhancing the community's interaction and solidarity (Family 5).

- Reciprocating compassion

Two of the participants reciprocated the compassion shown to them.

Just as we receive care and compassion from others, we believe in reciprocating. We don't like to live with regrets, therefore our door is always open to those who need a shoulder to cry on (Family 1).

Just as family and friends regularly checked up on us, we also reciprocated, as it is the moral thing to do, especially during such a crisis. We did donate groceries (Family 12).

Subtheme 6: Ability to feel a sense of belonging within the community

Jetten *et al.* (2020) noted that people's sense of self can be profoundly shaken when separated from the groups to which they belong. According to Kitchen *et al.* (2015), a sense of belonging is recognised as an important determinant of psychological and physical well-being. However, the social isolation that

resulted from lockdown policies can lead to loneliness (Fortgang 2021), with the need to maintain social connectedness (despite physical isolation) becoming a mandatory recommendation for mental health (Courtet *et al.* 2020). Given the social distancing restrictions imposed by governments to curtail the spread of the virus, it was vital to know if the participants felt a sense of belonging within their community. From the interviews, the following were uncovered:

- Community engagement

According to James and Thériault (2021), the community relies upon social interactions, respect, as well as having a sense of place and belonging. From the interviews, many of the participants continued with engagement within their communities. For example, the participant from family 1 noted to be quite active in church activities and helped with preparing meals given to the poor and homeless.

We are quite active in our church activities. When time permitted, I helped with preparing meals for the poor and homeless (Family 1).

Participants from family 10 maintained contact with the parents from the children's school as a way of feeling part of the community.

We continued to interact with the parents from our children's school to keep in the loop (Family 10).

Reflecting on the pandemic, Alberti (2020: 12) mentioned that 'something quite profound is also happening in terms of our relationships with people we do not know'. This stresses the importance of belonging to communities. Participants from families echoed similar sentiments by illuminating the following:

Community spiritedness is very important to us. This became even more important during the pandemic as people were affected in so many ways and we all needed each other, not only for financial means. But also

someone to talk to, express our emotions and garner support (Family 11).

James and Thériault (2021) stressed that throughout the pandemic there was a desire to come together for social solidarity. As such, some of the participants were involved in different support groups within the community. It was seen as a way to feel part of the neighbourhood community. For example, a participant from a family noted that the feelings of comradeship, security and authenticity in their deeds gave them a sense of belonging and inclusiveness.

Being part of the weekly feeding programme and assisting the family faced with domestic violence made us feel part of the neighbourhood community. Feelings of comradeship, security, and authenticity in our deeds gave us a sense of belonging and inclusiveness (Family 2)

Participants from family 4 shared that showing emotional sensitivity to the needs of others made their family and friends in need feel accepted, important and worthy.

We showed community support, cooperation, unity and solidarity with others through donations, staying in contact and helping with food banks. Showing emotional sensitivity to the needs of others made our family and friends in need feel accepted, important and worthy (Family 4).

It can therefore be said that community engagement promotes solidarity, trust, and acceptance in the community. This is also supported by the statement below.

A sense of belonging within a community makes us feel socially comfortable, and aware of other people's needs. It also helps us to reach out to others when in need. Involvement in church and school activities helps us to maintain community solidarity (Family 5).

- Online forum

Another way the participants maintained a sense of belonging in their community was through online interaction.

Even though there was diminished contact, we still kept in contact through online prayer meetings, school group chats, and our business clients (Family 3).

We kept active in our church chat group and attended online spiritual/religious meetings (Family 7).

According to Alberti (2020), the current global pandemic has reorganised the nature of the interaction between individuals and society. Consistent with this, the participant from family 6 revealed the following:

Communities hardly met and talk as they used to do. Discussions are now mainly on social media via WhatsApp which left most people out if they do not have the application. Community programmes were reduced to essential activities like feeding schemes. Many community programmes like national celebrations either stopped or were held online (Family 6).

Subtheme 7: Ability to offer support to others through verbal or tangible means

Social distancing such as those imposed as precautions during the COVID-19 pandemic may challenge the provision of tangible support that middle age and older adults receive in managing their health (O'Connor *et al.* 2021). It was therefore worth knowing if the participants were able to still offer support to others through either verbal or any tangible means during the pandemic. From the interview data transcribed, the following were uncovered:

- Charitable and social welfare support

Many of the participants offered charitable and social welfare support to the less privileged in their community.

Contribute toward food hampers; donate our old clothes to the Salvation Army in the area (Family 1)

We offered help usually online by having open conversations, offering financial help and even helping the aged to transport for medical care (Family 11).

Offered donations, called on family and friends to check on them, offered advice to work colleagues in distress or lined them up to support services (Family 12).

We offered help to the family affected by domestic violence, we helped prepare meals, and we contributed perishable and non-perishable items to the homeless. Some of the items were part of a collection scheme, which I started on WhatsApp (Family 2).

Offering support to one another through words of encouragement, giving advice and donating such as household items or clothes is self-gratifying, even though it is minimal and not often (Family 5).

We regularly helped our disabled neighbour to get her medication/groceries. This active stance to help someone in need is a blessing. Even talking to her in the passage was appreciated by her as she lived alone (Family 4).

In our complex, we cooked and shopped for each other, waved across the building, and called each other to see that people were okay (Family 9).

According to studies, social support is an important determinant of self-

management behaviours (DiMatteo 2004; Gallant 2003). This is vital, particularly with the challenges many people were facing during the pandemic. Previous studies have revealed four commonly recognised types of social support, which include expression of caring (emotional), provision of information (informational), the provision of direct material aid or other concrete assistance (tangibles) and having others to engage with in social activities (belonging) (Holt-Lunstad and Uchino 2015). From the above narratives, particularly those attributed to families 11, 5, 4, and 12, it is evident that some of the families offered both verbal and tangible support. For example, open online conversations, and giving advice to colleagues in distress may be associated with verbal support, while tangible support included transporting aged people for medical care, meals, and non-perishable items.

- Regularly chatting with people in need

Another form of emotional support uncovered was regularly chatting with people in need.

Regularly chat with those who are in problematic situations (Family 1)

If we were aware of someone in distress, we reached out. We also have a group chat for all our employees, which helps to monitor their wellbeing (Family 3).

Frequent greetings to our network of family/friends/colleagues kept us in the loop (Family 7).

Subtheme 8: Ability to want to communicate with others

Communication is a mode of imparting or exchanging of messages by speaking, writing, or using some other medium. However, the COVID-19 pandemic altered the way people communicate. As such, it was vital to know if there was any desire for the participants wanting to communicate with others. The interviews

revealed that all desired to communicate with others for the following reasons:

- Keeping contact with others

It was uncovered that the participants' desire to communicate was to keep in contact with others, given the confinement.

Keeping in contact with others either through messages or verbal contact is important for us to keep connected and maybe touch the lives of those who need company or someone to talk to (Family 1)

The lockdown measures actually caused us to interact and communicate with family members and friends more often because of restrained physical contact (Family 8).

There was also an interest to share information with loved ones with information about the virus. The concern about this, was that if not properly managed, it may lead to overburdening of information a term referred to as “infodemic”.

We overcame the physical isolation with increased communication on social media. More time on social media to keep abreast with the wellness of others, be informed on global developments and share in the pain and joy of those dear to us (Family 10).

The need to know about the welfare of others and to connect with the religious society was also indicated as a desire to communicate.

Communication through technological tools increased. There was an increased desire to know about the well-being of others, attend online prayer meetings, and have discussions with others (Family 11).

Greater need to check on others. The interaction became more vibrant as we wanted to hear about emerging developments, get advice, and get

more information on the pandemics. All communication was via the internet, mobile phone, emails, and landlines (Family 12).

The desire for communication was to help facilitate social cohesion and interaction among friends and family.

Communication with family and friends facilitates social cohesion and social interaction. We continued to stay connected (Family 5).

Another motive for wanting to communicate was to find support and comfort among people going through similar challenges.

Initially, we became insular from the whole idea of isolation, quarantine and keeping safe- quite preoccupied with adjusting to the new normal. Gradually, as we adjusted, we felt the urge to communicate, see people on live chats, share our sentiments, and connect with family and friends who were in distress. Communication also helped us to feel a sense of connection with others who were in the same situation so that we could share ideas and console each other (Family 9).

The above was particularly needed to give a sense of comradeship.

There was always the zeal to speak face-to-face with others, but lockdown restrictions did not discourage us from communicating on social media/phones. Helped in sharing our joys and challenges and feeling a sense of comradeship (Family 7).

The findings corroborate with Canale *et al.* (2021) whose report stated that individuals shared their emotions using digital technologies such as smartphones and social media. This is supported by other scholars who argued that collective traumas have been found to elicit intense sharing of emotions either offline or online among members of concerned communities (Rimé *et al.*

2020). It is plausible that the desire to communicate stemmed from wanting to share emotions with another person.

6.4.7.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF SOCIAL WELLNESS DURING COVID-19

There is little doubt that the ongoing COVID-19 pandemic is having a profound impact globally in nearly every aspect of society. Because of the restrictions imposed during the ongoing pandemic, societies will endure their greatest challenges for many decades (Canale *et al.* 2021). More worrisome is that individuals were not allowed to use common coping strategies to manage the difficult conditions of quarantine and isolation, such as going to the gym, attending sporting events, going to the cinema/theatre, or attending religious services (Canale *et al.* 2021). Given this concern and the need to maintain social wellness during the pandemic, it was critical to understand how the participants managed their social wellness. The data transcribed revealed that most of the participants used social media; managed their wellness through community engagement and support or were involved in family activities. These are elaborated below.

Subtheme 1: Social media engagement

Many of the participants were noted to be active on social media, made calls, and sent messages to family and friends.

Being active on social media and making phone calls. Sending messages (Family 1).

Being active on social media (Family 7).

Social media interaction I even joined a blog site, and virtual calls with people in our circle (Family 8).

Online chats, calling n family and friends to check on their wellbeing (Family 2).

We played online games and communicated online through video calls (Family 11)

Observing spiritual rituals online kept us connected with those in the group which was very stimulating (Family 10).

Attended online Buddhist meetings. Kept in contact with school parents in the parent chat groups (Family 9).

Studies have highlighted two main social interaction processes following disastrous events which include: (i) online sharing of emotions (Rimé *et al.* 2020) and (ii) online social support (Herbert and Brunet 2010). Consistent with this, one of the participants shared motivational quotes via social media platforms.

Keeping in contact regularly with family and friends. Frequent morning greetings on social media platforms, sharing motivational quotes (Family 6).

Furthermore, the sharing of emotions via social platforms was evident in the statement attributed to the participant from family 4.

We recognised how other people influenced/impacted us through our chats on various social media platforms, we shared our feelings honestly. Looked/asked for what we needed from others, if necessary. We listened to others without judging or blaming them. Make sure to disagree with others respectfully. We made sure also in avoiding being overly critical, angry outbursts, and violent behaviour. Staying connected was important (Family 4).

The above narratives are consistent with the notion that digital communication technologies have helped buffer the negative outcomes related to COVID-19. For example, Gabbiadini *et al.* (2020) revealed that social connection helped reduce loneliness, and isolation, and increase belongingness. Also, social media is seen as a useful strategy for staying virtually connected with others because virtual conversations (e.g. phone calls, text messages, video chats, and interaction on social media) can guarantee access to social support networks and allow individuals the opportunity to discuss their own experiences and associated emotions (APA 2020). This is also evident in the statement attributed to family 4 where it is said that through social media platforms family members shared their emotions.

..... we shared our feelings honestly. Looked/asked for what we needed from others, if necessary (Family 4).

Subtheme 2: Community support and engagement

Despite difficulties during the pandemic, studies have shown that individuals have also reacted by engaging in altruistic behaviours, such as volunteering, donating money, and offering online social and emotional support to others (Aresi *et al.* 2020; Brooks *et al.* 2020). This was also evident in the transcribed analyses which showed that some of the participants engaged in altruistic behaviours as a way of managing their social wellness. This may also be because such behaviour helped foster community solidarity and relevance.

Continuing with our donations (Family 1).

Contributing to a feeding programme to distribute food parcels every Sunday to the homeless (Family 2).

Being considerate of others and being helpful to those that are near and dear to us (Family 3).

My wife sews as a hobby. She made several children's clothes and donated them to family and friends (Family 8)

Increased communication, offering support through tangible and intangible means, and prayer (Family 10)

We took turns to call each other and offered tangible/non-tangible support to one another (Family 9).

Subtheme 3: Family activities

Another way some of the participants helped in managing their social wellness was through family activities.

We kept up with things of interest such as cooking, gaming and dancing/singing at home (Family 7).

Playing board games at home (Family 8).

The above activities are vital in increasing the family's social bonds and unity as noted below.

Enjoying more time with the family at home, during fun things and working together as a cohesive family unit (Family 10).

6.4.7.5 THEME 5: RECOMMENDED CHANGES TO SOCIAL WELLNESS

Given the physical and social isolation many people faced during the pandemic, it was vital to know what can be done to improve social wellness in the future. From the interviews, the participants suggested the following recommended changes:

Subtheme 1: Interaction with family and friends

With the imposition of social distancing, and for some countries, national lockdowns and curfews, James and Thériault (2021) observed that there was a heightened desire for a return to face-to-face social interactions with people such as family, friends, and colleagues, and a recognition of the importance of community. Such heightened desire may have informed the recommendation for an increase in interactions with family and friends. This is evident in the statements below:

More interaction within the extended family unit/friends, as social media has affected social fabric (Family 10).

Plan a get-together to catch up and have frequent visits to each other as opposed to social media interaction (Family 6).

The above resonates with the assertion of Brennan (2020) who stated that as useful as social media has undoubtedly been, it is, however, a poor substitute for the embodied human interaction and touch that are a cornerstone of our humanity. Nevertheless, given that digital technology helped bring people together and remain connected during the pandemic, it was understandable that some of the participants felt the need to increase interactions via social networks.

To continue being able to maintain and develop friendships and social networks, but with boundaries. Have good fun, which can leave lasting memories as life is unprintable and be destroyed by unprecedented events like the pandemic (Family 4).

Make connections with others to broaden our network, avoid encouraging toxic conversations; take care of yourselves while taking care of others; make our weekend soccer games a family outing as well to get connected with others (social after soccer matches) (Family 5).

Subtheme 2: Technology savvy

The community generally relies on social interactions, respect, as well as a sense of place and belonging (Beaunoyer *et al.* 2020). However, COVID-19 and the social distancing regulations that came with it made physical interactions challenging for many people. Digital technology while being a poor substitute helped bridge the communication gap, and its use has accelerated during the pandemic (Beaunoyer *et al.* 2020). For example, during stay-at-home and physical distancing mandates, connecting with friends was largely restricted to electronic methods (i.e. texting, voice and video calls, posting and commenting on social media) (Beaunoyer *et al.* 2020). This could also have influenced the recommendation by some of the participants to become more technology savvy.

Become more technology savvy, so that we can extend our activities on social media platforms like making tik-to videos or snap chats. It adds humour to our lives and others as well (Family 1).

To be more tech-savvy so we may use technological devices to communicate more effectively with people in our circle (Family 8).

Subtheme 3: Joining a club

A club is viewed as an association dedicated to a particular interest or activity. Some of the participants proposed joining a club as a change to their social wellness. For example, some of them indicated joining a dancing club.

Join a local dance and music organisation which is traditionally focused (Family 11)

Joining a local dance group for adults and children (Family 2).

In addition to the above, a book club was suggested by a participant from family 2.

Joining a book club (Family 2)

Participant from family 12 indicated joining a sports club while participant from family 9 recommended joining a social club to help deepen the family social contact.

Join a sports club. Get involved in aqua swimming at a gym/community pool (Family 12).

To deepen the family contact and support. Join a social club for gay families (Family 9).

Subtheme 4: Charity organisation

Further to the above, joining other organisations was also suggested by another of the participants. This includes charity organisations and community wellness programme:

Be involved in more charity organisations (Family 3).

Join a community wellness programme, in which my wife and I can facilitate seminars (Family 7).

The above might have been recommended due to the social challenges many people faced during the pandemic. The need to offer both tangible and intangible contributions to the community may be the motivation for wanting to help.

6.4.8 INTELLECTUAL WELLNESS DIMENSION

Intellectual wellness involves lifelong learning, application of knowledge learned, and sharing knowledge (Swarbrick and Yudof 2015). Scholars noted that intellectual wellness involves inventive and intellectually invigorating

exercises; mastering and building abilities; extending one's insight; and imparting information to other people (Binghamton University 2020; Swarbrick and Yudof 2015). While our scholarly climate has significantly changed because of COVID-19, there are numerous approaches to keep up with and invigorate one's learned well-being (Binghamton University 2020). This intellectual wellness of the participants and their families before and during COVID-19 was explored to determine how the pandemic affected wellness and measures used to reconstruct family intellectual wellness.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for intellectual wellness under the 5 themes.

THEMES	SUBTHEMES
1. Intellectual wellness situation before COVID-19 (5 subthemes)	1. Reading 2. Watching news and documentary channels 3. Surfing the internet 4. Intellectual debates 5. Playing games
2. Overall effect of COVID-19 on intellectual wellness (2 subthemes)	1. Negative effect of COVID-19 on intellectual wellness 2. Positive effect of COVID-19 on intellectual wellness
3. Impact of COVID-19 on specific aspects of intellectual wellness (7 subthemes)	1. Effort to learn new things 2. Ability to keep on top of current affairs - locally, nationally, and internationally 3. Listening to lectures, plays, and musical performances - in person or online 4. Daily reading whether that be the newspaper, the internet, magazines, or books 5. Ability to see more than one side of an issue, especially for things that are controversial 6. Desire to ask questions to learn from others and to search the web to look up things you do not know 7. Desire to engage in critical thinking and

	discussions
4. Pathways to the Management of intellectual wellness during COVID-19 (4 subthemes)	1. Watching TV and surfing the internet 2. Research activities and reading 3. Engaging in intellectually stimulating discussions 4. Playing games
5. Recommended changes to intellectual wellness (5 subthemes)	1. Playing games 2. Skills learning 3. Reading 4. Group chats 5. Religious practices

6.4.8.1 THEME 1: INTELLECTUAL WELLNESS SITUATION BEFORE COVID-19

Swarbrick and Yudof (2015) asserted that intellectual wellness self-assessment checks are important to have an idea of where individuals are falling short. During the interview, the participants were asked to indicate intellectual activities they engaged in before COVID-19 to stimulate their wellness. From the interview data, all of the participants indicated reading as a form of intellectual wellness stimulation; 58.3% indicated watching news and documentary channels; 41.7% indicated surfing the internet and engaging in an intellectual debate; while 33.3% indicated playing games. The finding is consistent with the view of Swarbrick and Yudof (2015) that intellectual wellness stimulation includes keeping on top of current affairs; listening to lectures, musical performances and plays; doing creative and stimulating mental activities/games; reading daily; practising something every week to improve skills; exploring talent like cooking, music, and crafts; engaging in intellectual discussions.

Subtheme 1: Reading

Studies have shown that the results of engagement with books brings a variety of benefits in supporting cognitive development, especially literacy skills across

cultures (Joshi and Aaron 2006; McBride-Chang 2014). This could help explain why most of the participants and their families were avid readers.

The children are avid readers; each has an e-reader. My wife is studying, so that keeps her intellectually stimulated (Family 10).

As indicated by participant from family 6, reading was intellectually stimulating.

We stayed intellectually stimulated by maintaining good reading habits (Family 7).

Subtheme 2: Watching news and documentary channels

Among those who revealed watching news and documentary channels as a form of intellectual stimulation, the following was indicated:

Watching the news, documentaries, and geographic and historical channels (Family 1).

Watching documentaries (Family 11).

Watching documentaries, following the news and hobbies (Family 4)
Listened to news (Family 5)

Studies have shown that television programmes are a valuable source of new, useful and practical information for the viewers (Primack *et al.* 2010; Redmond *et al.* 2010). This may have informed the position of family 6 watching intellectually stimulating TV programmes.

Watching intellectually, stimulating TV programmes (Family 6).

Subtheme 3: Surfing the internet

In terms of surfing the internet, the following was stated by some of the participants

Surfing the net (Family 11).

Surfed the web (Family 12).

Surfing websites (Family 7).

Perse and Ferguson (2000) found that learning was the most salient benefit while people surfed the web. The desire by some of the participants to surf the web may connect to learning new things on it.

Subtheme 4: Intellectual debates

Bangwar wrote in the Tribune that debates play a pivotal role in the cognitive grooming and intellectual growth of society (Bangwar 2022). This is also supported by some of the participants who revealed engaging in intellectual debates to stimulate their intellectual wellness. These they did with friends, family and colleagues.

Engaged in intellectual debates during social gatherings (Family 2).

Interaction with people (Family 3).

The parents are in academia so there are continuous intellectual stimuli (Family 6).

Talking about intellectually stimulating topics with family/friends/work colleagues (Family 7).

Subtheme 5: Playing games

In terms of playing games, the following was stated by some of the participants' interviewed:

Played our board games like 30 seconds and chess (Family 1).

We generally played video games (Family 2)

We play chess and word games (Family 8)

Barr and Copeland-Steward (2022) found that playing games leads to cognitive stimulation. Previous work has suggested that playing videos is associated with improved spatial skills (Uttal *et al.* 2013), creativity (Jackson *et al.* 2012) and communication skills, adaptability and resourcefulness (Barr 2017). Some of the participants played video games and chess to stimulate their cognitive wellness. As evidence, the participant from family 5 played brain games.

....played brain games (Family 5).

6.4.8.2 THEME 2: OVERALL EFFECT OF COVID-19 ON INTELLECTUAL WELLNESS

There is little doubt that the COVID-19 pandemic has affected our lives in many ways, with the associated lockdown restrictions affecting how we work, socialise, shop, and study. For instance, schools, town halls and other learning centres were all made to close to prevent physical contact and support remote working (Lagomarsino *et al.* 2020). These surely had effects on intellectual wellness, including in Australian families, but were not measured to know the degree of the shortcomings. Inevitably, such wide-ranging changes to our day-to-day lives have raised questions about well-being and how we cope with these unusual and uncertain circumstances. This subtheme explored the overall effect of COVID-19 on the intellectual wellness of the participants and their families.

From the interview data transcribed, it was uncovered that the pandemic has had both negative and positive effects on their intellectual wellness.

Subtheme 1: Negative effect of COVID-19 on intellectual wellness

Early evidence shows that people with scholarly or formative incapacities due to intellectual and development disability (IDD) have a somewhat greater danger of contracting a considerable number of intellectual deficiencies (Landes, Stevens and Turk 2020). The interviews revealed that the pandemic negatively affected the intellectual capacity and learning abilities of some participants and their families. These are highlighted in the excerpts below.

- Affected intellectual capacity

Larsen (2020) considered eight components of health of which intellectuality is one. These incorporate physical, social, enthusiastic, monetary, ecological, scholarly, word related, and profound. Family 3 revealed that COVID-19 negatively affected the ability to learn from others.

The only interaction with people have stopped in terms of intellectually learning from people, but reading, the internet, newspaper, books etc kept us intellectually stimulated (Family 3)

Additionally, and as indicated by participant from family 6, COVID-19 incapacitated the family's intellectual learning. This is what Landes, Stevens and Turk (2020) described as the danger of contracting intellectual deficiencies.

COVID-19 greatly affected the intellectual capacity of the family, as the parents/children in academia could not express their minds at work since schools/universities were closed (Family 6)

- Affected learning

Equally, some of the participants and their families experienced difficulties learning. This may be attributed to the shift from contact learning to online classes and working from home.

Online learning meant that the children had to adjust to impersonal contact, which was initially difficult (Family 5).

In addition, the inability to access books from the library made learning difficult for the family.

We could not get access to the library for books. Access to the online materials (Books) was also limited due to the internet being slow as there were multiple users at the same time at home (Family 5).

Attending face-to-face seminars/conferences ceased, as this was a great avenue to gain new knowledge. We could not borrow books from the library, so we turned to e-books, which were not always free. We stopped buying the newspaper to save on costs (Family 7).

Subtheme 2: Positive effect of COVID-19 on intellectual wellness

- Increase interest in other things

In the United States, for example, Perry (2022) reported that COVID-19 singlehandedly changed the way many families approached their children's education. One of these changes was that home schooling become popular and schools switched to online classes. Similar evidence was extracted from the interviews. Participant from family 8 noted that online schooling kept the grandchildren intellectually stimulated and benefited the children even more.

Interestingly, I will say it had a positive effect, as we read more, started new word games, and searched for more exercises for our students to complete online. Even online schooling kept our grandchildren intellectually stimulated as they seemed to enquire more often with us on curriculum matters and searched the internet (Family 8).

Participant from family 11 revealed that the pandemic gave him time to learn more about his own work.

It gave me more online platforms to read about Australian historic sites and their backgrounds; improve my practice as a travel guide and knowledge. I also started to learn to speak French. My wife plays a lot of word games/online games (Family 11).

Participant from family 12 revealed that it was stimulating to read and engage even more than before.

It provides greater stimulation to read, watch the news, use the internet, chat, and engage in discussions (Family 12).

Added to the above, the statement from family 10 perfectly summarised the positive influence of the pandemic on the entire family. From the statement, it is evident that there was improved academic productivity, engagement and intellectual dialogue.

Working from home, gave me more time to publish articles, extend my global partnerships, and read more. My wife continued with her studies, which keep her intellectually stimulated, while the children continued with e-reading and homework. Through our discussions at home, there was also more information sharing and new knowledge assimilation (Family 10).

6.4.8.3 THEME 3: IMPACT OF COVID-19 ON SPECIFIC ASPECTS OF INTELLECTUAL WELLNESS

From the previous theme, it is evident that COVID-19 had both positive and negative impacts on the intellectual wellness of the participants and their families. This theme adds to the previous theme by exploring the impact of COVID-19 on specific aspects of intellectual wellness of the family structure under seven specific areas (efforts to learn new things; trying to keep on top of current affairs - locally, nationally, and internationally; listening to lectures, plays, and musical performances - in person or online; daily reading whether that be the newspaper, the internet, magazines, or books; ability to see more than one side of an issue, especially for things that are controversial; desire to ask questions to learn from others and to search the web to look up things you do not know; desire to engage in critical thinking and discussions).

The Covid-19 pandemic created increased efforts to learn new things. Among which included:

Subtheme 1: Effort to learn new things

- Increase in individual curiosity

It was uncovered from the interview data analysed that the pandemic increased the curiosity to learn about the virus.

There was more interest to learn about the virus, the actions of other countries and ways of mitigating being infected. We also googled a lot on finding home remedy immune boosters (Family 2).

It created the need to learn more about viruses, sciences and the origin of other diseases. The family continuously debated about the origin of the coronavirus and other hot debates that emerged on social media platforms (Family 7).

There was greater interest to learn about the virus and its global impact. This also stimulated more discussions. We had to improve our IT skills with the help of the grandchildren, as we had to have online tutoring (Family 8).

From the above narratives, one could draw a greater sense of intellectual debate in learning more about the virus, and its source of origins. This helped to stimulate the intellectual wellness of the family. This is reflected in the statement below where it is said that the family engagement about developments in the world.

There was greater curiosity about global developments during the pandemic, more communication that resulted in more information being garnered, and the children discussing their assessments was mutually beneficial (Family 10).

- Time to learn new things

From the interview data transcribed, it was revealed that some of the participants had enough time to learn new things. As such, it is right to assume that the pandemic inspired new interest, which may have come from restrictions on other activities people normally engaged in before the pandemic. For example, there was interest in word games, baking, and computers.

I developed an interest in word games, the use of different computer software and baking (Family 4).

The positive side of COVID-19, during the lockdown, was that children were able to sign up for a computer class, play crossword puzzles and other computer games, etc (Family 5).

COVID-19 forced us to learn new things. This is touted as the new norm. We learned new things about how to learn in new ways using technology,

working from home, and managing home/work time with the entire family around (Family 6).

Subtheme 2: Ability to keep on top of current affairs - locally, nationally, and internationally

COVID-19 came with social restrictions and lockdowns affecting many social gatherings and human interactions including the church, schools, gyms, and bars. Hence, it was important to understand how the participants kept on top of current affairs both locally, nationally, and internationally. The interviews revealed that many of the participants kept abreast of current affairs through the internet and reading.

- The internet and social media

According to De *et al.* (2020), the lockdown resulted in most people taking to the internet and internet-based services to communicate, interact, and continue with their job responsibilities from home. This is also evident among some of the participants interviewed in this study, as the internet and social media became the source of current affairs and news.

We have an increased desire for global issues, especially the impact of COVID-19 on economies and people's lives. Listening to and reading the news and online sites kept us abreast of global affairs (Family 10).

Social media helped with keeping abreast of global news (Family 5).

We also followed narratives on social media platforms. No day passed without us discussing comments from others on the coronavirus, or political or religious matters (Family 7).

The public domain was awash with current affairs around COVID-19. We could get top information locally, nationally and internationally through

social media. Initially, we focused more on COVID-19 news, but as it subsided, we refocused on former important issues in the social, economic and political domains (Family 6).

The above finding is supported by Tsao *et al.* (2021) who said that with the onset of the COVID-19 pandemic, social media rapidly became a crucial communication tool for information generation, dissemination, and consumption. The plausible reason for the use of social media to source current affairs both locally, nationally, and internationally is that social media has become a pivotal communication tool for governments, organisations, and universities to disseminate crucial information to the public (Tsao *et al.* 2021). However, the negative setback to this is that information on social media may be subjective, inaccurate, and frequently includes misinformation and conspiracy theories (Bridgman *et al.* 2020).

- News

Given that COVID-19 brought on a global disaster, it was not surprising that many of the participants looked to the news to gain information on the state of the virus.

By watching and listing to local, national, and international news, we were able to get various information related to COVID-19 (Family 5).

We were often clued to CNN, BBC and other local and foreign channels (Family7).

Our interest in the different mutations of the virus and the vaccines encouraged us to watch global news channels, as well as political debates and medical insights on the coronavirus (Family 8).

The above views show that the interest in global news increased due to the pandemic and is supported by the statement below.

This increased especially news relating to the pandemic globally (Family 2).

In addition, some of the participants showed interest in podcasts and webinars to learn about the current affairs and happenings, globally.

Listening to the news, podcasts and webinars helped us to keep on top of current affairs- locally, nationally, and internationally (Family 9).

Subtheme 3: Listening to lectures, plays, and musical performances - in person or online

As stated, the internet became a valuable tool during the pandemic. With the lockdown and closure of most social activities and human interactions, the internet became a critical tool for many of the participants.

- Using YouTube

For example, some of the participants revealed using YouTube to listen to musical performances. This is evident in the statements below.

Since our movement was restricted, we got accustomed to watching performances, videos and likes on YouTube channels, and other media platforms (Family 7).

As we enjoy music, especially playing the piano, we turned to YouTube to keep us entertained (Family 1).

We had more resources from the internet; we often listened to traditional music and dance performances (Family 11).

YouTube videos, webinars (Family 12).

As our kids enjoy playing the guitar, we watch videos on artists playing the guitar as well you tube lessons (Family 2).

Mostly, we were listening to music online (Family 5).

We enjoyed listening to instrumental music, chanting you-tube videos, and online performances by komuso monks (Family 9).

- Online activities

The pandemic has pushed all institutions to migrate to online platforms including education institutions. This is evident from the statements shared by some of the participants.

We follow a lot of online church services, traditional music performances as well as webinars relating to research (Family 10).

Online religious/spiritual presentations (Family 12).

My wife did attend online lectures implemented by the hospital where she works as part of their wellness programme. It was fortunate to listen to the lectures (Family 2).

Developed an interest in online learning of the lyrics to popular songs, watching karaoke and webinars on teaching and learning (Family 6).

Subtheme 4: Daily reading whether that be the newspaper, the internet, magazines, or books

Reading is vital in cognitive stimulation and engaging in any form of reading such as the newspaper, magazine and or books is beneficial for cognitive development and mental stimulation. COVID-19 has however, seen many human activities and social interactions including schools and libraries shut

down in many countries, including Australia. It is thus important to determine if the participants and their families engaged in daily reading. From the interview data transcribed, many of the participants engaged in online reading.

- Online reading

We did this on a daily basis (Family 1).

Participants from family 10 stopped buying newspapers and magazines and started subscribing online. This may be connected to the fear of contracting the virus via such, or even cost saving.

E-reading increased. We stopped buying the newspaper and magazines, as we subscribed online (Family 10).

A similar view was echoed by other participants who illuminated the following:

Focused on spiritual books, online travel sites, and online word games...we did not invest in any hard copies (Family 11).

Internet websites. Did not buy any hardcopies (Family 12).

The internet was a great source of information. We did not access any hard copies of newspapers or magazines. We do have a home library of fictional and nonfictional books.... There was now a greater opportunity to read, as the kids did online schooling and I could read as my shifts decreased (Family 2).

The curiosity around COVID-19 made us google more often- we avoided buying any magazines and books. We registered on an e-reading site for the children, which they enjoyed (Family 9)

The avoiding of buying any hard copy of newspapers and or magazines might have influenced the surge in the internet for news. Tejedor *et al.* (2020) reported that the internet has proved to play a decisive role in terms of media consumption during quarantine. According to the authors, social networks have occupied the first position among online platforms most frequently consulted by citizens (Tejedor *et al.* 2020).

The COVID-19 pandemic influenced our love for reading books, and sourcing information on the internet (Family 8).

Yes, from time to time we were managing to follow the news, read the newspaper, enjoy social media (the internet), magazines, etc. (Family 5).

Another reason for the shift to online reading may be found in the statement from family 6 that physical newspapers were limited in circulation due to the lockdowns.

There was massive daily reading on messages around COVID-19. The reading was limited to online as opposed to physical like newspapers, which had limited circulation due to lockdowns. E-reading of free online magazines, and newspapers increased (Family 6).

Subtheme 5: Ability to see more than one side of an issue, especially for things that are controversial

As outlined on the webpage of the Council of Europe (2022), controversial issues are issues which arouse strong feelings and divide communities. Such issues can arise anywhere at any time and may vary from the local to the global, from minarets to climate change. The COVID-19 pandemic, particularly its origin is another controversial issue that could generate tensions among people if not well managed. For instance, these issues are complex, not easily settled by appeal to evidence alone and highly emotive, so much so that people often have difficulty discussing them rationally (Council of Europe 2020). Given the volatility

of the pandemic origin and the ability to generate emotions, it was important to determine the participants' ability to see more than one side of an issue, especially for things that are controversial. From the interviews, the following were uncovered:

- Open-minded

Most of the participants indicated that they were open-minded when it came to controversial issues. They acknowledged that people have different opinions and thus must respect others' perspectives.

We are always open to different opinions, as that is a source of knowledge generation and learning. We respect different points of view and believe that every person is entitled to an opinion (Family 1).

Always amenable to seeing different perspectives - a valuable source of knowledge generation and helped in improving personal decisions (Family 12).

The benefit of the above open-mindedness is that it can provide an individual a new perspective of things other than their own views. As such, participant from family 2 saw it as important in developing non-discriminatory perspectives.

Being open to different opinions is important to have a balanced view of life. This is crucial in developing non-discriminatory and unprejudiced values and beliefs in life. It also helps to guide our kids in becoming non-partisan adults who are amenable to respecting diversity and different philosophies in life (Family 2).

Some of the participants shared that being open-minded gave them room to view the varied arguments being discussed.

Indeed, the abstraction around COVID-19 gave us the ability to see things and arguments in varied ways. This was owing to the inconclusive research around COVID-19 (Family 6).

Furthermore, the views of experts were critical in addressing some of the conspiracies around the virus, which thus provided credence that open-mindedness helped when dealing with controversial issues.

The views of experts during the COVID-19 pandemic continuously changed our dogma on issues around conspiracies surrounding the COVID-19 pandemic. The controversial topics were usually demystified by explanations given by epidemiologists and other experts (Family 7)
This was largely the case as regards knowledge about the coronavirus. The comments/remarks and explanations made us after listening to the views of some experts on TV gave us a more opened minded to assess situations regarding the pandemic from different angles. We are also open to learning from others, as this is part of lifelong learning (Family 8).

The conspiracy theories were a great source of discussion, bringing to light many controversial issues and debates. Through discussions and listening, we appreciated the diversity in perspectives, the irrationality of certain mindsets and how personal agendas can be manipulated. Such exposure made us more leaned and aware (Family 9).

- Critical thinking

Critical thinking is the analysis of available facts, evidence, observations, and arguments to form a judgement (Vale 2013). As such, it was vital in dealing with the controversies around COVID-19. This is evident in the statement below.

Various theories on COVID-19, it has exposed us to more critical thinking, discussions on controversial issues and assessing different viewpoints more objectively (Family 10).

- Judgemental

One of the participants indicated being judgemental in dealing with views that differ from theirs, albeit, in a polite way.

I am critical, can pass judgement in a polite way, but respect the perspectives, which differ from mine. We try to be objective in our reasoning, but as humans, the element of bias will always be present (Family 11).

Subtheme 6: Desire to ask questions to learn from others and to search the web to look up things you do not know

Vale (2013) remarked that the purpose and practice of active questioning have their roots in ancient philosophic traditions. For instance, the ancient Greek Socrates is well known for using questioning to probe the validity of an assumption, analyse the logic of an argument and explore the unknown (Vale 2013). In the words of the French philosopher *“It is easier to judge the mind of a man by his questions rather than his answers.” Pierre-Marc-Gaston, duc de Lévis (1764–1830).* (Vale 2013)

Given the perceived controversy surrounding the pandemic, and the ease by which the public can be misinformed through various social media platforms, asking the right question may help demystify the virus. From the interview data transcribed, the following were uncovered:

- Interest in learning

Many of the participants indicated to have an interest in learning which was

found to influence their search for answers to things they did not know.

Social distancing measures have made people transform to use the internet as a knowledge fountain. Even google searches increased as the thirst for information escalated. Online chats also encouraged more enquiries and searches for answers (Family 10).

I learned to be proactive, take the initiative to improve my knowledge, look at various sources of information, and discuss issues I am unsure of (Family 11).

The pandemic created information-seeking habits as people looked for an explanation for it.

Information seeking increased because of the novelty of the pandemic; more discussions; attended webinars (Family 12).

Through the internet, people have unprecedented access to information encompassing virtually the entire scope of human knowledge. This information is now available on a time scale of seconds as if it has become a virtual extension of our cerebral cortex. If an interesting question pops into one's mind, one can research it immediately and from multiple sources, rather than visit the library tomorrow or next week (Vale 2013). The data revealed that some of the participants used the internet in the quest for knowledge.

We continuously searched for new terminologies as they emerged. We also regularly checked online what interventions other advanced countries were using in fighting the coronavirus. The search for new information was stimulated (Family 8).

Online platforms were used a lot during lockdown - google/google scholar provided instant avenues for learning (Family 4).

In addition to the internet, friends and family were also indicated as a source of information during the pandemic.

We managed to learn a lot from peers/family/friends sharing their experiences online and via social media. Web searches also gave direction to debates, which were taking place (Family 6).

Certainly, this became a pattern with trying to keep up with so much new information. There was an enhanced drive to search the net so that we did not remain ignorant about global developments as online chats became more regular and vibrant. We consulted with family and friends nationally and internationally, curious about their thoughts and new ways of living (Family 9).

Subtheme 7: Desire to engage in critical thinking and discussions

Murawski (2014) noted that critical thinkers are those persons who can move beyond 'typical' thinking models to an advanced way of thinking. This view aligns with Ruggiero (2012) who opined that critical thinkers produce both more ideas and improved ideas than poor thinkers do. The COVID-19 pandemic has seen the rise of fake news. Ahinkorah *et al.* (2020) asserted that misinformation related to the COVID-19 pandemic is gradually gaining much popularity. The consequence of this is that it is amplifying the threat facing humanity about the continuous spread of the virus. While some of the influx of falsehoods peddled about the pandemic may be harmless, others might pose a serious threat by misleading the general population to depend on unjustified and or unsubstantiated claims for protection (Ahinkorah *et al.* 2020). It was therefore vital to know if the participants engaged in critical thinking and discussions.

- Encouraged intellectual and vibrant discussion

According to Ennis (2011), the ideal critical thinker, in his writings, is disposed to reach a 'right' decision, present that position honestly and clearly, considers

others' points of view, seek to be well informed, and avoid intimidating or confusing others. The author further noted that critical thinkers have the ability to focus on a question; analyse an argument; judge the creditability of a source; make and value judgments; clarify and refine their viewpoints; support their viewpoints appropriately; and imaginatively suppose and integrate the logic of a viewpoint with sensitivity toward others (Ennis 2011). From the interview data transcribed, nearly all the participants indicated engaging and encouraging intellectual and vibrant discussions about any topical issues and concerns.

On the issue of the pandemic, for example, a participant from family 7 noted the following:

Yes, no doubt, the pandemic also gave reasons, to think, reflect and debate on certain trends on aspects such as the quickness in producing a vaccine (Family 7).

The above may be connected to the falsehood about the vaccine, which thus necessitated critical thinking and robust debate. The experience of the pandemic also stimulated vibrant debates.

With our teaching backgrounds, we always were interested in different perspectives on controversial issues. Our grandchildren are also extroverts who like to debate issues, which we encourage. The experience of the pandemic also stimulated vibrant debates (Family 8).

Others, however, engaged in intellectual discussion to stay mentally agile.

As a couple and family, we always encourage intellectual and vibrant discussions to keep us mentally agile, informed and learned (Family 1). Critical discussions keep us intellectually stimulated and provide an immense reservoir of knowledge, which we likewise can share. We often did this at social gatherings prior to the pandemic, but now we engage in online/phone discussions (Family 11).

In our home, this is part of our daily lifestyle where we debate and beg to differ, which has promoted our ways of thinking and made us more flexible in our mindsets. We also belong to various interest groups outside our family that stimulate our thought processes (Family 9).

Critical thinking is always a means to see different perspectives, improve one's choices and ways of doing things and stimulate the mind to reason with justification (Family 4).

Some of the participants engaged in critical discussions via digital technology such as podcasts/blogs, Zoom and Webinars.

Podcasts/blogs have become an important tool to discuss critical issues. Google searches/online chats also encouraged more enquiries and searches for answers (Family 10).

Was done in zoom meetings with family, friends and work colleagues. Greater curiosity to gain more information. Webinars were very valuable to debate issues; gaining clarity on grey areas and seeking different perspectives (Family 12).

Nevertheless, one of the participants noted that it was difficult to engage in critical thinking and vibrant discussions online. The participant attributed this to time zone differences, time constraints, poor connectivity, and inaudibility.

It was sometimes difficult to engage in higher-order critical thinking and discussions online due to time zone differences, time constraints, poor connectivity, and inaudibility. We preferred face-to-face discussions, as we had to adjust to new online meeting protocols. But in cases of compulsory attendance at webinars, we did engage but felt that we could have expressed ourselves better in a face-to-face sessions (Family 6).

This art of critical thinking and discussion is also passed down to children by

encouraging them to ask questions as noted below.

We encourage our kids to ask questions and we do likewise with them. Even if we don't have answers we google, so that learning is shared. Sometimes they would question basic assumptions like "why is blood thicker than water". Giving informed answers requires valid information. Through googling we learned new information about this adage (Family 2).

That desire is always present when we are in fellowship with other members of our home cell. We always encourage children to participate in the discussion and give their contribution of what thinking following the topic that is an object of deliberation (Family 5).

6.4.8.4 THEME 4: PATHWAYS TO THE MANAGEMENT OF INTELLECTUAL WELLNESS DURING COVID-19

As previously stated in this theme, intellectual wellness self-assessment checks are important to have an idea of where individuals are falling short (Swarbrick and Yudof 2015). From the previous subtheme, it was evident that COVID-19 had a negative effect on the intellectual wellness of some of the participants. For instance, the pandemic affected some of the participants' intellectual capacity as well as their ability to learn. This is concerning as there is a real danger of these participants contracting a considerable number of intellectual deficiencies (Landes, Stevens and Turk 2020). As such, it became important to understand how the participants managed and maintained their intellectual wellness during the pandemic. The data transcribed revealed that that many of the participants managed their intellectual wellness by watching TV and surfing the internet, researching and reading, engaging in intellectually stimulating discussions, and playing games. These are elaborated below.

Subtheme 1: Watching TV and surfing the internet

Among those who managed their wellness by watching TV and surfing the internet, the following was stated:

Watching tv, the internet (Family 1).

Previous studies such as Primack *et al.* (2010) and Redmond *et al.* (2010) reported that television programmes are a valuable source of new, useful and practical information for the viewers. This may also explain why some of the participants tuned to it for global news during the pandemic.

Watching global news channels on TV (Family 8).

Watching documentaries, webinars, and podcasts (Family 9).

The internet was particularly useful for many of the participants to seek answers on troubling issues surrounding the pandemic.

Surfing the net (Family 11)

Made the best of the internet (Family 3).

Perse and Ferguson (2000) found that learning was the most salient benefit while people surf the web. This is also evident in the statement below.

Online studying, internet, speaking to family and friends on chats and watching tv (Family 4).

Subtheme 2: Research activities and reading

Studies have shown that the results of engagement with books brings a variety of benefits in supporting cognitive development, especially literacy skills across cultures (McBride-Chang 2014; Joshi and Aaron 2006). From the interviews,

some of the participants indicated that studying and or research kept them intellectually occupied.

As a postdoctoral fellow, I was forced to continue google scholar and other e-library searches, though this time they have been limited to desk reviews. My wife's studies kept her intellectually occupied, while the children continued with their e-reading and homework (Family 10).

We improved our intellectual wellness by searching for information online when preparing our lessons, helping the children with their assignments, and following popular websites (Family 6).

Subtheme 3: Engaging in intellectually stimulating discussions

According to Bangwar (2022), debates play a pivotal role in the cognitive grooming and intellectual growth of a society. From the study, some of the participants engaged in vibrant discussions with family and friends on various topical issues.

Reading and talking to others on intellectually stimulating topics be it political, religious or even health-related issues (Family 1).

Our chat groups involved discussion on topics like politics and the pandemic. Following blogs, Twitter and LinkedIn were also stimulating (Family 2).

Through discussions with family, friends, and work colleagues (Family 12).

We maintained our intellectual wellness by staying curious, staying informed, reading, engaging with others in critical discussions, and asking questions (Family 7).

Subtheme 4: Playing games

In addition to the above, playing games helped to manage intellectual wellness during the pandemic. The most likely reason for this is that playing games leads to cognitive stimulation (Barr and Copeland-Steward (2022)). This is also evident from the statement below.

We found playing crosswords and Sudoku were not only leisure activities, but finding word patterns kept our brain power active and stimulated (Family 11)

Equally, playing games together helped with socialisation, and in maintaining contact. This is supported by Barr (2017) who stated that playing videos is associated with improved communication skills, adaptability and resourcefulness.

We played single-player or multiplayer mode, online or offline games. Also helped with socialisation, as it made up for the lack of face-to-face communication and helped to keep friends and family in contact (Family 2).

6.4.8.5 THEME 5: RECOMMENDED CHANGES TO INTELLECTUAL WELLNESS

Botha (2013) viewed an intellectually healthy person as one who constantly seeks new challenges and experiences. It was thus important to understand what changes the participants can make to improve their intellectual wellness. From the interview data transcribed, some of the participants recommended the following.

Subtheme 1: Playing games

As already stated, playing games is associated with cognitive stimulation. Many of the participants recommended playing intellectually stimulating games.

Find new games to play which are intellectually stimulating (Family 1).

Find intellectually stimulating games to play as a family (Family 10).

Play more puzzles and do crosswords (Family 2).

Playing games like word count, and puzzles (Family 6).

Start playing more stimulating online games at home (Family 7).

To start playing new board games with the grandchildren, join a chess club. Learn how to play online games (Family 8).

Subtheme 2: Skills learning

Some of the participants, in desiring changes to intellectual wellness also recommended learning skills. Family 2 suggested spatial skills like playing music.

Learning to play a musical instrument, as my kids play the guitar (Family 2).

Other skills included information technology skills and business skills.

Increase our IT competencies, and knowledge on how to conduct web searches (Family 6).

To increase our business skills for the new business venture (Family 9).

Subtheme 3: Reading

Nearly all of the participants advocated reading. Joining a club and owning a home library were proposed by some of the participants to help improve their intellectual wellness.

Join a reading club (Family 1).

Allow children to be part of other community organisations like the chess club or reading club (Family 5).

Expand our home library and buy more second-hand books on travel (Family 11).

Read books more. Expose my parents to more websites (Family 12).

Encourage our daughter to read the information on non-fictional issues, rather than just play video games (Family 3).

Reading is also viewed as investing in lifelong learning.

We must continue to invest in lifelong learning, the application of knowledge learned, and sharing knowledge (Family 5).

Subtheme 4: Group chats

Intellectual stimulation and vibrant discussions are crucial in cognitive grooming and intellectual growth. This may have informed the recommendation to form a chat group to discuss business ideas.

Form a group chat with clients to discuss business ideas (Family 3).

Subtheme 5: Religious practices

Religious/spiritual practices were suggested to improve intellectual wellness.

To increase the children's understanding of Buddhist principles and their impact on our understanding of reality and human existence (Family 9).

6.4.9 WELLNESS SUPPORT PROGRAMMES

There is no doubt that the COVID-19 pandemic has disrupted almost every aspect of human existence (OECD 2020). In an attempt to minimise the spread of the virus, most countries globally including Australia have implemented strict restrictions such as lockdowns and social distance. However, the lockdown and social distancing measures implemented have had a negative effect on people's wellness. As a consequence, wellness programmes have been used to provide relief to people and these have been verified to be especially preferred as satisfying, as well as access programmes where individuals can learn and practise healthy living (Spanoudi *et al.* 2018; Rachele *et al.* 2013). Wellness has received significant interest, specifically pertaining to intervention programmes created to help with the fostering of positive lifestyle behaviours (Baldwin *et al.* 2017; Watson 2017). This theme explored the use of wellness support programmes by the participants and their families to relieve the impacts of the pandemic.

Since wellness is of utmost importance to every individual, it is important that they have the coping strategies to deal with any adversity which negatively impacts their wellness. Wellness support programmes can benefit individuals in coping with adversities in any sphere of their lives. Thus, with the diverse impact of COVID-19, it was noteworthy to determine the participants viewpoints regarding such programmes.

The narrative which follows is underpinned by a discussion of the following subthemes which emerged for wellness programmes under the 2 themes.

THEMES	SUBTHEMES
Necessity for wellness support programmes (4 subthemes)	1. Mental health 2. Prepare for crisis situation 3. Businesses adapting to economic issues 4. Social cohesion
Attendance at wellness support programmes (3 subthemes)	1. Online programmes 2. Part of religious programmes 3. Employee wellness programmes

6.4.9.1 THEME 1: NECESSITY FOR WELLNESS SUPPORT PROGRAMMES

When asked if the participants think wellness programmes are necessary during the pandemic, there was consensus in their responses that it is necessary. From the data analysed, the participants based their answers on the following:

Subtheme 1: Maintaining mental health

One of the negative impacts of the pandemic uncovered in this study is the effect on the psychological and mental well-being of the individuals interviewed. This is corroborated by Brodeur *et al.* (2021) who claimed that individuals' mental health has been severely affected by COVID-19 and the associated lockdown. Similarly, Docherty *et al.* (2021) found that during a lockdown, the stress level of an individual, well-being, depressive symptoms, mood disturbances and memory significantly worsened. The statement below reinforces this.

Yes, mental issues are real, and most people commit suicide due to mental challenges, all ages and even successful people in their careers. People need coping strategies/support (Family 11)

Given this situation, it was understandable that a wellness programme was necessary to maintain individual mental health, as evident in the statements

below.

They help to maintain mental health, during pandemics, there is a lot of uncertainties thus there is need for education, information dissemination and communication as a disaster management therapy (Family 10).

Yes, it is necessary in order to support people that were affected negatively by COVID-19 in terms of stress, anxiety and many other afflictions caused by COVID-19 (Family 5).

This is particularly useful for those who have lost their loved ones during the pandemic.

Also mentally, the well-being of people - especially the people that were greatly affected by the COVID-19 pandemic, e.g. lost loved ones, jobs, overworked were affected physically and mentally- they would need help (Family 4).

Other benefits were noted by participant from family 7.

Wellness support programmes are highly imperative as they serve as coping mechanisms during these trying moments. Such support programmes can boost one's immune and have a positive (overall) effect on one's emotional, physical, and psychological wellbeing. Also, in wellness programmes, I learned about nutrition education, and stress reduction strategies (Family 7).

The findings showed that wellness support programmes are necessary as a coping strategy for those going through untold mental challenges during the pandemic.

Subtheme 2: Prepare for crisis situations

Wu et al. (2020) noted that effective crisis management provides a clear,

optimistic vision and realistic plan. For a situation like COVID-19, some of the participants indicated that a wellness support programme could help prepare for crises, hence, the necessity of it. It was found that wellness progress provides or enhances coping skills to manage crisis such as those caused by the pandemic.

It will help people to prepare for unprecedented crises. Also, it will give people the skills to deal with wellness issues (Family 1).

Because it enhances the coping skills of people during the crisis, reduces suffering, and is likely to speed up the recovery and rebuilding of communities (Family 2).

In addition, wellness support programmes can help mitigate psychological distress, according to the participants from family 8.

Yes. Wellness programmes in my view help with coping mechanisms in a time like this, especially for people who suffer from anxiety, stress or tension, or depression (Family 8).

The above participant advised that a wellness support programme should be offered beforehand and not just in crisis. This, the participant believes that this will help people build resilience during the period of crisis.

But people should build on their wellness not only in crisis situations, thus such programmes should be offered full time so that people already have a sense of resilience during periods of crisis (Family 8).

Participants from family 2 provided ways in which wellness support programmes may be developed. In the participant's view, regular communication is the key.

Regular communication, which is understandable, on different wellness programmes, can be helpful in providing advice and links to websites and

online programmes to maintain overall wellbeing. This can mitigate undue anxiety caused by inconsistent and incomprehensible communication (Family 2).

Subtheme 3: Businesses adapting to economic issues

Equally, wellness support programmes can be beneficial to those who have suffered great economic loss during the pandemic.

Yes, especially for businesses. It might be necessary for those who think that they might need it, especially businesses that are doing their best to adapt to the huge economic issues caused by the COVID-19 pandemic (Family 4).

Subtheme 4: Social cohesion

Wellness support programmes were also necessary in enhancing social cohesion.

Yes, if the family unit is weak, it would be a good intervention to inspire people and for social cohesion (Family 9).

The statement below highlights the importance of social cohesion.

Yes, there is a need for wellness support programmes, failure of which led to unwanted babies and social ills in our communities such as domestic violence and suicides (Family 6).

Thus, one could say that wellness support programmes that target family cohesion can help mitigate social ills such as domestic violence and suicides.

6.4.9.2 THEME 2: ATTENDANCE AT WELLNESS SUPPORT PROGRAMMES

Drawing from the above benefits of wellness support programmes, it was essential to determine if any of the participants attended wellness programmes in the past. It was also worth knowing who the organisers of such a wellness programme were. From the data transcribed, it was uncovered that nearly all participants have attended wellness programmes. It was gathered from the data that some of the participants attended online programmes, while others attended programmes organised by religious bodies and/or employee wellness programmes.

Subtheme 1: Online programmes

The pandemic has revealed the need to offer virtual wellness programmes. Chaturvedi and Rathore (2021) note that digital wellbeing platforms and software are now available which allows organisations to deal with employee health more effectively through Slack, Zoom, and social media. As such, an online wellness programme can be used to target all areas of employee health, including mental, physical, social, and financial aspects (Chaturvedi and Rathore 2021). From the interviews, some of the participants attended virtual wellness programmes.

I did through our online spiritual programmes and we took time to listen on how to cope with different mental challenges online; keep a strong social support system close to us, and not feel embarrassed to reach out for help as many people are enduring wellness issues (Family 11).

Yes, we did – online. It gave us new perspectives and any kind of learning is never wasted. It also made us realise that anybody's wellness can be affected at any time, therefore being proactive and arming ourselves for the unprecedented is invaluable (Family 3).

Yes, once online. I just did a wellness programmes test. But it is recommended that people at any level of responsibility should periodically attend wellness programmes (Family 5).

Yes, I did attend one virtually. We received an online invitation from our grandchildren's school. Very helpful in managing personal and family wellness issues (Family 8).

Subtheme 2: Part of religious programmes

Some of the participants attended wellness programmes organised by their religious group.

We attended these as part of our church programmes for many years. The programmes really gave us directions and skills to not only help us with wellness issues but also to impact our knowledge of others (Family 1).

There were programmes my parents attended as part of the church services. I organised webinars for my staff as many were affected by the pandemic (Family 12).

This was offered online by our church, which was helpful to reinforce what we doing and keep us hopeful (Family 4.)

The entire family attended one organised by the church (Family 7).

As a family, we attended online programmes organised by our church (Family 6)

Yes – organised by our local monastery, which was online during COVID-19, but before that, we attended their programmes (Family 9.)

The above narratives suggest that many of the churches and religious organisations provided wellness support programmes to their members online during the pandemic. This implies that organisations are concerned about the wellness of their members during this period. This is supported by Chaturvedi and Rathore (2021) who argued that when an organisation offers wellness programmes, it shows that they are concerned for health and wellbeing.

Subtheme 3: Employee wellness programmes

The employee work environment offers a unique opportunity for effective health promotion. As such, international health organisations recommend employee wellness programmes as one of the key strategies for improving population health (Peñalvo *et al.* 2021). This could have influenced the employee wellness programmes organised by some of the participants' organisations. For example, it was uncovered that hospitals, schools, and businesses organised employee wellness programmes. This is where some of the participants attended wellness programmes.

Yes – the university had many online wellness programmes. Fortunately, when the rest of the family was available, they participated as well. The programmes provided valuable information, which was simple wellness strategies, which we used at home, like breathing exercises and links to healthy eating/home-based exercises (Family 10).

Yes. Our school arranged such programmes for teachers and students (Family 6).

My wife did attend as she is a frontline essential worker. The hospital provided a phone call service. Staff were also given self-help materials put together by the hospital. This also helped me as we used the coping strategies from the hospital intervention programme (Family 2).

Yes, I did attend wellness programmes organised by my employer (Family 7).

According to Chaturvedi and Rathore (2021), implementing an employee wellness programme creates a win-win situation between employer and employees. For example, employers win with reduced tangible costs in the area of healthcare, disability, and absenteeism. Furthermore, employers may pivot wellness programmes to empower them to better cope with the health crisis and reduce their health risks amid the pandemic and beyond. In addition to this, an employee wellness programme may also result in higher employee satisfaction, increased loyalty, and improved productivity (Meng *et al.* 2017).

6.5 CONCLUSION

Wellness is generally understood as a holistic, multidimensional concept that encompasses various aspects of human life complementing each other. However, there is no doubt that the pandemic has brought great disruption in the lives of millions of people all over the world, which thus necessitates the need to revisit their wellness. The focus of this research was based on the eight wellness theoretical dimensions of Swarbrick and Yudof (2015). Thus, the study limited itself to the following eight dimensions of wellness namely occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual at the interface of Australian families transitioning through the COVID-19 pandemic. This study revealed that the pandemic has had mixed effects on the eight wellness dimensions that were explored in the study.

For occupational wellness for example, while many indicated negative effects such as unemployment, and financial strain, others appeared to have experienced some positive effects. It was uncovered that the pandemic helped some families save money and reduce household costs. Nevertheless, many of the participants managed their occupational wellness through family connections and maintaining their value system of social responsibility. Many therefore recommended career growth and self-development and improving

working conditions among others to improve occupational wellness.

While many of the participants and their families had stable emotional wellness situations before COVID-19, it was uncovered that families experienced heightened psychological and mental effects such as fear, stress and distraction during the pandemic. Nevertheless, some indicated that a pandemic actually increased family bonding, thus suggesting a positive effect that can be derived from it. Many of the participants indicated that they reconstructed their wellness through conversations with friends and family, which they also recommended. Furthermore, it was uncovered that the pandemic had both positive and negative impacts on the spirituality of some of the participants. While many of these participants and their families were highly spiritual before the pandemic, the closure of the religious centres negatively affected the relationship with other members of their group. However, for some, the pandemic increased their spiritual beliefs, which was attributable to confirmation of the apocalyptic prophecies of the end of time. Many of the participants managed their spiritual wellness through virtual church engagement and yoga practices.

In terms of the environmental wellness dimension, the data revealed that many of the participants were environmentally conscious before the pandemic. This is evident as they kept and maintained a clean environment. However, COVID-19 created a sense of fear as some became paranoid about germs. The pandemic also increased the domestic workload for some families. Nevertheless, it was uncovered that the pandemic contributed to an eco-friendly environment as pollution was minimised. The cost of energy consumption was found to have been reduced in many households due to the sparingly use of electricity, which was a way of managing environmental wellness during the pandemic.

The data showed that nearly all of the participants had no financial distress before the pandemic with most employed or running a business. However, COVID-19 disrupted this financial stability. Most of the participants complained of an increase in the cost of living which may also be connected to the reduction

in their household income. Nevertheless, the financial situation was managed well by most of the participants through strict budgeting. Given the fact that most of the participants used personal savings and income earned to meet household expenses, they recommended increases in savings as a way to guarantee financial wellness.

In terms of physical wellness, the data revealed that participants were physically active with most taking to walking and jogging to stay physically fit. However, it was uncovered that the pandemic disrupted their daily routine physical activities, especially outdoor exercise. Nevertheless, many of the participants improvised on this through home exercise and good dietary practices. As such, exercise, healthy eating and good hygiene practice were recommended by most of the participants to maintain physical wellness. Before the pandemic, the data showed that most of the participants had a robust network of friends and family visiting and enjoyed social gatherings and functions including religious activities. However, the pandemic affected their family visitations, relationship with friends and church activities. In an attempt to circumvent this restriction, many of the participants took to social media to engage with friends and family virtually. More so, participants find social cohesion and support through community engagement as satisfying.

In terms of intelligent wellness, it was found that before the pandemic, many of the participants were avid readers, and took interest in watching television and documentaries. While the pandemic affected their learning and intelligence capacity, it also created room for interest in other things such as musical skills, and IT. The data showed that most managed their intelligence by watching the news, reading, engaging in intellectually stimulating debates with friends and families as well as playing intellectually stimulating games with them. Thus reading, playing games and intellectually stimulating discussions were recommended by most of the participants interviewed. Overall, most of the participants saw the necessity of a wellness support programme in the management of both mental health and preparing for a crisis situation like the pandemic. The data revealed that most of the participants had in the past

attended wellness programmes organised by either the church, online and or their employees and found this extremely useful. Therefore, the discussion in the next chapter of the findings relative to the research objectives will be structured according to the eight wellness dimensions proposed by Swarbrick and Yudof (2015).

CHAPTER 7

DISCUSSION OF FINDINGS AND FRAMEWORK

7.1 INTRODUCTION

There is little doubt that the pandemic has brought great disruption in the lives of millions of people all over the world, which necessitates the need to revisit their wellness. This study limited itself to the eight wellness theoretical dimensions of Swarbrick and Yudof (2015) (occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual) at the interface of Australian families transitioning through the COVID-19 pandemic. The main purpose of this study was to explore how wellness may be reconstructed amongst Australian families during and post COVID-19, through an understanding of how family wellness was affected during COVID-19. This chapter summarises the main findings obtained from the data in line with achieving the research objectives. It further provides the recommendation of a wellness framework.

7.2 FINDINGS FROM THE STUDY

The findings of this research are presented in line with the research objectives, namely:

- To inquire how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic;
- To explore how families created pathways of wellness within the context of the COVID-19 pandemic;
- To explore the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic;
- To inquire about the holistic wellness approaches used by families to support themselves and other families during the pandemic;

- To understand the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic; and
- To recommend strategies to reconstruct family wellness during the pandemic.

7.2.1 The effect of COVID-19 on wellness dimensions within families transitioning through the COVID-19 pandemic and the nature of constraints experienced

To analyse how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic requires revisiting the families' wellness before the pandemic, as well as exploring the nature of constraints they experienced during the lockdown.

The narrative of subthemes which follows is linked to the following themes and objectives.

1. Wellness dimensions situation before COVID-19 - Objective 1
2. The overall effect of COVID-19 on wellness dimensions - Objectives 1 and 3
3. Impact of COVID-19 on specific aspects of wellness dimensions - Objectives 1 and 3

From the interview data transcribed, there was sufficient evidence that the pandemic affected every aspect of the wellness dimensions.

7.2.1.1 The effect of COVID-19 on the occupational wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families (Objectives 1 and 3)

Binghamton University (2021) highlighted that COVID-19 introduced new difficulties for occupational wellness, potentially making current and future

work/scholastic pursuits more testing than any other time in history. This was found to be substantially true for the Australian families interviewed in the study. It was uncovered that before COVID-19, there was strong evidence of occupational wellness in the families. Many of the participants were either employed or owned their businesses. However, the COVID-19 pandemic caused some of the family members to be furloughed, stopped working, and some had to shut down their businesses. This finding is consistent with literature which reported that COVID-19 caused many employees to be furloughed and or laid off, due to businesses being forced to close (Tušl *et al.* 2021). Furthermore, those whose jobs involved site visits experienced constraints visiting the project sites. The consequence of this is that it resulted in the suspension of projects. Equally concerning is that certain jobs such as drivers, waiters and tutors faced job uncertainty, which was attributed to the impact of COVID-19. Additionally, full time employment was also negatively impacted.

Furthermore, it is claimed that occupational wellness affects not only the well-being of employees and their families, but also the sustainability of social and economic development (Qi *et al.* 2020). It thus means that employees losing jobs or businesses closing down may, not only negatively affect the occupational wellness of the individuals and their respective families. This in turn may affect the economic outlook of the Australian government, as many of the participants complained of reduced income and financial constraints. As such, one could reasonably assume that the lack of guaranteeing occupational wellness in society can be dangerous to all in the family tree. While innovation and responsibility to work distantly has been figured out to ensure the continuity of occupational wellness (Thomason and William 2020), it does not appear to be the ideal result many had expected. As an example, the COVID-19 pandemic prompted expanded mental injury and self-destruction among medical services employees (HCW) (Mock 2020), which may be attributable to the radical changes in the occupational workplace caused by COVID-19.

According to Ingusci *et al.* (2021), the radical changes emerging from the COVID-19 pandemic, has drastically upset some of the most common routines

of daily work life. For example, many employees were advised to work from home (WFH) full time during the pandemic (Xiao *et al.* 2021). The consequence of WFH contributed to an increase in workload for many of the families interviewed. It was revealed that workload increased due to the online meetings, queries and colleagues falling sick or dying from the virus. Furthermore, the unfavourable working conditions at home contributed to some of the families interviewed working long hours and late until night in order to compensate for family time. The unstructured working time could also have resulted from overlapping responsibilities associated with looking after children and carrying out work responsibilities. The consequence of this is that such overlapping responsibilities amplify psychosocial risks associated with unstructured working time (Standen *et al.* 1999).

Moreover, it was uncovered that WFH disturbed social arrangements at home. Some of the participants revealed that WFH became even more difficult in terms of the cost of data; increased costs for gas and electricity; and the disruption of family life in terms of space for all family members to work remotely. This supports the view that employees who WFH are confronted with multiple difficulties to organise their own working time; for instance, spaces, internet connection, devices, and coffee breaks have been forcefully shared with the family. This may make it difficult to respect and manage the boundaries between work and personal life (Ingusci *et al.* 2021), as evidenced in some of the responses from family members. The plausible explanation for this is that employees or employers could not have anticipated the sudden shift to online work, thus compromising the health and safety of the home working environment (Bouziri *et al.* 2020). This is further evidenced in the statement from some of the participants, claiming that WFH made work stressful and tiring for them. This could have been connected to increased workload and longer working time on the computer. This has negative implications on the individual's occupational wellness. This is supported by Majumdar *et al.* (2020) who argued that long hours of screen exposure due to full-time computer work can lead to tiredness, headaches, fatigue, and eye-related symptoms.

Another challenge which emerged was balancing work and leisure time due to WFH. This is reinforced in the argument by Messenger *et al.* (2017), that a common area of concern in work-life boundaries is attempting to balance work commitments around other family members. For example, for some parents, worktime became “porous” as sometimes they were forced to undertake household chores and perform errands in between their work meetings (Messenger *et al.* 2017). Thus, the findings point to occupational wellness being impacted by the pandemic.

Despite some of the negative impact on occupational wellness, some families maintained personal satisfaction and stimulation by listening to music during work; enjoyed having their family around, staying focused on their goals; attempted to balance work with leisure; and adhering to their job responsibilities and value systems.

7.2.1.2 The effect of COVID-19 on the emotional wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families (Objectives 1 and 3)

COVID-19 has created a new unique impact on emotional wellness. While many countries implemented lockdown and social distance rules as containment measures against the pandemic, such pronouncements to avoid social contact, however, created room for many questions and interpretations that often resulted in emotional illness instead of wellness. From interviews, it was revealed that while many of the participants and their families had stable emotional wellness situations before the pandemic, many families experienced heightened psychological and mental effects such as fear, stress, paranoia, dampened moods and distraction during the pandemic. This provided evidence of the effect of COVID-19 on the emotional wellness dimension within families. This is also consistent with previous studies that the COVID-19 pandemic led to high incidences of mental health disorders such as stress, post-traumatic stress, anxiety, depression, irritability, insomnia, and decreased attention (Gualano *et al.* 2020; Brooks *et al.* 2020).

Moreover, other scholars noted that restricted measures have undoubtedly affected the mental and social health of individuals across the board (Brooks *et al.* 2020; WHO 2020). From the interviews, it was revealed that restriction, reduced income, and loss of loved ones heightened the individual and their family's frustration. The implication of restrictions on individuals and their families is that it negatively affected their mental health. For example, it was uncovered that watching and listening to the news on various social media platforms invoked much sadness, anxiety and fear. It thus can be said that social media was one of the drivers of negative emotional wellness, which some of the families experienced during the pandemic. This can be corroborated by scholars such as Gao *et al.* (2020) and Depoux *et al.* (2020), who asserted that the psychological impact of the COVID-19 pandemic was profound, due to extensive exposure by social media platforms and heightened global connectivity. Thus, the uncertainty of one's future; the endless accounts of terrible news regarding the COVID-19 pandemic; death of family and friends; along with toxic social media posts potentially heightened one's sense of depression or anxiety.

Furthermore, the interviews revealed that the lack of movement and sedentary behaviour such as the confinement, dampened the moods of some of the participants. This may be attributable to disconnection from friends and families. Khan *et al.* (2020) noted that the exclusion of daily interaction with friends, acquaintances, and neighbours is hugely confining, and it may drain an individual's emotional wellness. Equally significant, Brooks *et al.* (2020) noted that separation from family or friends; movement restriction; limited freedom; and fear of future uncertainty are potential factors that may increase negative psychological impact. This also manifests in the form of an individual's self-esteem. From the interview data, some of the participants had difficulty feeling good about themselves due to fear. Such fear was attributed to uncertainty surrounding getting infected as well as financial stress, which were some of the main fears emanating during the pandemic. The consequence of this is the negative effect on an individual's mental health (Serafini *et al.* 2020).

It was uncovered that the pandemic completely reshaped the lifestyle of some of the families. One participant, for example, shared that the family felt overwhelmed with the disturbance to their basically peaceful, organised and happy life. This change in lifestyle manifested in a way of avoiding going to buy groceries or medicine, because of fear of contracting the disease and infecting a sick member of the family. This implied that there was a palpable disruption of the emotional wellness of the family. To some families, it was unbearable to deal with, and thus described it as emotionally draining to experience. Many also reported that adopting approaches like keeping in control, being able to laugh, learning from mistakes, openly expressing their feelings, feeling good, and continuing to enjoy each day helped to maintain their emotional wellness.

7.2.1.3 The effect of COVID-19 on the spiritual wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced (Objectives 1 and 3)

The importance of spiritual wellness has been installed in the relationship between spirituality and a more attractive understanding of well-being; and natural health (Coppola *et al.* 2021). Nevertheless, the deadly and spreading nature of COVID-19 created a plethora of devastating effects on people's psychological and economic health from a global perspective. Part of the measures implemented in most countries as containment measures was the closure of public spaces including religious institutions. There is veritable evidence that such closures had a profound effect on the spiritual wellness of some of the participants. For example, the closure of religious centres negatively affected the relationship with other members of the congregation. This may be attributed to the fact that religious institutions serve as reference points and crucial meeting places for not just the performance of religious functions, but also for socialising. In supporting this argument, Coppola *et al.* (2021) stated that the closure of religious and spiritual centres, not only impacted spiritual wellness, but also obstructed access to pillars for mutual support (social and emotional wellness).

For example, the deprivation of support structures by the way of closure of spiritual centres may have contributed to the feeling of hopelessness and loss of direction among some of the participants. This is corroborated by Durmuş and Ozturk (2022), who found the COVID-19 pandemic contributed to hopelessness and loneliness, particularly among older adults. Moreover, some of the participants were constrained by the failure to visit religious centres and attend social gatherings to perform prayer and healing rituals. It was also revealed that some could not attend funerals to offer last rites. The findings may be connected to the fact that the closure of religious institutions deprived the individuals of a strong supportive community. This is supported by other scholars, who noted that spiritual and religious practices give purpose and meaning; and constitute a supportive community (DeFranza *et al.* 2020; Walsh 2020; Roman *et al.* 2020; Gray 2017).

In many cases despite the closure of spiritual and religious centres, families turned to online programmes to sustain their practices. This was reinforced by continuing with their values and belief systems to give them direction and meaning in life; maintaining a spirit of hope and optimism; practicing yoga and meditation; and appreciating the natural forces.

7.2.1.4 The effect of COVID-19 on the environmental wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families (Objectives 1 and 3)

In terms of the environmental wellness dimension, the data revealed that many of the participants were environmentally conscious before the pandemic. This is evidenced as they generally kept and maintained a clean environment, practiced effective waste disposal, and were intentional in their energy and water conservation before COVID-19. However, COVID-19 created a sense of fear as some became paranoid about cleaning, germs, infection, compromised health, and fear of death. Relatedly, scientific evidence suggests that the virus could result in severe cases leading to respiratory failure; cardiac injury; acute

respiratory distress syndrome; and even death (Holshue 2020; Wang *et al.* 2020).

The pandemic also increased the domestic workload for some families, including washing, clearing litter and disposing of recyclable items. This was attributable to children schooling from home and the parents WFH. The consequence was increased domestic waste generation, which has implications for the environment. As such, Rume and Islam (2020) noted that the burden of untreated waste continuously endangers the environment. This could, in turn, affect the family's wellness if not properly managed. This is because the home environment became a place where all the daily activities were taking place for many people (Torresin *et al.* 2021). The consequence of this is that it made the homes more environmentally vulnerable. This was also the case with medical institutions, which were overburdened with the sick.

Nevertheless, it was uncovered that the pandemic also contributed to an eco-friendly environment as pollution was minimised. This supports Zambrano-Monserrate *et al.* (2020) assertion that lockdown and quarantine measures which mandated that people remain at home; and reduced communication and economic activities worldwide; ultimately reduced the pollution levels in most cities. From a wellness perspective, the reduction of noise pollution is highly significant in the well-being of an individual. For example, Kerns *et al.* (2018) found that noise has negative effects on physiological health, along with cardiovascular disorders, hypertension, and sleep shortness in humans. Unwanted noise also negatively affects the invertebrates that assist in controlling environmental processes, which are pivotal for balancing the ecosystem (Solan *et al.* 2016). This could have contributed to the eco-friendly environment uncovered in this study.

Nevertheless, some of the participants were constrained in some of the environmental activities engaged in before COVID-19. For example, studies have shown that natural sunlight and time in nature can enhance positive mood (Pasanen *et al.* 2018). It does imply that denying people access to natural

activities, like hiking, retreats, tourist sites and a visit to the forest may compromise their well-being. In addition, the data transcribed revealed that those who were active environmentalists were denied opportunities with their regular activism for the environment. In essence, various factors did mitigate environmental wellness among families.

The cost of energy consumption was also reduced in many households, due to the sparing use of electricity which was a way of managing environmental and financial wellness during the pandemic. The implication of this is that reduced energy consumption has a profound effect on saving lives. Hayes and Kubes (2018) noted that decreasing electricity consumption by 15 percent may potentially prevent six deaths per day, reduce about 30,000 asthma attacks per year, and save \$20 billion in annual health costs.

Some of the positive effects on environmental wellness included enjoying nature like sitting in the garden; mowing the lawn; and opening windows and doors to get fresh air and sunlight.

7.2.1.5 The effect of COVID-19 on the financial wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families (Objectives 1 and 3)

Raveendran *et al.* (2021) regard financial wellness as a significant constituent of the overall well-being of an individual. Thus, financial wellness is seen as having financial freedom of choice and security, in the present as well as in the future (Raveendran *et al.* 2021). However, the COVID-19 situation created a new dynamic in financial wellness, which posed a serious challenge to individual wellness. For instance, nearly all of the participants had no financial distress before the pandemic, with most being employed or owning businesses. COVID-19, however, disrupted this financial stability. Most of the participants complained of an increase in the cost of living, which may also be connected to the reduction in their household income, and job losses. This suggests an effect on financial wellness. According to Botha *et al.* (2021), negative involuntary

shocks in the labour market such as unemployment, lower wages, and reduced working hours decreases the resources that are available to achieve well-being. It thus can be said that COVID-19 made some families financially vulnerable.

Nonetheless, it was found that the pandemic had positive effects on some of the participants. It emerged that some of the families saved more, due to the reduction in luxury expenses like shopping, eating out and travel costs. As such, it can be said that COVID-19 did positively influence the financial wellness of some families, since they saved more during the pandemic. Another plausible explanation for the reduction in the cost of living may be that the participants became cautious about spending too much. Warren *et al.* (2021) found that Australians were reducing their spending in response to the economic and financial impact of COVID-19, and there was an increased level of caution with spending. However, some families had access to funds from savings, credit cards and family members to meet expenses.

7.2.1.6 The effect of COVID-19 on the physical wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families

The COVID-19 pandemic caused everyone to pause and re-evaluate his or her physical health and wellness. The abrupt and drastic changes incurred by COVID-19 may have impacted various regular physical wellness routines individuals pursued, or instigated new challenges, thus making it increasingly difficult to make choices to best support safety and health; and the physical body (Binghamton University 2021). From the interview data, it was uncovered that COVID-19 had both positive and negative effects on the overall physical activities of some of the participants and their families. The data revealed that while participants were physically active with most taking to walking and jogging to stay physically fit, the pandemic, however, disrupted their daily routine physical activities, especially outdoor exercises. It was uncovered from the data transcribed that some of the participants stopped jogging and hiking; while others were unable to continue with gym exercises. The consequence of this is

poor physical wellness. This can be confirmed by the fact that some of the participants gained weight due to restrictions imposed during COVID-19. It thus means that some of the participants and their families were at risk of developing chronic diseases such as diabetes, cardiovascular disease, and obesity (Anderson and Durstin 2019; Peluso and Andrade 2005).

There is also no doubt that the COVID-19 pandemic caused much significant changes in daily routines and lifestyles worldwide. Some of these consequences included comorbid psychological disturbances and poor quality of sleep (Li *et al.* 2020). Consistent with this, the participants revealed disturbances in sleeping patterns, and difficulty in falling asleep during the initial phase of the lockdown. This finding corroborates with Pérez-Carbonell *et al.* (2021), who found that sleep disturbances affected a tremendous proportion of the population during COVID-19. The causes of sleeplessness were connected to the uncertainty over the pandemic; concern over friends and family falling sick; job and financial insecurity; and social disconnectedness (Li *et al.* 2020).

Furthermore, there was evidence of participants experiencing irregular sleeping patterns in this study. Presumably, and corroborated by Brooks *et al.* (2020), the resultant issues such as family and financial problems; work; limited exposure to natural air and light; and restricted opportunities to exercise may have contributed to the negative effects on sleep. The consequence of this is captured by Belingheri *et al.* (2020), who stated that immunological alterations may be attributed to sleep deprivation. This is also worrisome when one adds the fact that some of the participants experienced a delay in their routine medical health check-ups. The data transcribed revealed that some of the participants had to postpone their health check-ups. The main reason given for postponing appointments were delayed and/or restricted appointments; avoidance of hospital visits; and the medical team being positive, leading to the cancellation of the appointments. It was found that the lockdown restriction made getting a medical appointment for some of the participants challenging as there was restricted bookings for patients. The findings are supported by a recent scoping review by Scheidt-Nave *et al.* (2021), which suggested

outpatient appointments were often postponed or cancelled during COVID-19 due to capacity restriction. The concern here is that delayed and or restricted appointments that postponed routine health check-ups may have important consequences in the long-term (*Hajek et al. 2021*).

Another reason for postponing health-checks was that some of the participants avoided hospital visits due to risks of infection. This is supported by recent studies reporting that individuals avoided hospital visits during the COVID-19 pandemic, often for reasons of fear regarding being infected (*Hajek et al. 2021*; *Lazzerini et al. 2020*). However, some families resorted to indoor exercising using videos; gardening; walks around their home or apartments; washing their own cars; walking to the shops; eating healthily by cooking at home; and avoiding excessive alcohol consumption.

7.2.1.7 The effect of COVID-19 on the social wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families (Objectives 1 and 3)

Social interaction has been widely interlinked with psychological well-being, social opportunities and employment (*Alradhawi et al. 2020*). Hence, one may assume that restricting individuals from these interactions may be distressing during the pandemic. While the social distancing guidelines reportedly curtailed the spread of the pandemic, *Okabe-Miyamoto and Lyubomirsky (2021)*, however, noted that the practice of physical distancing (social distancing) inherently limited an individual's in-person social interaction. The consequence of this is that it negatively affected the participants' sense of social connection, which is vital in maintaining well-being (*Alradhawi et al. 2020*). Before the pandemic, for example, the data showed that most of the participants had a robust network of friends and family visiting; and enjoyed social gatherings and functions including religious activities. Participants shared strong bonds and connections with their communities. However, the pandemic affected their family visitations; relationships with friends and extended families; and face to face religious activities. As gathered from the study findings, most relationships

were negatively affected as some participants lost touch with other relatives and friends. The consequence of this is that the families' social circles dwindled. This is supported by the findings of Saladino *et al.* (2020), who reported that social distancing and the security measures put in place to curb the spread of the pandemic affected the relationships among people and their perceptions of showing empathy toward others.

The perceived negative sense of empathy could have contributed to individualism among some of the participants. The plausible reason for this could be associated with the fact that some people were facing difficulties interacting with people they usually interacted with before the COVID-19 restrictions. The lack of social interactions could also have been influenced by the fear of contracting the virus. The implication of this is that it could foster an individual's addiction to loneliness. Despite the negative effect of COVID-19 on social networks and interactions, the participants noted some positive effects. It was gathered that social isolation helped in promoting the conservation drive. This is critical for a healthy environment (Hannibal *et al.* 2019; Petersen *et al.* 2015). Social isolation also united some of the warring families. It was found that COVID-19 united the family more, as they had more time to connect; and reconnect and bond; which was often not the case prior to the pandemic. Presumably, isolating together gave the family the chance to sort out their differences. This is supported by Tam *et al.* (2021) who claimed that being confined together allows families to foster stronger bonds. Families used strategies such as online chats; video calls; phone calls; balancing needs with that of others; showing compassion and helpfulness; and accepting and adjusting to the new normal to maintain their social wellness.

7.2.1.8 The effect of COVID-19 on the intellectual wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families (Objectives 1 and 3)

Intellectual wellness involves lifelong learning, application of knowledge learned, and sharing knowledge (Landes, Stevens and Turk 2020). However,

the closure of schools and learning environments such as the library raised concern about the pandemic negatively affecting the intellectual wellness of individuals and their families. For example, early research shows that people with scholarly or formative incapacities due to intellectual and development disability (IDD) have a somewhat greater danger of contracting a considerably number of intellectual deficiencies (Landes *et al.* 2020). From the data transcribed, there was evidence that school closures affected the intellectual wellness of children, some who struggled with online classes; doing their homework; and seeking assistance from parents who were not geared for online teaching.

For example, it was found that before the pandemic, many of the participants were avid readers; and took interest in watching television and documentaries. Social distancing made it difficult for people to express their minds intellectually in face-to-face meetings/discussion forums; having access to learning materials from the library; and purchasing books, magazines and newspapers. Furthermore, the data revealed that some families experienced difficulties learning. This may be attributable to the shift in contact learning to the online class and working from home. It was also revealed that access to learning materials, even online was limited due to slow internet connectivity as a result of multiple users at the same time at home. It thus means that at-home learning made learning difficult for some families. This is quite worrisome and resonates with what Landes *et al.* (2020) described as the danger of contracting intellectual deficiencies.

Despite the negative concern, the pandemic also created room for interest in other things such as musical skills, watching documentaries, learning about the virus, and developing IT skills. Thus, there was stimulation to read and listen to new things, especially via the internet. The participants attributed this interest to available time that offered them opportunities to learn new things. This aligns with the tenet that intellectual wellness involves inventive and intellectually invigorating exercises; mastering and building abilities; extending one's insight; and imparting information to other people (Binghamton University 2020).

In the United States, for example, Perry (2022) reported that COVID-19 singlehandedly changed the way many families approached their children's education. One of these changes was that home-schooling became popular and schools switched to online classes. Similar evidence was gathered in the study that online schooling kept the children intellectually stimulated, even though more help was expected from the parents (Perry 2022). It thus means that the pandemic somewhat contributed to the intellectual wellness of some of the families. Despite the restrictions, many family members maintained intellectual wellness through the desire to engage in critical thinking and discussions; ask questions to foster learning; and the ability to endorse a multi-dimensional perspective on issues.

7.2.2 Exploring how families created pathways of wellness within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, the various holistic approaches underpinning wellness models, and recommendations made by families

The narrative of subthemes which follows is linked to the following themes and objectives.

1. Management of wellness dimensions during COVID-19 - Objectives 2, 4 and 5
2. Recommended changes to wellness dimensions - Objectives 4, 5 and 6

7.2.2.1 Occupational pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves and recommendations made by families (Objectives 2, 4, 5 and 6)

COVID-19 had an unprecedented impact on the wellness of many people across the world. From an economic perspective, experts have predicted its effects are likely to extend beyond the short term; potentially impacting the

medium and long terms as well (OECD 2021). This is evidenced as the severe health impacts have been matched by major global upheavals in labour markets and drastic declines in economic activities. For individuals and their families, the pandemic has negatively caused a toll on their occupational wellness. This could have informed the recommendation for a change in jobs which are less sustainable for a crisis at the level of the pandemic. Despite this, the findings from the interviews indicated that many of the participants were able to maintain and remain in control of their occupational wellness. This, the participants achieved by finding a pathway to remain stimulated and committed to their work during the difficult time and social isolation caused by COVID-19. The data transcribed revealed that maintaining the value system of responsibility and their connection to their families were pivotal for managing and maintaining their occupational wellness. The findings suggest that most participants were able to maintain work balance through leisure and family activities, which was crucial in managing their occupational wellness during the pandemic. The probable reason for this is that work and family are closely intertwined and important in people's lives (Kirschi *et al.* 2019). This may have influenced the recommendation for reconnecting and sustaining contact with their families/relatives/former colleagues as a way of strengthening work-life balance.

WFH was also vital in achieving work balance as employees had extra time to engage in leisure activities. This helped in improving work productivity as uncovered in the study. The plausible reason for this may be connected to the fact that employees could achieve a better work-life balance by avoiding commuting and offering flexible work schedules. This is critical in preventing work burnout and undue stress. Moreover and agreeing with Xiao *et al.* (2021), employees may consider taking breaks from their home office spaces, and focus on organising and implementing an individualised and personally viable approach to their work-life balance, which may promote a healthier lifestyle, a benefit for both mental and physical health. Given the importance of the workplace in managing occupational wellness, the improvement of employees' working conditions was recommended as a way of managing occupational

wellness. This may be attributed to the fact that most employees were not used to WFH and might not have had designated working stations in their homes (Xiao *et al.* 2021). Such unfavourable indoor working conditions could have a detrimental effect on employees' physical and mental well-being, which Xiao *et al.* (2021) noted could decrease their overall work performance.

According to Otuonye (2014), participating in employee wellness programmes yielded positive results and improved employee wellness, which, in turn, may contribute to improved employee performance. The concern for work performance may be the reason organisations offered employee wellness support programmes during the pandemic. The data transcribed revealed that the wellness programmes helped to maintain and manage the family's occupational wellness. Furthermore, good financial management was helpful in managing occupational wellness. Thus, budgeting and financial planning were recommended to help households operate within their means. This could be vital in helping them manage unexpected challenges such as the loss of jobs and or employment opportunities. Collaborating and working with colleagues also helped to maintain occupational wellness during the pandemic, and thus was recommended by some of the participants as a way of managing occupational wellness. This is supported by Kuye *et al.* (2022) who posited that occupational wellness could be achieved through a balance between time spent on work and leisure activities; addressing workplace stress; and having healthy relationships with co-workers. The need to manage workplace stress may also have informed the recommendation for exercising as way of managing occupational wellness. This is also supported by empirical evidence where it is shown that physical activity promotes mental health.

The previously discussed recommendations made by families regarding occupational wellness included:

- Career growth and self-development
- Improve working environment
- Collaboration and communicating with others

- Budgeting and financial planning
- Exercise

7.2.2.2 Emotional pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

It is common knowledge that where COVID-19 is at its peak, and is constantly evolving, it is easy to feel indoctrinated when science opens itself to doubts (Ingle *et al.* 2022). Therefore, the lack of regular yet calming activities such as exercise, religious activities, and sports may create anxiety and depression among many families. Some of the participants, adjusted by embracing the changes around them. This was achieved through positive lifestyle changes such as adequate sleep and healthy diets as a way of reconstructing their emotional wellness. The finding is consistent with Ingle *et al.* (2022), who found that adopting small but positive changes in lifestyle behaviours may be significant in health outcomes. Positive thought was also vital in managing and maintaining emotional wellness. By limiting watching or paying attention to social media, some of the families were able to maintain and manage their emotional wellness. This is because social media amplified the negativity around the virus, which could invariably heighten people's emotions. This view aligns with the promoters of positive psychology, which focuses on the positive side of human strengths (Kardas *et al.* 2019).

Despite the concern that lack of movement and sedentary behaviour such as confinement imposed to curb the pandemic dampened moods, some participants revealed that the families were able to maintain control through domestic activities such as chores and looking after their grandchildren. It was uncovered that social support from others and virtual communication with friends and families were vital in maintaining and managing emotional wellness. It was uncovered from some of the participants that social assistance from individuals and charity organisations also helped in maintaining emotional

wellness. It may thus be assumed that external support received during this period; and maintaining social interactions with friends and families; were beneficial for maintaining emotional wellness. This is highly essential when considering the fact that the exclusion of daily interaction with friends, colleagues, and neighbours can drain a person's emotional wellness (Khan *et al.* 2020). This may also have informed the desire by some of the participants to own a pet. The reasonable explanation for this may be the need for social and emotional wellness, particularly among older adults. Thus, and agreeing with Applebaum *et al.* (2021), pets may fulfil some social and emotional needs for older adults during social isolation like those caused by the pandemic. Schrodt (2020) found that communication, such as family communication positively influenced mental wellness. It was thus not surprising that some of the participants recommended maintaining more consistent connections with immediate family members, distance relatives, and associates.

Another way the families maintained and managed their emotional wellness during the pandemic was the use of humour and music. It was uncovered that some of the participants were able to use humour to laugh at life, despite the negativity and emotional distress associated with the COVID-19 pandemic. This could be associated with the fact that laughter and humour have a therapeutic effect; and thus, may alleviate negative emotions. This is consistent with the findings of other scholars where it was revealed that humour may enhance wellness in the general population (Gander *et al.* 2013; Proyer *et al.* 2014; Wellenzohn *et al.* 2018). For instance, it was found that humour helped to alleviate any brewing stress associated with confinement. In addition, laughter and humour helped lower the stress levels around those dear to the participants. Furthermore, some of the participants used music as a mechanism to create a happy home. This is supported by Krout (2007), who stated that music as a sound medium has been used as part of wellness programmes in a variety of ways, including using music as a sonic background for inducing experiences of relaxation. Essentially, music and art were recommended as it was seen as a means of expression and communication of emotions.

In addition to the above, social programmes and religious activities were vital in maintaining and managing emotional wellness. The data revealed that social programmes and other interventions in the community were another way some of the families reconstructed their emotional wellness. Thus, some of the participants recommended social activities with families such as playing games and watching movies together and going on vacation together. The premises of such recommendations is centred on the fact that the family offered strong emotional support during the pandemic. This could have also informed the recommendation to have joint family meditation, exercise sessions, and vacations.

The previously discussed recommendations made by families regarding emotional wellness included:

- Staying connected with friends and family
- Meditation and exercise
- Vacation
- Planning
- Getting pets
- Setting boundaries
- Social programmes
- Art and music

7.2.2.3 Spiritual pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

While it is no doubt that the COVID-19 pandemic negatively affected the overall spiritual wellness of the population globally, which was heightened by the closure of religious institutions, the findings from the data analysis suggests some of the participants expressed optimism, hope and confidence in overcoming the pandemic. According to Kardash *et al.* (2019), optimism, hope,

and confidence reflect positive feelings about the future. These positive feelings about their future despite the concern about the pandemic helped to maintain their spiritual wellness. It was revealed from the data that being hopeful about things changing in the future; helped to alleviate some of the despondency and feelings of gloom and doom experienced by some of the participants. The shared optimism, hope and confidence may be connected to the interviewees' level of spirituality. For instance, many of the participants acknowledged the influence of prayer, meditation and reflection on their families' well-being, particularly their emotional wellness and moral behaviour. It thus can be inferred that finding solace in spiritual activities may potentially alleviate some of the wellness challenges. This may have informed why some of the participants recommended engaging with others to learn from them on spiritual practices. Such a desire may have informed the recommendation for retreats and visits to sacred sites. Several studies have reported the benefits of spiritual retreats offered within Buddhist, Christian, and secular contexts. For example, Rodrigues and McIntosh (2014) found that spiritual retreats provided opportunities for reflection. This may also be relevant given the traumatic and emotional pain caused by the pandemic. Thus, retreats may afford the participants opportunities for renewal (Chun and Chong 2011), restoration (Ouellette et al. 2005), and healing (Nelson-Johnson 2016).

From the data analysed, many of the participants were able to continue with their spiritual practices during the pandemic, thanks to digital technology. It was uncovered that digital media was used to deliver religious content and form virtual communities that enabled their participation in real-time. It was uncovered that many of the participants engaged in regular praying during the pandemic, which thus kept the family rooted in their faith. This may be connected to Thunström and Noy's (2022) view that people expect the act of praying to bring emotional comfort to the person who prays. Praying, for example, generates emotional comfort (Anderson and Nunnelley 2016; Belding *et al.* 2010).

Moreover, research evidence points to spirituality having an immediate

connection to an individual's prosperity, just as practices are usually utilised in meditation to adapt to sicknesses and other upsetting life changes (Koenig 2021). Mindfulness-based interventions such as meditation and self-reflection have previously been shown to have positive effects on psychological well-being, and to an extent spiritual wellness (Erisman and Roemer 2010). This may also help to explain why some of the participants managed their spiritual wellness through meditation and yoga practice. This resonates with Sahni *et al.* (2020), who argued that yoga is an effective self-management strategy to cope with anxiety, stress, and depression; and maintain wellness during COVID-19. It was thus recommended as a way of managing spiritual wellness. Motivating others through encouragement, keeping a positive spirit; and/or showing empathy towards others were critical in managing spiritual wellness according to the interviewees.

The previously discussed recommendations made by families regarding spiritual wellness included:

- Retreats
- Engaging in yoga and meditation
- Engaging with others

7.2.2.4 Environmental pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

It was evident from the data transcribed that the lockdown created a conflicting environment, where some of the participants had to work and share spaces with other family members. This unstructured and uncommon work environment raised the concern for family wellness. As such, there was a heightened need for keeping the environment clean and safe to avoid contamination and the spread of the virus. From the data transcribed, it was revealed that the majority of the participants managed and maintained environmental wellness by keeping

the environment clean and safe. Part of the measures taken included regular disinfection and cleaning; recycling; and disposing of trash. This is consistent with the view by Wang *et al.* (2020), that indoor and outdoor environments should be kept hygienic and clean; and daily disinfection and cleaning measures should be carried out at all times. Thus, environmental cleanliness and hygiene practice was recommended as a way of maintaining environmental wellness.

Furthermore, given the route of the transmission of the virus which occurred mainly through person-to-person via droplets or direct contact produced by coughing, talking and sneezing (Islam *et al.* 2020; Li *et al.* 2020; Wang *et al.* 2020), one may assume that inadequate control and prevention measures taken inside the homes may exacerbate the COVID-19 transmission. This concern may have contributed to the increase in the time some of the participants spent cleaning their homes and workspaces. The data transcribed revealed that some of the participants maintained and managed their environmental wellness by abiding by the health and safety rules. They achieved this by becoming more vigilant with household cleaning and practices; wearing masks; and observing protocols while coughing and sneezing. It was found that some of the families became even more pedantic about cleaning and sanitisation to help minimise the risks of infections. For example, some of the families developed a cleaning roster for the family members to ensure each member remains compliant and efficient with the cleaning schedules.

Another measure employed in avoiding infection transmission was consistent and intentional daily disposal of household waste. This may be that household waste if not disposed of may be the source of the virus transmission, particularly if there are pets in the environment. This is corroborated by Yoda *et al.* (2014), who claimed that poor waste management situations may lead to a high incidence of sanitation-related illnesses. It is therefore vital that household pets be adequately managed; waste disposed of regularly; and disinfected to mitigate against the transmission of the virus (Wang *et al.* 202). From the data transcribed, it was uncovered that some of the participants had adequate time available for garbage and pet management to limit environmental

contamination. This helped them manage and maintain a clean and safe environment which contributed to their wellness.

Equally, the participants practiced good ventilation systems to limit the spread of the virus. From the data transcribed, it was revealed that nearly all of the participants opened their windows and doors to allow fresh air and natural sunlight into their homes. This may be attributed to the effectiveness of ventilation in reducing exposure to infectious diseases (Zhai 2020). Relatedly, Wang *et al.* (2020) noted that natural ventilation was preferred, under the prerequisite of thermal comfort. Consistent with this, it was found that participants preferred opening the windows for natural ventilation instead of using air-conditioning. The plausible explanation for this behaviour may be connected to the concern that the air inlet and outlet of air-conditioners may be a source of contamination. The benefits of natural sunlight might have informed the recommendation by some of the participants to spend more time outdoors as a way of managing their environmental wellness. Some of the participants thus suggested walking and hiking as a way of enjoying natural sunlight and air.

Furthermore, the data transcribed revealed that some of the participants managed their environmental wellness through conservation practices. It was found that the participants were intentional in saving water and electricity. They achieved this by harvesting water using water tanks, sparingly using water when doing laundry and or washing dishes and opting for natural sunlight and fresh air as against using air-conditioners to save electricity. This may be connected to the assumption that voluntary conservation efforts are necessary for a healthy and sustainable environment (Petersen *et al.* 2015; Hannibal *et al.* 2019). For example, water conservation may decrease the burden that scarcity may pose on agriculture or tourism; (Guarino 2017); reduce health disparities and financial burdens (Mack and Wrase 2017); while decreasing electricity consumption by 15 percent may prevent about six deaths per day, save \$20 billion in health costs annually, and annually decrease about 30,000 asthma attacks (Kubes 2018). From the findings, some of the participants reinforced this need by recommending electricity and water conservation as changes to their

environmental wellness going forward. Recycling of waste and gardening were also recommended as a way of conserving the environment.

The previously discussed recommendations made by families regarding environmental wellness included:

- Electricity and water conservation
- Walking and outdoor activities
- Recycling and reducing the use of plastics
- Gardening
- Environmental cleanliness practices

7.2.2.5 Financial pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

An impression of the contemporary COVID-19 restrictions might indicate that many households were financially imperilled. This financial crisis may heighten stress levels for employees dealing with stress and anxiety or those who have already experienced these disorders in the past. According to Kutsar and Kurvet-Käosaar (2021), there were unanticipated financial modifications in the daily lives of people that adversely impacted their ability to sustain themselves. While the study by Raveendran *et al.* (2021) attributed people's financial challenges during the pandemic to the lack of self-control, there is strong evidence of good self-control among the participants that manifested in their saving culture. It was uncovered that savings were a critical lifeblood for many of the participants. As extracted from the interview data, savings helped sustain many of the participants and their families during the pandemic. This allowed them to pay their bills timeously, as well as meet their basic household needs. This was critical in avoiding the emotional stress that comes from a lack of money. Thus, some of the participants recommended increasing their personal savings as a measure of managing financial wellness.

Besides personal savings, the financial assistance offered by the Australian government was critical in maintaining the participants' financial wellness. The data transcribed revealed that the government grant helped those in temporary unemployment to sustain themselves during the pandemic. The findings corroborate with Botha *et al.* (2021) that the Australian government measures were in place to decrease the flow-on effects on the financial situations of people. Added to this, access to credit helped maintain financial wellness as some of the participants purchased things they needed and paid back later.

Nevertheless, the data analysis revealed that many of the participants cut down on unnecessary expenditures, which they achieved by focusing only on their immediate needs. This helped them to manage and maintain financial wellness during the pandemic. This was achieved by avoiding unnecessary use of their cars, which may be a way of reducing the cost of gas and petrol. Equally, some of the families reduced the use of lights and water, which helped them to save costs on water and electricity bills. Another area some of the families cut costs was growing their own vegetables, which helped to reduce the cost of groceries, and mowing their own garden to save costs. It therefore meant that some of the participants were rational with their finances, which is evident in their behaviour. The plausible reason for the rational thinking in financial management may be linked to the concern that no one truly knows the trajectory end of the pandemic. Cutting down financial expenses such as electricity/water savings, and bulk buying of food was recommended as improvement for financial wellness. According to Louis (2017), purchasing food in bulk is perceived as a more economically advantageous practice.

Furthermore, some of the elderly participants had strong financial planning before their retirement. This helped the family to live comfortably during the period of the COVID-19 pandemic. This is contrary to the claim by Chung *et al.* (2020) that the impact of the pandemic COVID-19 on older people was significant. The differences in financial security is connected to financial planning and adequate savings. This is corroborated by Aziz *et al.* (2020), that taking proactive measures such as saving early and ensuring financial security

can help to ensure a better life after retirement. Furthermore, having a retirement plan is suggested in the literature as a key determinant of financial wellness, particularly in old age (Swarbrick and Yudof 2015). It thus means that the participants would have to have adequate financial knowledge in order to save and plan for their retirement. As extracted from the interview transcripts, some of the participants indicated having sound financial knowledge from their use of a financial planner many years ago which helped them to maintain financial stability during the pandemic. This reflects the importance of financial planners or brokers for financial wellness. Consistent with Botha *et al.* (2021), one may assume that targeted help in the form of financial advisors and counsellors may be appropriate measures to strengthen financial well-being during a global crisis such as the COVID-19 pandemic. In addition, teaching children early to manage and set their own budget was recommended as a way of financial wellness. This is critical as financial education for children is important for successful financial retirement (Lim *et al.* 2021).

The previously discussed recommendations made by families regarding financial wellness included:

- Increase savings
- Cutting down expenses
- Job change
- Supplement income
- Budget for children

7.2.2.6 Physical pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

Physical activity, particularly outdoor activities hold strong potential intervention mechanisms for effective coping; and as a form of preventive strategy for people of all ages; especially those with chronic diseases or at risk of developing

chronic diseases (Centers for Disease Control and Prevention 2019; Reiner *et al.* 2013). While COVID-19 led to the shutdown of public spaces including the gym and other recreation centres, most of the participants found innovative ways to remain healthy and fit during the lockdown. For instance, some of the participants adopted home exercises whilst using music to stimulate physical activities such as dancing. The use of music was used while working out during lockdown (Kaur *et al.* 2020). More so, the data transcribed revealed that some of the families were motivated to continue with routine home exercises even on days when their moods were not good. This is consistent with Kaur *et al.* (2020), who argued that motivation and positive self-perception may be helpful in overcoming dependency on fitness and gym equipment, which was one of the driving forces behind continued fitness exercises at home. This may also help to explain the increase in home exercise as observed in the interviews. It was not surprising that some of the participants recommended physical exercises, particularly outdoor exercises as a way of maintaining physical wellness.

Additionally, physical activity is a common prescription for people with conditions such as diabetes and obesity, as they are also at an increased risk of being hospitalised or seriously ill from COVID-19. This may be the reason for participants recommending joining a dancing class to improve their physical wellness. This could also have influenced the positive attitude demonstrated by some of the participants to continue with home exercise with the closure of public gyms. It was uncovered that some of the participants continued indoor exercises such as swimming, a family walk in the parks, and washing their cars. This finding concurs with Azizi *et al.* (2020), who reported an increase in physical activities with family members during the pandemic. Moreover, and agreeing with Pišot *et al.* (2020), some of the participants took up domestic chores and gardening as a way of maintaining physical wellness.

Another way the family maintained and managed their physical wellness was in their dietary habits. The data transcribed revealed that nearly all of the participants maintained health-eating habits. Such habits included preparing their own meals, and avoiding take-outs or junk food. Fruit and vegetable

smoothies were popular choices in the family diets. This is contrary to previous studies which reported that COVID-19 home confinement resulted in an unhealthy pattern of food consumption (Ammar *et al.* 2020; de Oliveira Neto *et al.* 2020). Moreover, the findings from data transcribed revealed that healthy eating habits were associated with managing weight gain. This is particularly important as previous scholars such as Almandoz *et al.* (2020) and Zachary *et al.* (2020) reported that daily routine disruption; reduced in-person support, food-focused coping and fewer physical activity options, were all associated with weight gain. This could explain why many of the participants were conscious of their diets by consuming lemon, ginger, and other natural supplements to boost their immunity and maintain their weight.

The findings of this study emphasises the view of Borgatti *et al.* (2021) that staying active, choosing healthy foods, planning and tracking food consumption; and reducing emotional eating protected against increased weight gain. Thus, one could rightly say that eating healthy and exercising are key to weight management during the pandemic. Thus, some of the participants recommended healthy eating as a way of maintaining physical wellness. Among the recommendations, avoiding caffeine and sugary beverages, as well as reducing the intake of meat were noted. Furthermore, the participants become even more health conscious during the pandemic as many maintained routine medical check-ups; and observed all social protocols and PPE requirements. In addition, it was uncovered that some of the participants engaged in some alternative healing programmes and the use of homemade remedies. The most likely reason for this may be attributed to the challenge of making a medical appointment during the pandemic. Some of the participants, for example, experienced delayed and or restricted appointments due to overwhelming medical emergencies or limited workforce, while others avoided visiting the hospitals during this time, which could have influenced the use of alternative remedies at home. Good sleep is also acknowledged to contribute to physical wellness. However, the pandemic disrupted some of the participants' sleeping patterns and could have influenced the recommendation for adequate sleep as a way of maintaining physical wellness.

The previously discussed recommendations made by families regarding physical wellness included:

- Physical exercise
- Healthy eating
- Adequate sleep
- Joining dancing classes
- Good hygiene practices
- Medical consciousness

7.2.2.7 Social pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

With limited face-to-face contact during the physical distancing and stay-at-home mandates of the COVID-19 pandemic, people were at a higher risk of experiencing isolation and feeling emotionally distressed (Brooks *et al.* 2020; Qiu *et al.* 2020). More concerning was that individuals were not allowed to use common coping strategies to manage the difficult conditions of isolation and quarantine, such as attending sporting events; going to the gym; attending religious services; or going to the cinema/theatre (Canale *et al.* 2021). The data from the study, however, revealed that the participants and their families managed to maintain their social wellness by adopting digital technology as a way of communicating with friends and family. This finding is supported by Juvonen *et al.* (2021), who reported that when social isolation mandates prevented family and friends from getting together in person, they resorted to keeping connected through electronic methods of communication (i.e. texting, calling).

It was revealed that the participants made use of social networking sites such as WhatsApp and Facebook to maintain interactions with their friends and family outside their immediate household. This also corroborates with the findings by

Beaunoyer *et al.* (2020) that during stay-at-home restrictions and physical distancing mandates, connecting with friends and extended families was largely restricted to electronic methods (i.e. voice and video and voice calls; texting; posting and commenting on social media). However, some of the participants believed that social media affected the social fabric, creating the desire for face-to-face interactions with friends and family. The most likely reason for this is the challenge older people face interacting using social media and being able to see family and friends regularly as a routine. As such, James and Thériault (2021) observed that there was a heightened recognition of the importance of community due to the imposition of national lockdowns and curfews; and a strong desire for a return to face-to-face social interactions with people such as family, colleagues and friends. Such heightened desires may have informed the plan to get-together with families as against social media interaction by some of the participants. This could be due to the fact that social media is seen as a poor substitute for embodied human interactions (Brennan 2020).

Furthermore, the data transcribed revealed that some of the participants engaged in altruistic behaviours as a way of managing their social wellness. It was gathered from the interview data analysed that the participants continued with engagement with their communities such as participating in their church activities and helping with preparing meals for the poor and homeless, while complying with lockdown protocols. The finding is supported by other scholars who found that individuals also reacted by engaging in altruistic behaviours, such as donating money; volunteering; and offering online emotional and social support to others (Aresi *et al.* 2020; Brooks *et al.* 2020). The likely reason for such behaviour despite the difficulties caused by COVID-19 may be connected to the fact that community solidarity helped foster social solidarity and relevance, which is essential in maintaining social wellness.

According to James and Thériault (2021), communities rely on social interactions, respect, as well as having a sense of belonging and place. This is also evident in the data transcribed where it was revealed that community solidarity becomes even more important as a coping mechanism during the

pandemic. The data transcribed revealed that some of the participants were involved in different support groups within the community. It was seen as a way to feel part of the neighbourhood community. This is attributed to the concern that people were enduring much difficulties and needed someone to talk to and garner support. Thus, one can rightly say that community engagement and solidarity does not only strengthen the social bonds within the community, but also help in building friendships. This is aligned to Alberti's (2020: 12) view that "something quite profound is also happening in terms of our relationships with people we do not know." In addition, James and Thériault (2021) expressed that throughout the pandemic there was an enhanced desire to join together for social solidarity. Such desire is reflected in the fact that participants continued to interact with parents from their children's school as a form of social solidarity and wellness. Hence, it was understandable that some of the participants recommended joining a club such as a book or dance club; and/or charity organisation. Such a desire may be connected to the need to increase social bonding with others within their community.

Furthermore, some of the participants engaged in family activities such as cooking together and playing games as a way of managing their social wellness. This is vital in increasing the family's bonding and unity during unprecedented public health disasters such as the pandemic. This is supported by Tam *et al.* (2021), who asserted that family bonding during the pandemic translates to better and closer relationships.

The previously discussed recommendations made by families regarding social wellness included:

- Interaction with family and friends
- Technology savvy
- Joining a club
- Charity organisation

7.2.2.8 Intellectual pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families (Objectives 2, 4, 5 and 6)

Intellectual wellness self-assessment checks are important to have an idea of where individuals are falling short (Swarbrick and Yudof 2015). During the pandemic, it was evident that COVID-19 had a negative effect on the intellectual wellness of some of the participants. The data transcribed revealed that many of the participants managed their intellectual wellness by watching TV and surfing the internet; researching and reading; engaging in intellectually stimulating discussions; and playing games. Previous studies by as Primack *et al.* (2010) and Redmond *et al.* (2010) reported that television programmes are a valuable source of new, useful and practical information for the viewers. This may also explain why some of the participants tuned to it for global news during the pandemic.

Equally, the internet was particularly a good platform for many of the participants to seek answers on troubling issues surrounding the pandemic. Relatedly, Perse and Ferguson (2000) found that learning was the most salient benefit while people surfed the web. The desire by some of the participants to surf the web was to help them connect to learning new things. Besides this, De *et al.* (2020) found that the lockdown often resulted in many people surfing the internet and internet-based services to interact and communicate; as well as continue with their job-related responsibilities from home. This also may have influenced some of the participants interviewed in this study to use the internet, not only to interact but also as a source to follow current affairs and news.

Reading books was also used to stimulate intellectual wellness. Studies have shown that the results of engagement with books brought a variety of benefits in supporting cognitive development, especially literacy skills across cultures (McBride-Chang 2014; Joshi and Aaron 2006). The data transcribed revealed that reading books, studying and doing research kept some of the participants

intellectually occupied. Owing to this, nearly all of the participants recommended reading as a way of maintaining intellectual stimulation. Joining a club and having a home library were proposed by some of the participants to help improve their intellectual wellness. Also, some of the participants engaged in vibrant debates and discussions with family and friends to stimulate their intellectual wellness. According to Bangwar (2022), debates play a pivotal role in the cognitive grooming and intellectual growth of a society. This may have informed the recommendation to form a chat group to discuss business ideas and other issues. This could also explain the involvement of some of the participants in social networking chat groups to discuss and debate topics relating to politics and the pandemic.

In addition, playing games helped to manage intellectual wellness during the pandemic. The most likely reason for this is that playing games leads to cognitive stimulation (Barr and Copeland-Steward 2022). The data revealed that some of the participants played video games and chess to stimulate their cognitive wellness. Equally, playing games together helped with socialisation and maintaining contacts. Similarly, Barr (2017) stated that playing videos is associated with improved communication skills, adaptability and resourcefulness. Thus, many of the participants recommended playing games, particularly with families as a way of stimulating intellectual wellness.

The previously discussed recommendations made by families regarding intellectual wellness included:

- Playing games
- Skills learning
- Reading
- Group chats
- Religious practice

7.2.3 Recommended changes to wellness dimensions through wellness support programmes

The narrative of subthemes which follows is linked to the following themes and objectives:

1. Necessity for wellness support programmes - Objectives 5, 6
2. Attendance at wellness support programmes - Objectives 5, 6

Wellness support programmes can benefit individuals in coping with adversities in any sphere of their lives. This is particularly important given the negative consequences of the pandemic on individual wellness. The data transcribed revealed that the pandemic had a negative effect on family wellness. For example, Brodeur *et al.* (2021) found that the mental health of individuals was severely affected by COVID-19 and the associated restrictions. In addition, Docherty *et al.* (2021) found that during the lockdown, the stress levels of individuals, depressive symptoms, mood and memory disturbances significantly worsened. Thus, wellness programmes were vital to support people who were affected negatively by COVID-19 in terms of stress, anxiety and many other afflictions caused by COVID-19. It was therefore reasonable that many of the participants considered wellness programmes as necessary to maintain individual and overall family mental health.

Furthermore, the data revealed that wellness support programmes were considered highly imperative, since they may offer coping mechanisms during these trying moments. This aligns with reported literature that wellness programmes have been used to provide relief to people and these have been verified to be especially preferred as satisfying, as well as access to programmes where individuals may learn and practise healthy living (Spanoudi *et al.* 2018; Rachele *et al.* 2013).

Wellness programmes have also received significant interest, specifically pertaining to intervention programmes created to help with the fostering of

positive lifestyle behaviours (Baldwin *et al.* 2017; Watson 2017). Such interventions may be essential to prepare individuals for crises, such as those caused by the pandemic. For example, Wu *et al.* (2020) noted that effective crisis management provides a clear and optimistic vision; and realistic plan. For a situation like COVID-19, some of the participants indicated that a wellness support programme may help prepare for crises, hence, the necessity of it. It was uncovered from the data that wellness programmes provide or enhance coping skills to manage crises such as those caused by the pandemic.

Equally, wellness support programmes can be beneficial to those who have suffered great economic losses. This is vital for those suffering from business losses due to the COVID-19 pandemic. As such, a wellness programme might be necessary for businesses trying to adapt to the huge economic and financial challenges caused by the COVID-19 pandemic. Another reason for wellness support programmes deemed necessary, was for enhancing social cohesion. This is highly essential, as the family is considered an integral unit of society. Thus, there is a need for wellness support programmes that target family cohesion, which may help mitigate social ills such as domestic violence and suicide. From the data transcribed, many of the participants indicated attending wellness support programmes and most were organised online either by their employees or religious bodies. This suggests that the religious bodies and or the employers cared about the wellness of their members. This supports the argument by Chaturvedi and Rathore (2021) that organisations offer wellness programmes because they are concerned for health and wellbeing. Overall, there was consensus that wellness programmes play an important role not only during times of crisis, but also as a proactive measure to cope during times of crisis, like COVID-19.

7.3 INTERCONNECTIVITY BETWEEN THE VARIOUS WELLNESS DIMENSIONS

While people often think about wellness in terms of physical health - nutrition, exercise, and weight management, Stoewen (2017) noted that wellness is much

more. Wellness is an integrated concept that attempts to combine various aspects of human life. There is a general understanding that wellness is a holistic, multidimensional concept, encompassing various aspects of human life, which complement one another (Stoewen 2017). Thus, one could consider wellness as a holistic integration of various wellness dimensions, fuelling the body, engaging the mind, and nurturing the spirit (Dimensions of Wellness 2017). For this reason, Stoewen (2017) warned that attention must be given to all the wellness dimensions, as neglect of any one dimension over time may adversely affect other dimensions. This has consequences as it could ultimately affect one's health, wellbeing, and quality of life (Stoewen 2017). This is also evidenced by the data transcribed which shows the interconnectivity of the various wellness dimensions, and how it impacted the wellness of the Australian families during the COVID-19 pandemic. For instance, occupational wellness affected not only the financial wellness of the participants and their families, but also the sustainability of their social cohesion and emotional wellness. For example, online collaborating and working with colleagues (social wellness) also helped maintain occupational wellness during the pandemic. This is corroborated by Kuye *et al.* (2022), who asserted that occupational wellness maybe be achieved through a balance between work- based and leisure time activities, managing workplace stress, and establishing healthy relationships with co-workers. It was found that the loss of jobs (occupational situation) resulted in a reduction in income and standards of living (financial situation). It was uncovered that managing occupational wellness was helpful in maintaining financial wellness. Furthermore, maintaining financial vigilance such as budgeting and saving were also critical for financial wellness. This strongly supports the interrelationship among the wellness dimensions.

Moreover, it emerged from the data transcribed that WFH (occupational situation) disturbed the social arrangements at home (social cohesion). Equally, WFH (occupational situation) had an impact on the emotional wellness of some of the families. It was uncovered that WFH made work stressful and tiring (emotional situation) for some of the participants. Additionally, the occupational situation (WFH) had a direct association with increased family domestic waste

which may have a negative effect on the environment (environmental wellness). However, some of the strategies used to maintain environmental wellness included regular cleaning, disinfecting, refuse removal, and recycling.

Another interconnectivity uncovered in the study was that environmental situations have a significant effect on financial conditions. For instance, the use of natural sunlight as against the use of air-conditioning significantly reduced the participants' household electricity bills, which enabled them to reduce expenses (financial wellness). Additionally, an environmental situation such as enjoying natural sunlight and nature were indicated as influencing positive moods (emotional situation). This also helped influence physical wellness as some of the participants indicated engaging in activities including hiking and walking as a way of enjoying natural sunlight and air (environmental situation). Apart from this, some of the participants took on gardening which may be considered a form of physical wellness (Murphy *et al.* 2013) and at the same time, connected to environmental wellness. Spirituality (spiritual situation) was also connected to environmental wellness. It is said that individuals with naturalistic intelligence (environmental conscious individuals) have favourable attitudes and behaviour (emotional wellness) toward the natural environment (Sadiku *et al.* 2020).

Equally, there was interconnectivity between spiritual wellness and emotional wellness. It emerged from the study that religious practices (yoga, meditation, traditional rituals) were effective in relieving stress (emotional situation). This is supported by Bremault-Phillips *et al.* (2015), who claimed that families rely on their spirituality for emotional, mental and physical wellbeing. Additionally, religious institutions also serve as avenues for socialising (social situation). In view of social distancing, spiritual and religious practices were pursued online. Thus, the religious institution serves as a pillar for mutual support that offers hope and guidance to its members (emotional wellness). Furthermore, the disconnection from friends and families (social situation) due to the confinement, dampened the mood (emotional wellness) of some of the participants interviewed. However, strategies such as Facebook, online chats,

video chats, phone calls, playing games, and physical activities were used to maintain social and emotional wellness. Relatedly, Khan *et al.* (2020) noted that the exclusion of daily interaction with friends, acquaintances, and neighbours (social situation) was hugely confining, and it potentially drained an individual's emotional wellness.

Equally significant, good social relationships with family and friends was connected to emotional wellness. From the data, it emerged that emotional stability (emotional wellness) was centred on family structure (social cohesion). This meant that there is interconnectivity with social cohesion with families, which enhanced the emotional state (emotional wellness). The significance of family social cohesion on emotional wellness is also highlighted by Thomas *et al.* (2017), in that family relationships play a central role in shaping an individual's well-being across the life course, and thus has a profound influence on emotional wellness.

Overall, some findings such as WFH (occupational wellness); family disagreements (social wellness); financial problems (financial situation); diminished exposure to natural air and light (environmental wellness); and limited opportunities to exercise (physical wellness) have contributed to the negative effects on sleep (emotional wellness), communication/interaction (social wellness), thereby subsuming the interconnectivity among the wellness dimensions. However, in terms of reconstructing family wellness, the negative effects on wellness were overcome with pathways of wellness pursued by families.

7.4 RECOMMENDED WELLNESS FRAMEWORK

Part of the theoretical contribution of this study is the proposed family-centric wellness framework as illustrated in Figure 7.1. The framework consists of two parts: the inner and outer layer, moderated by wellness support programmes. The outer layer, illustrates the links and interconnectivity among the eight wellness dimensions in reconstructing family-centric wellness during crisis

situations such as the COVID-19 pandemic (see section 7.1). The outer layer of the model is aligned with the wellness dimensions of Swarbrick and Yudof (2015). The inner layer illustrates the social cohesion structure in the family, which includes family communication, family support, family relationships, and family resilience which were considered important in reconstructing wellness as families transitioned through the pandemic. From a moderating perspective, wellness support programmes, on the other hand, have been supported as a form of coping mechanism during the pandemic.

- Outer layer: Interconnected wellness framework

By applying the framework, individuals and their respective families become aware of the interconnectedness of each dimension and how they contribute to healthy living and improving their quality of life. For example, this holistic framework explains how individuals and their families contributed to better environmental conditions, and stronger social networks (social wellness) during isolation. Equally, the framework shows the enrichment of life through work and leisure balance (occupational wellness), and its interconnectedness to physical wellness. The strengthening of spirituality centred on hope, values, meditation and yoga, while the benefits of physical wellness was evidenced in regular physical activity, healthy eating habits, and enjoying fresh air and sunlight. Such practices helped in addressing the stress associated with emotional, financial and occupational wellness.

Financial responsibility entailed budgeting, delays in major expenditure, avoiding spending on luxuries and paying off some debts from savings, which were fundamentally important in maintaining emotional wellness. Additionally, creative and stimulating mental activities like playing games, online surfing and engaging in intellectually vibrant discussions and debates via various platforms were key to maintaining intellectual wellness, while also influencing emotional and social wellness. More detailed discussion on the interconnectivity among the eight dimensions may be found in Section 7.3.

- Moderating influence: Wellness support programmes

In nearly every human endeavour, applying the holistic wellness approach can be useful in mitigating against disasters, preparing for the eventuality, and as a support for wellness (Watson 2017). As a pathway to living optimally, wellness is being applied to related fields, such as health promotion and holistic health, and has seen a growth in 'helping professions' including counselling; and medical arts and practices (Baldwin *et al.* 2017). This is also evidenced in the employee work environment, as well as the religious bodies organising wellness support programmes to support their employees. Even though not all families attended wellness programmes during the pandemic, most of the participants considered wellness support programmes as an essential coping mechanism during the pandemic. As a result, wellness support programmes may potentially have a positive effect on the wellness of individuals and families. This is also evidenced in the literature, where it is reported that wellness programmes have been used to provide relief to people and these have been verified to be especially preferred as satisfying, as well as access to programmes where individuals can learn and practise healthy living (Spanoudi *et al.* 2018; Rachele *et al.* 2013). Wellness programmes have also received significant interest, specifically pertaining to intervention programmes created to help with the fostering of positive lifestyle behaviours (Baldwin *et al.* 2017; Watson 2017).

- Inner layer: Family-centric

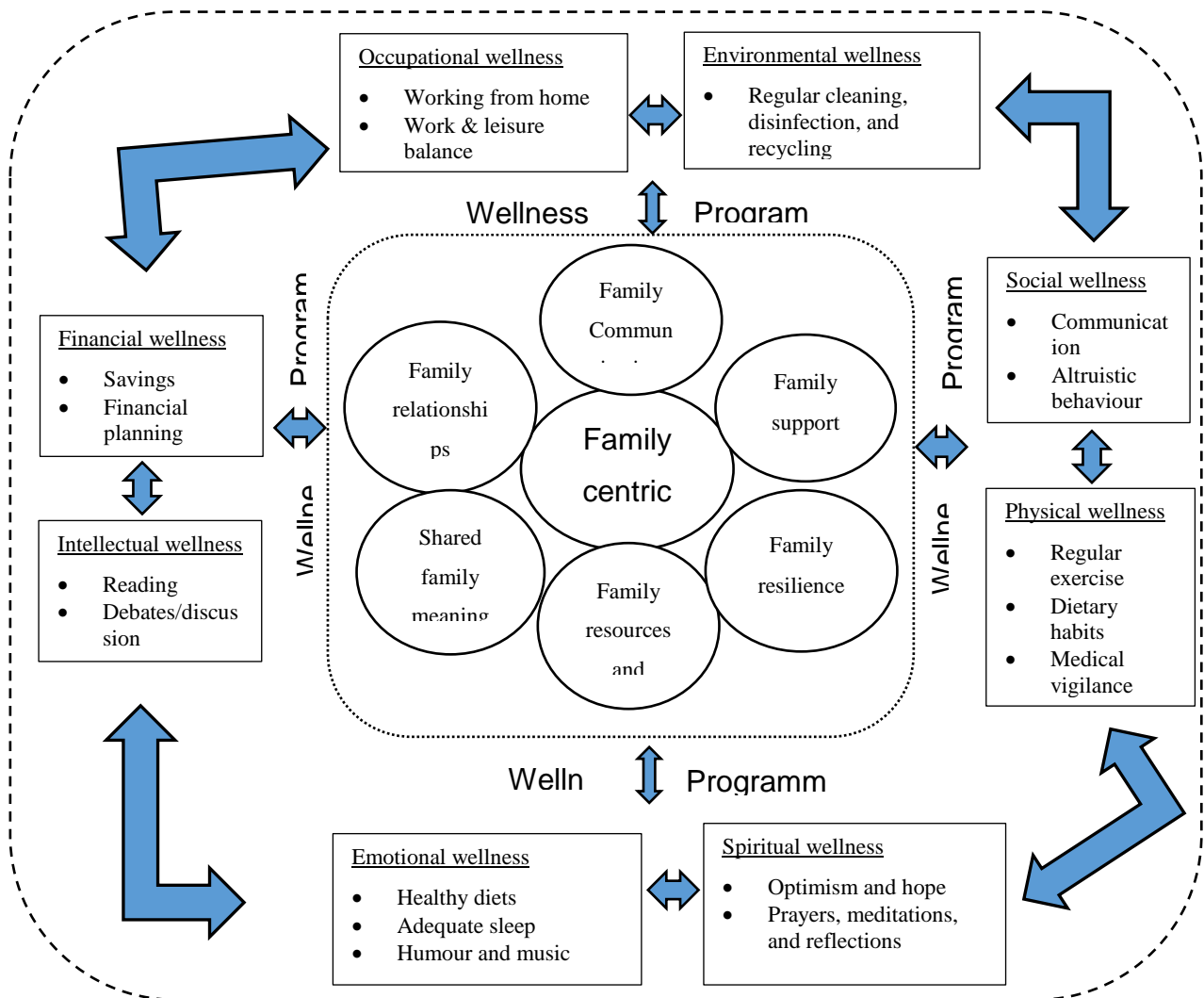
Work and family are commonly regarded as the two most important and closely intertwined domains in people's lives (Kirschi *et al.* 2019). The findings of this study showed that having a family together for such long periods; and enjoying their support and help when occupational and subsequent financial wellness was threatened; were considered the most satisfying for some of the participants. Thus, family connections were critical in maintaining and managing occupational and financial wellness. This is supported by the fact that families that were well connected with each other, were always happy and peaceful

(emotional wellness). This helped in engaging in family activities (social wellness), which supported environmental, physical and social wellness.

Additionally, it may be posited that family relationships, which link lives or fosters interdependence within relationships, lasts over a period of time and are consequential for wellness across the span of life (Umberson *et al.* 2015). The nature of family relationships may profoundly benefit or retard wellness, as relationships provide a sense of purpose and meaning; and the resources which may influence wellness. For example, the quality of social support provided by families (e.g. love and care) may influence the emotional and physical wellness of family members. Additionally, Thomas *et al.* (2017) noted that family relationships play a fundamental role in shaping an individual's wellness across the course of life, and thus may have a profound influence on emotional wellness.

Furthermore, family members may encourage positive affect to enhance occupational and financial wellness. This is also evidenced in the study that the family's financial support during the pandemic was vital to some of the participants. These core components of wellness help to regulate the behaviour of family members, while not compromising coping mechanisms to deal with wellness issues (Suitor *et al.* 2017). Such support manifested in the form of sharing responsibilities, talking, open communication, giving advice, and engaging in activities as a family. This helped improve family bonding and socialisation. Thus, it can be argued that family involvement as a cohesive unit across all the wellness dimensions was at the centre of reconstructing family wellness during COVID-19.

Figure 7.1: Holistic family-centric wellness framework



Source: Self-generated by researcher

7.5 CONCLUSION

In summary, the findings of this study suggests that COVID-19 had a negative impact on the eight wellness dimensions theorised by Swarbrick and Yudof (2015). This directly caused some constraints on the normal life of the participants and their respective families. Nevertheless, the findings suggest that most of the participants created pathways of wellness for the various

dimensions to maintain and manage their wellness. Additionally, the need for wellness support programmes was recognised as an important contributor to maintaining wellness. The families further made recommendations of changes pertaining to each of the wellness dimensions, which they would like to embark on in the future. The consensus emerging from the findings is that family structure and support were central in managing and maintaining wellness. It was also found that all eight wellness dimensions are invariably connected, which suggests that what affects one dimension, affects all dimensions. Thus, a holistic family-centric wellness dimension framework was proposed as a strategy and intervention measure to improve the quality of family life toward reconstructing wellness during times of crisis, such as COVID-19. The next chapter discusses the conclusions and offers recommendations from the study.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

Given the lack of empirical research relating to family well-being, this study sought to explore how family wellness was affected in a multidimensional way during the COVID-19 pandemic and sought to understand how family life may be reconstructed in the light of the stressors relating to the eight wellness dimensions that have been brought to bear upon these families. This study limited itself to the eight dimensions of wellness posited by Swarbrick and Yudof (2015) (occupational, social, emotional, spiritual, physical, environmental, financial, and intellectual) at the interface of Australian families transitioning through the COVID-19 pandemic. A qualitative approach was employed, whereby semi-structured interviews helped the researcher to interrogate the lived experiences and perspectives of families based in Melbourne, Australia.

This study will not only contribute to the growing research on the COVID-19 pandemic, by exploring the influence of COVID-19 on family wellness, but it will also contribute to the awareness and understanding of pandemics and their effect on family wellness. The study will also contribute, both locally and globally, in shaping strategies and policies to mitigate the negative effects of the pandemic in relation to wellness and ensure that family life is restored and preserved. Further, the research highlighted diverse holistic approaches to preserving and reconstructing family life.

In this chapter, conclusions and recommendations were discussed through the data analysis discussed in chapter six and the discussion of the findings highlighted in chapter seven. This was complemented by literature reviews to reinforce ensuing arguments. This chapter highlights the realisation of the research aim, objectives and questions; provides conclusions and recommendations; suggests a wellness framework and discusses implications for future research.

8.2 REALISATION OF THE RESEARCH AIM AND OBJECTIVES

The cogent aim and objectives of this research were not restricted to a specific chapter or section in this thesis but are rather cascaded in a thematic way across chapters one to eight. In pursuing the aim and objectives, the *modus operandi* was encapsulated in a review of literature providing theoretical perspectives, as well as an analysis of qualitative data encompassing interviews. This approach reinforced and complemented the literature-based knowledge in the field of wellness, with the empirical data analysis targeting families in Australia. The justification behind such a holistic and robust approach was based on the intention of achieving an inductive (specific) perspective within the Australian context, as well as a globalised point of view of various interventions which supported family wellness during COVID-19.

8.2.1 Aim and objectives of the study

- **Aim: To explore how wellness can be reconstructed amongst Australian families during and post-COVID-19, through an understanding of how family wellness was affected during COVID-19**

An in-depth analysis of the literature provided the foreground in addressing the aforementioned. Such analysis delved into literature on the eight wellness theoretical dimensions of Swarbrick and Yudof (2015); the global nature of constraints experienced by families and individuals during COVID-19 and some of the pathways of wellness used toward reconstructing their wellness; and global interventions to support wellness during the pandemic. The literature analysis was complemented by the qualitative analysis of data collected from interviews. Thus, based on the extensive literature review and empirical analysis, the aim of the study was achieved.

- **Objective 1: To inquire how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic**

The discussion on how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic was twofold. Firstly, literature pertaining to the global experiences of families transitioning through the COVID-19 pandemic and how it affected their wellness was discussed in chapters three and four. This was followed by the data analysis in chapters six and seven, pertaining specifically to Australian families. Premised on the extensive literature and data analysis, it may be argued that objective 5 was achieved.

- **Objective 2: To explore how families created pathways of wellness within the context of the COVID-19 pandemic**

Firstly, literature pertaining to how families created pathways of wellness within the context of the COVID-19 pandemic was discussed in chapters three and four from a global perspective. This was followed by the data analysis in chapters six and seven, pertaining specifically to Australian families. Thus, objective 2 was addressed comprehensively.

- **Objective 3: To explore the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic**

The discussion on the nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic was twofold. Firstly, literature pertaining to the global nature of constraints families experienced during the lockdown and within the context of the COVID-19 pandemic was discussed in chapters three and four from a global perspective. This was followed by the data analysis in chapters six and seven, pertaining specifically

to Australian families. Premised on the extensive literature and data analysis, it may be argued that objective 5 was achieved.

- **Objective 4: To inquire about the holistic wellness approaches used by families to support themselves and other families during the pandemic**

The discussion on the holistic wellness approaches used by families to support themselves and other families during the pandemic was twofold. Firstly, literature pertaining to holistic wellness approaches used by families to support themselves and other families during the pandemic was discussed in chapters three, and four from a global perspective. This was followed by the data analysis in chapters six and seven, pertaining specifically to Australian families. Hence, it may be concluded that objective 4 was realised.

- **Objective 5: To understand the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic**

A review of a wide array of sources pertaining to wellness was extensively discussed in chapters two, three, four, six and seven. The review of the literature provided the basis for the discussion on holistic wellness approaches. Premised on the extensive literature review, it may be argued that objective 5 was achieved.

- **Objective 6: To recommend strategies to reconstruct family wellness during the pandemic.**

In developing a framework aligned to family wellness, the eight wellness dimensions were discussed as a background to this research. Additionally, global experiences of constraints and wellness pathways employed by families were discussed. This was further illuminated by global interventions during the pandemic, which may have helped families reconstruct their wellness. Further

to this, the data analysis enabled the researcher to develop a wellness framework for families. Aligned with the data analysis, findings, framework development, conclusions and recommendations by the researcher as evidenced in chapters six, seven and eight, and enhanced with literature specifically in chapters two, three and four, objective 6 has been realised.

8.3 SUMMARY OF KEY FINDINGS

This section summarises key findings from the literature review and the primary findings from the qualitative analysis.

8.3.1 Findings from the literature review

The findings from the literature review are presented in line with the research objectives.

8.3.1.1 Constraints experienced by family during the COVID-19 pandemic

COVID-19 brought with it unprecedented negative experiences, concerns and changing perspectives. As the nature of the pandemic is dynamic, family constraints, needs and priorities are continuously evolving. In reviewing the literature, it was uncovered that the emergence of COVID-19 precipitated a public health emergency of global concern, with widespread ramifications on people's wellness (Buheji *et al.* 2020). While exploring the constraints experienced by families and their members during the pandemic, it was found that the COVID-19 pandemic postured new hazards to families. These were attributed to physical distancing procedures; school/child care shutdowns; economic decline; work and financial uncertainty; accommodation unpredictability; adjustments to wellness; and social upkeep accessibility (Grumi *et al.* 2021; Gassman-Pines, Ananat and Fitz-Henley 2020; Rosenthal and Thompson 2020).

As an indication of the heightened constraints experienced by the family, it was uncovered from the literature that families experienced stress syndromes associated with concerns about contamination; socio-economic challenges; compulsive checking; and trauma issues among others (Jandrić 2020; Jalongo 2021; Aliyyah *et al.* 2020; Burke and Arslan 2020). Equally, it was uncovered from the literature review that COVID-19 caused changes in daily routines and physical contact. These changes were attributable to social isolation measures, which thus created a sense of loss of liberty, and seclusion from family and friends (Seddighi *et al.* 2021; Ying *et al.* 2020).

Furthermore, it was uncovered that managing children with special needs became more challenging for families. It was revealed in the literature that parents found it daunting to keep children motivated during the lockdown, or even get them to complete their tasks, especially those with disabilities such as autism (Degli Espinosa *et al.* 2020). It was also uncovered that families with developmentally handicapped children experienced difficulties relating to them wearing masks and maintaining social distancing (Seddighi *et al.* 2021). This was compounded by the disruption in social support services, managing the children at home for longer periods, and having to forgo treatments during the lockdown.

Work-life balance was also disrupted due to the challenges of working from home. It was found that employees working from home experienced overworking, work intensification, being unable to switch off and higher work-home spill-overs (Gambhi 2020). Working from home was also complicated by parenting roles and responsibilities (Jalongo 2021). Besides this, the disruption to children's education added a burden to the family. It was found that students experienced negative wellness behaviour which was evident in their mood swings (Copeland *et al.* 2021). To add to this, parents became unprepared teachers which added to their stress because of dealing with the children's negative emotions (Degli Espinosa *et al.* 2020).

In addition to the above, it was also uncovered that the lockdown regulations and restrictions impacted the physical activities of families across all age groups, through prohibited access to recreational facilities such as picnic, sports and playground environments (Fisher *et al.* 2020). Furthermore, in the wake of the closure of public spaces like gyms, hiking trails and the cancellation of sporting activities, fitness levels and psychological distresses were affected (Chen *et al.* 2020). The concern expressed in the literature is that reduced physical activities may likely lead to unfavourable diets, irregular sleep patterns, weight gain, and less favourable behaviours (Buheji *et al.* 2020).

It was also uncovered that COVID-19 intensified inequalities among families. From the literature reviewed, it was found that families living in overcrowded households, for instance, faced challenges such as maintaining clean and hygienic living environments; maintaining social distancing from those infected in the household; reduced physical activity; increased risk of stress and conflict due to overcrowded living conditions; and increased eating of unhealthy food (Barboza *et al.* 2021; Cevik *et al.* 2021). This may also have contributed to the increase in domestic violence uncovered in the literature review.

8.3.1.2 Pathways of family wellness during the COVID-19 pandemic

Previous research carried out to explore the various pathways of wellness used by families alludes that the strength of family resilience and capabilities influenced the extent to which families endured and recovered from the negative effects of the pandemic (Luthar, Ebbert, Kumar 2021; Chen and Bonanno 2020; Walsh 2020). For example, it was found that working from home created benefits as families spent time together, and adapted to household responsibilities around working hours (Luthar *et al.* 2021). The household responsibilities shared by the family include childcare between parents, household chores, and family engagement through recreational/intellectual activities; thus was a pivotal coping strategy within families (October *et al.* 2022).

Furthermore, families found creative ways to enjoy extended time together which include preparing dinners and enjoying indoor celebrations with the members of the household, as a new way of socialising (Luchetti *et al.* 2020) which was essential in enhancing family bonds and a greater appreciation of each other (October *et al.* 2020), and vital in mitigating fears associated with the pandemic (Fisher *et al.* 2020).

Additionally, it was uncovered from the literature review that the pandemic brought a sense of community support systems such as food banks, free schools related programmes and day-care facilities (Patrick *et al.* 2020; Salin *et al.* 2020). This helped parents have some latitude to manage their work/domestic obligations as well as reclaim time for relaxation (Buffel *et al.* 2020). In addition, digital technology was another key coping mechanism uncovered in the literature review (Goldsmidt 2020). This was vital in family spiritual engagement and social interactions with others.

8.3.2 Findings from the primary study (interviews)

The findings of the study are presented in line with the research objectives.

8.3.2.1 Impact of COVID-19 on wellness dimensions and constraints experienced

The key findings from this study revealed that COVID-19 had a negative impact on all eight-wellness dimensions. For example, the COVID-19 pandemic negatively affected the families' occupational wellness as some of the family members were furloughed, stopped working, and some had to shut down their businesses. This finding concurs with Tušl *et al.* (2021) who said that COVID-19 caused many employees to be furloughed and or laid off due to businesses being forced to close. Furthermore, it was uncovered that participants working from home experienced increased workloads in their occupational wellness due to online meetings, and unfavourable working conditions, particularly with families around. Thus, it was found that some of the families struggled to

balance work and leisure time. The finding concurs with Messenger *et al.* (2017), that a common area of concern in work-life boundaries is balancing work schedules around other family members.

In terms of the impact on emotional wellness, the key findings from this study revealed that many families experienced heightened psychological and mental effects such as fear, stress, paranoia, dampened moods and distraction during the pandemic. This is also consistent with previous studies that the COVID-19 pandemic led to high incidences of mental health disorders such as stress, post-traumatic stress, anxiety, depression, irritability, insomnia, and decreased attention (Gualano *et al.* 2020; Brooks *et al.* 2020).

In terms of the impact on spiritual wellness, the key findings revealed that the closure of religious centres negatively affected the relationship with other members of the congregation. It emerged that some of the participants experienced hopelessness and loss of direction. This is aligned to research by Durmuş and Ozturk (2022) who found the COVID-19 pandemic contributed to hopelessness and loneliness, particularly among older adults.

In terms of the impact on environmental wellness, the key finding suggests that working and schooling from home contributed to an increase in domestic household waste. It also emerged that COVID-19 restrained the activities of environmental activities. In terms of the impact on financial wellness, the key finding indicates Covid-19 disrupted the financial stability of some of the families interviewed. The finding revealed that COVID-19 contributed to the increase in the cost of living and negatively affected household income. The finding is affirmed by Botha *et al.* (2021) who maintained that negative involuntary labour market shocks such as reduced work hours; unemployment; and lower wages decreased the resources that are available to achieve well-being.

In terms of the impact on physical wellness, the key finding is that the pandemic disrupted daily routine outdoor physical activities. It emerged that some of the participants stopped jogging and hiking, while others were unable to continue

with gym exercises. Equally, COVID-19 contributed to some of the families gaining weight from poor physical activities. Besides this, some of the participants reportedly experienced disturbances in sleeping patterns, and difficulties falling asleep. Pérez-Carbonell *et al.* (2021) additionally found that sleep disturbances affected a substantial proportion of the general population during COVID-19. Another key finding on physical wellness had to do with disruption in families' routine health check-ups. It emerged that the lockdown made getting a medical appointment for some of the participants challenging - due to delayed or restricted appointments, and or avoidance of hospital visits caused by fear of the virus. The finding was similar to those by Scheidt-Nave *et al.* (2021) who found that outpatient appointments did not take place during COVID-19, due to capacity restriction.

In terms of the impact on social wellness, the key finding indicates that the pandemic affected their family visitations, relationships with friends and extended families, and face-to-face religious activities. The finding is supported by Saladino *et al.* (2020) who reported that social distancing and the security measures put in place to curb the spread of the pandemic affected the relationships among people and their perceptions of empathy toward others. It also was found that COVID-19 caused constraints in the intellectual wellness of some of the families interviewed. The key finding indicates that school closures due to the pandemic negatively affected the intellectual wellness of children, as some struggled with online classes and doing homework. In addition, meetings and forums to discuss and debate issues ceased, thereby limiting platforms for intellectual engagement.

Furthermore, the key finding revealed that some families experienced difficulties learning, which was due to restricted access to learning materials and slow internet connectivity at home. This meant that at-home learning made learning difficult for some families.

8.3.2.2 Pathways of family wellness during the COVID-19 pandemic

The key finding that emerged from this objective is that the value system of responsibility and their connection to family was pivotal for managing and maintaining their occupational wellness. The finding suggests that participants were able to maintain a work balance through leisure and family activities, which was crucial in managing their occupational wellness during the pandemic. Another key finding with respect to the family's occupational wellness is that participating in a wellness programme organised by employees helped to maintain and manage the family's occupational wellness. This finding concurs with Otuonye (2014) who said participating in employee wellness programmes yielded positive results and improved employee wellness. The key finding also revealed that collaborating and working with colleagues helped to maintain occupational wellness during the pandemic.

In terms of emotional wellness, the key findings indicate that positive lifestyle changes such as adequate sleep and healthy diets were vital in maintaining emotional wellness during the pandemic. This concurs with Ingle *et al.* (2022), who found that adopting small but positive changes in lifestyle behaviours could be significant in health outcomes. It was also revealed from the findings that positive thought and deliberate avoidance of negative news helped some of the families maintain and manage their emotional wellness. Besides this, it was uncovered that social support from others such as charity organisations, friends and families was pivotal in maintaining and managing emotional wellness. Another key finding was that some of the families maintained and managed their emotional wellness during the pandemic using humour and music as an instrument to create happiness. This is consistent with the findings of other scholars where it is revealed that humour can enhance well-being in the general population (Wellenzohn *et al.* 2018; Proyer *et al.* 2014; Gander *et al.* 2013).

In terms of religious pathways created during the pandemic, the key finding is that some of the participants expressed optimism, hope and confidence in overcoming the pandemic. This is affirmed by Kardash *et al.* (2019) who stated

that optimism, hope, and confidence reflect positive feelings about the future. It was also uncovered that many of the participants engaged in regular praying during the pandemic, which thus kept the family rooted in their faith. Another key finding regarding pathways to managing spiritual wellness adopted by the families is mindfulness-based interventions such as meditation, self-reflection and yoga practices.

In terms of pathways created for environmental wellness, the key finding is that the majority of participants managed and maintained environmental wellness by keeping the environment clean and safe through regular cleaning and disinfection, recycling and disposing of trash. The finding also revealed that some of the participants maintained and managed their environmental wellness by abiding by the health and safety rules such as wearing masks and observing protocols while coughing and sneezing. Another pathway created to manage environmental wellness uncovered was measures employed in avoiding infection transmission was consistent and intentional daily disposal of household waste, and pet management to limit environmental contamination.

Equally, nearly all of the participants opened their windows and doors to allow fresh air and natural sunlight into their homes as a way of managing their environmental wellness. The finding also revealed that some of the participants managed their environmental wellness through conservation practices such as saving water and electricity.

In terms of pathways created for financial wellness, the key finding from the study revealed that savings helped sustain the financial wellness of participants and their families during the pandemic. It was uncovered that previous savings allowed them to pay their bills timeously, as well as meet their basic household needs. The financial assistance offered by the Australian government was critical in maintaining the participants' financial wellness. Besides this, the key finding revealed that many of the participants cut down on unnecessary expenditures and focused only on their immediate needs. This helped them to manage and maintain financial wellness during the pandemic.

In terms of pathways created to maintain physical wellness, the key finding revealed that some of the participants adopted home exercises whilst using music to stimulate physical activities such as dancing. It was uncovered that some of the families were motivated to continue with routine home exercises even on days when their moods were not good. Another way the family maintained and managed their physical wellness was through their dietary habits. It was uncovered from the study that nearly all participants maintained healthy eating habits, by preparing their own meals and avoiding take-outs or junk food.

In terms of pathways created to maintain social wellness, the key finding uncovered was that the participants and their families managed to maintain their social wellness by adopting digital technology as a way of communicating with friends and family. Equally significant, some of the participants engaged in altruistic behaviours such as helping with preparing meals given to the poor and homeless as a way of managing their social wellness. Besides this, and from the family perspective, the key finding revealed that family activities such as cooking together, and playing games helped maintained social wellness. This was significant in increasing families' bonding and unity during unprecedented public health disasters like the pandemic.

In terms of pathways created to maintain intellectual wellness, the key finding uncovered from the study was that participants managed their intellectual wellness by watching TV and surfing the internet; researching and reading; engaging in intellectually stimulating discussions and playing games.

8.3.2.3 Holistic approaches underpinning wellness models

The holistic approaches underpinning wellness models were centred on Swarbrick and Yudo's (2015) eight dimension wellness. The key premise of their model is that wellness is a multidimensional and holistic concept, incorporating various aspects of human life, which complement one another. The interconnectivity of the wellness dimensions was reaffirmed by the findings in

this study. For example, occupational wellness affected not only the financial wellness of the participants and their families but also the sustainability of their social cohesion and emotional wellness. It was also found that the loss of jobs (occupational situation) resulted in a reduction in income and standards of living (financial situation). Similarly, it was uncovered that managing occupational wellness was helpful in maintaining financial wellness, among the other wellness dimensions. Given the interconnectedness of the various wellness dimensions; and the wellness of Australian families as the centre of attention, the study proposed the family-centric wellness framework (Refer to Figure 7.1).

8.4 CONCLUSIONS FROM THE STUDY

In line with achieving the research objectives of the study, the following conclusions were drawn:

8.4.1 Conclusions of the findings related to the effect of COVID-19 on wellness dimensions within families transitioning through the COVID-19 pandemic and the nature of constraints experienced

This study has achieved the research objectives stated, since it entailed first inquiring how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic by revisiting the families' wellness before the pandemic, as well as, exploring the nature of constraints they experienced during the lockdown. From the study, occupational wellness was negatively affected as businesses suffered and employees were temporarily laid off. Additionally, the study conclusively suggests that families experienced constraints in struggling to balance work and leisure due to an increase in workload.

With respect to emotional wellness, the study conclusively suggests there was a shift from a stable emotional state to heightened psychological and mental effects such as fear, stress, paranoia, dampened moods and distraction during the pandemic. While all the families had a strong spiritual background, the study

conclusively suggests that the deprivation of support structures by the way of closure of spiritual centres contributed to the feeling of hopelessness and loss of direction among some of the participants.

In terms of environmental wellness, the study conclusively suggests that working from home negatively affected the environment as domestic households increased during the pandemic. In terms of financial wellness, the study found conclusively that COVID-19 disrupted the families' financial stability. While nearly all participants had no financial issues before the pandemic, many complained of an increase in the cost of living, which may also be connected to the reduction in their household income, and job loss.

In terms of physical wellness, the study conclusively suggests that the pandemic disrupted their daily routine of physical activities, especially outdoor exercises which negatively impacted some of the participant's ability to manage their weight. Equally, there were disturbances in sleeping patterns, and difficulty in falling asleep during the initial phase of the lockdown, as well as a restriction in a medical appointments. In terms of social wellness, the study conclusively suggests that the pandemic affected family visitations, relationships with friends and extended families; and face-to-face religious activities. Similarly, there is evidence that school closures affected the intellectual wellness of children.

8.4.2 Conclusions of the findings relating to the pathways of wellness within the context of the COVID-19 pandemic

This study has achieved the research objective of the study, which was to explore how families created pathways of wellness within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, the various holistic approaches underpinning wellness models, and recommendations made by families. From the study finding, the participants were able to achieve occupational wellness by maintaining the value system of responsibility and their connection to family. This also helped maintain work

balance through leisure and family activities, which was crucial in managing their occupational wellness during the pandemic.

In terms of emotional wellness, the study conclusively suggests that the families were able to maintain wellness by embracing change and having positive beliefs, and connections with friends and families. In terms of spiritual wellness, the study conclusively suggests that being hopeful about things was critical in managing spiritual wellness.

In terms of environmental wellness, the study conclusively suggests that intentional cleaning and hygiene practices, exposure to natural sunlight and conservation practices were vital in managing environmental wellness. In terms of financial wellness, previous savings, grants provided by the government and access to credit along with frugal living was key to managing the families' financial wellness.

In terms of physical wellness, the finding conclusively suggests that adequate exercise, healthy eating habits and medical vigilance were key to managing physical wellness.

In terms of social wellness, the study conclusively suggests that the use of digital media to remain connected to friends and families and the engagement with community altruistic behaviour helped manage the families' social wellness. In terms of intellectual wellness, the study conclusively suggests that reading, debating, and playing games with families and friends essentially helped maintain the families' intellectual wellness.

8.5 RECOMMENDATIONS

Part of the objectives that this study sought to address was to provide possible recommendations for the holistic management of family wellness during a national disaster such as those caused by the COVID-19 pandemic. Drawing

from the research objectives and the literature reviewed, the following recommendations were proposed:

8.5.1 Improving employee working environment

The working environment was vital for many of the families to carry out work-related activities and home schooling. However, it was uncovered that many of the work home situations made working from home challenging for some of the families. Given the importance of the workplace in managing occupational wellness, this study highly recommends those employees' working conditions be improved to minimise occupational stress. This is essential if one considers that unsavoury indoor working conditions could have a detrimental effect on employees' physical and mental well-being, which could also decrease their overall work performance. It is therefore advisable that organisations put in place a system that can provide employees with optimised working conditions when forced to work from home under emergency situations such as the pandemic.

8.5.2 Effective communication

Effective communication was vital for the participants and families during the pandemic. This is because communication such as family communication positively influenced mental wellness. This study recommended families maintain consistent connections through effective communication with immediate family members, distant relatives, friends, and even work associates. This is relevant as collaborating and communicating with colleagues, families and friends during the national health crisis helped some of the families maintain occupational wellness, both directly and indirectly. The study envisaged that effective communication will help provide the needed emotional support structures and assistance during difficult times.

8.5.3 Physical exercise and healthy eating

It has been said in the literature review that the lockdown regulations and restrictions impacted the physical activities of families across all age groups, through prohibited access to recreational facilities such as picnic, sports and playground environments. The concern expressed in the literature is that reduced physical activities may likely lead to unfavourable diets, irregular sleep patterns, weight gain, and less favourable behaviours. The pandemic disrupted daily routine outdoor physical activities, which contributed to some of the families gaining weight from poor physical activities. Given the association between poor physical activities, weight gain and obesity, this study highly recommends exercising such as dancing, gardening and domestic chores as ways of engaging in physical activities during a crisis. In addition to this, healthy eating is vital in weight control. It is highly recommended that families cut down on calories and consumption of junk and ultra-processed foods. It is envisaged that physical exercise and healthy eating will help promote mental health and reduce the chances of cardiovascular diseases.

8.4.4 Mindfulness and meditation

Mindfulness-based interventions such as meditation and self-reflection are reported to have positive effects on psychological well-being and to an extent spiritual wellness. Therefore, the practice of yoga and meditation is important when it comes to spiritual wellness. This study highly recommends that families engage in meditation and yoga practice together. This study envisages that such practices would lead to stronger family bonding.

8.5.5 Conservation practices and environmental cleanliness

The finding from the study shows the importance of conservation practices to not just the environment, but the financial wellness of the families. It was evident that practising water and electricity conservation helped save the families money from the cost of electricity and water bills. Equally, and given that most

of the work and schooling was carried out in the homes, a clean environment was highly essential in maintaining family wellness free from diseases and illness. This study recommends conservation practices as well as keeping the environment clean and safe. It is envisaged that recycling waste, gardening, and sparingly using electricity and water will help protect the environment. This is particularly important when one considers the concern of climate change and the perceived negative effect it could have on the wellness of the family.

8.5.6 Saving culture and financial planning

Saving and proper financial planning were revealed as redeeming features for most families during the pandemic. As such, a saving culture and proper financial planning are highly recommended as a measure of managing financial wellness. It is envisaged that cutting down financial expenses such as electricity/water savings, and bulk buying of groceries could help improve families' financial wellness. Furthermore, elderly families were able to mitigate against the harsh financial reality during the pandemic due to financial planning. This study therefore recommends that teaching children about financial planning and budgeting will help improve their saving culture.

8.5.7 Engaging in intellectually stimulating activities

Despite not being able to meet face to face to engage in discussions and debates; not being able to buy newspapers and magazines; and being faced with the closure of libraries, many families used social media and IT platforms to keep intellectually stimulated. Thus, it is recommended that intellectual stimulation should be pursued through online activities such as playing games; discussions on topical issues via blogs, Facebook or private group discussions; surfing the net; watching the news and YouTube selectively and discretionally; and reading.

8.5.8 Building emotional resilience

It is human nature to be affected by unprecedented events which not only affect ourselves and families; but also work colleagues and friends. Fear, stress, tension, sadness and anxiety were some of the emotions expressed by families. It is thus recommended that families seek support from not only their family members and friends; but from wellness support programmes offered by their employers and other social welfare organisations. Pursuing any kind of deliberate isolation (despite physical and social distancing) such as cutting oneself off from social media totally, not talking or texting can be detrimental to emotional and mental health. Thus, it is highly recommended that expression of feeling and emotions with family and friends in polite and respectful ways should be used as a mechanism to build emotional resilience. This can also be complemented by listening to and reading online videos; surfing wellness support sites; engaging in spiritual/religious practices which induce calming effects; and using self-reflection practices. This may also help others to cope with distress and other negative emotions through knowledge sharing; taking and giving advice; as well as creating a community practice of ongoing support.

8.5.9 Wellness support programmes

Based on the emerging findings, this study recommends a wellness support programme for the management of families' holistic wellness. This is the premise of the finding that wellness support programmes can highly benefit individuals and families in coping with adversities in any sphere of their lives. It is therefore imperative that organisations, both the religious organisations that serve as a social pillar of support and the employers of labour encourage the development of wellness support programmes that target family cohesion. This is centred on the premise that whatever affects the family structure will inevitably affect their work performance, as well as society.

8.5.10 Family-centric support system

Finally, the proposed family-centric wellness framework illustrated in Figure 7.1 (Chapter 7) is recommended as a measure of achieving and supporting family wellness. The framework supports interconnectivity among the eight dimensions of wellness, which means that the failure to achieve any one of the wellness dimensions would potentially negatively impact the rest. At the centre of the framework is the family structure and support system. It thus means that the nature of the family support system and relationships among family members directly impacts their wellness. This is because the family relationship is critical to ensuring work balance; environmental wellness; and emotional and physical wellness among others. Thus, a cohesive family unit is at the centre for an individual to reconstruct their wellness.

8.6 IMPLICATIONS FOR FUTURE RESEARCH

Implications of the study on theory, practice, methodology and future research will be discussed in this section.

8.6.1 Theoretical implications

The global world including Australia has faced an unprecedented health crisis caused by the COVID-19 pandemic. Since the first case reported in Wuhan, China, and the subsequent declaration of the virus as a pandemic, many countries introduced social distancing measures and lockdown measures to curtail the spread of the virus. However, this is the first time in the modern era that such measures were used to address public health emergencies, which has consequently impacted the lives of many Australian families. It thus meant that there is limited understanding of how such measures could affect the wellness of families during a crisis like COVID-19. Drawing from how families reconstructed their wellness during the pandemic, this study sought to extend Swarbrick and Yudof's (2015) theoretical wellness dimensions by including the family as the centrepiece of wellness.

The finding of this study revealed that the support structure provided by families has a major effect on how the families reconstructed and maintained their wellness during the pandemic. Thus, and in line with the inquiry, which was to understand the various holistic approaches underpinning wellness models so as to guide the development of a wellness framework for families affected during the pandemic, the family-centric holistic wellness framework was developed in this study. This is centred on the assumption that the wellness concept encompasses various aspects of human life, which complement one another (Stoewen 2017). This is evidenced in the interconnectivity found in the eight-wellness dimensions. It therefore means that wellness support strategies need to be in place, that ensures families get the needed assistance and support during a global crisis to avoid a negative impact on their wellness.

8.6.2 Limitations of the study and future research

Like any other study, although the current research was established on solid literature and methodological foundations, it must be acknowledged that there were certain limitations or weaknesses. Firstly, because of time constraints, only twelve representatives of the families were interviewed in the study. Future studies can include large sample groups and interviews with every member of the adult households. In addition, while the findings of the study have a wider global application, it is however limited to Australian families.

Future researchers can compare other countries, particularly in the global south to see if their views differ. It is suggested that similar studies are conducted in other countries and more comprehensive samples could produce more generalised and useful insights. Additionally, research designs used by other researchers may complement the qualitative approach used in this study with a quantitative data collection instrument as well. This may help in addressing the shortcomings of a singular approach for data collection.

8.7 CONTRIBUTION OF THE STUDY

The in-depth insights generated in this study have contributed to and complimented recent streams of research on how the COVID-19 pandemic impacted the lives of people within the context of Australian families. It also provided a unique contribution to the literature in that it offered a holistic view regarding the extent to which the eight-wellness dimensions were impacted during the pandemic. This study therefore offered collective perceptions of the various constraints and challenges of families going through the COVID-19 pandemic. Thus, the findings of this research can only be considered the first step towards providing a more profound understanding of how families' wellness was impacted during the COVID-19 pandemic. It will also add to literature on the current debate regarding the long-term impact of COVID-19 on individuals and their families. It is one of the few studies that looked at the impact as well as how families reconstructed their wellness on the eight wellness dimensions, by exploring how COVID-19 directly impacted specific aspects of family wellness and the overall impact on their wellness.

This study provides empirical evidence, which adds to the growing body of knowledge on the impact of COVID-19 on the wellness dimensions of families going through the pandemic. This study has helped fill a gap that existed in research within the wellness dimensions which has been severely impacted by the lockdown and social distancing measures imposed to curb the spread of the virus, especially within the context of families. Using a qualitative approach the study explored how Australian families reconstructed their wellness dimensions during the pandemic, the study added to the body of knowledge on how people may manage wellness within the family system; and maintain wellness during crises not only in Australia but in other countries as well.

8.8 CONCLUSION

In this chapter, a summary of the findings, conclusions and suggested recommendations were presented. The chapter also provided highlights of the

theoretical implications that these findings may have on the wellness of families. The chapter concluded with a discussion of the contribution of the study followed by the limitations of the study and suggested areas for future studies.

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APPENDICES

APPENDIX A – LETTER OF INFORMATION



LETTER OF INFORMATION

Title of the Research Study: Reconstructing wellness among Australian families transitioning through the COVID-19 pandemic

Principal Investigator/s/researcher: Mr Jirushlan Dorasamy

Qualifications: Bachelor in Business Management, Bachelor in Psychology, Masters in Counselling

Co-Investigator/s/supervisor/s: (Prof R Bhagwan, PHD)

Dear Mr/ Miss/ Mrs/ Dr/ Prof.....

Good day to you and I trust that you are keeping well.

I am pursuing my PhD studies in Health Sciences at the Durban University of Technology. I am conducting a research project titled "**Reconstructing wellness among Australian families transitioning through the COVID 19 pandemic**", as part of the requirement towards completion of the PHD: HEALTH SCIENCES. I would like to invite you to participate in the research. I will be interviewing you and your family members resident in the current household unit.

Introduction and Purpose of the Study:

The purpose of this study is to explore how wellness can be reconstructed amongst Australian families during and post COVID-19, through an understanding of how family wellness was affected during COVID-19. The study objectives are:

- To inquire how the various dimensions of wellness were affected within families transitioning through the COVID-19 pandemic;
- To explore how families created pathways of wellness and the nature of constraints they experienced during the lockdown and within the context of the COVID-19 pandemic;
- To inquire about the holistic wellness approaches used by families to support themselves and other families during the pandemic;
- To understand the various holistic approaches underpinning wellness models so as to guide the development of a model for families affected during the pandemic; and
- To recommend strategies to reconstruct family wellness during the pandemic

Given that there has been limited research related to this, but particularly the lack of a holistic approach to guide the reconstruction of wellness amongst Australian families, makes this study valuable. The focus of this research will be based on all eight wellness dimensions of Swarbrick and Yudof (2015) directed to reducing anxiety, depression,

psychological distress, feelings of hopelessness, and overall symptom severity improvement which are fundamental for individual and family wellness.

Research procedure

The semi structured interviews will be conducted by the researcher either face to face, or through a Zoom Video call. Data will be collected personally by me to ensure that there are no ambiguities in the responses. Before the agreed date and time of interview, the researcher will have shared the Letter of Information and Consent form with you to facilitate a better understanding of the purpose of study. The time and place for the interviews will be determined by you, depending on your availability and convenience. Your rights will be protected by keeping the information confidential and anonymous and by ensuring your participation in the study is voluntary.

The interviews will generate electronic data through voice recordings, which will be saved for transcriptions and analysis. Due to the COVID-19 pandemic, the researcher and subjects will adhere to all COVID-19 protocols, such as social distancing and the wearing of masks during interviews. The researcher intends to include an initial 10-12 families, constituting a single household and interacting with each other in their respective social positions as spouses, parents, children, siblings, grandchildren; or a nuclear family living together as a unit. The interviewing will be terminated when saturation is reached. Interviews will be carried out between January 2022 and March 2022.

Inclusion and exclusion criteria

Inclusion criteria

The research will focus on the understanding of wellness approaches used during the lockdown by you/ your family members who may have consciously been involved in wellness practices or have a good understanding of wellness strategies. The chosen population will be representative of the Australian society and includes Aborigines; gay couples; single parent families; straight families; childless couples; minority and majority groups; migrants and retirees. Also, only participants above the age of 18 may be included in the study. To ensure further representivity of Australian families, it will also be opened to Australian families with diverse ancestral backgrounds.

Exclusion criteria

The exclusion criteria will be non-residents/permanent or undocumented citizens in Melbourne, Australia and those below 18 years of age. Undocumented migrants, whether in a family or not will not be included in the study. Individuals with intersecting identity factors such as mental or intellectual disability, will be excluded to keep the outcome of the study fairly consistent.

Duration of interview: In cases of face-to-face contact, all Covid 19 protocols will be observed. The interview may take about ONE hour of your time. You are requested to provide honest and accurate responses as this information could help in developing wellness strategies for families during the COVID-19 pandemic.

Risks or Discomforts to the Participant: No form of risk is envisaged to occur while the interview is ongoing. However, the effects of the pandemic on wellness may incur emotional responses. I am a masters graduate in counselling and through my debriefing, I will provide the necessary guidance/ support to manage stressful/ traumatic experiences.

Reason/s why the Participant may withdraw from the Study: Should you be ill; experience some discomfort or adverse reactions, or not comply with the research protocols or ethics, then you may be exempted from the study. You may also decide to

withdraw from participating in the study at any stage of the interview without stating reasons, and without suffering any adverse consequences.

Benefits: The findings will be published and you may have access to it. The study will serve as an instrument designed to sensitize families on wellness issues and assist them in adopting wellness strategies to cope with stressful conditions like COVID-19.

Remuneration: No remuneration will be offered to you, as a research participant.

Costs of the Study: You will not be required to cover any cost towards the study.

Confidentiality: Names or descriptions that may identify you as a participant will not be included in the analysis of the study or any part of the study. Families to be involved in this study will be represented with pseudonyms and will therefore be anonymized in the final report. For example Family 1; Family 2; Family 3 will be used. The recordings of the interviews will not indicate names or available to other parties, except the researcher and supervisor. All information collected will remain confidential and electronically stored, using encryptions.

Results: The thesis will be available on DUT's library website. Apart from presentations in conferences and journal publications, families will be given access to the results upon request.

Research-related Injury: The study does not involve any clinical trials or anything that will be tested on the participants.

Storage of all electronic and hard copies including tape recordings: In order to maintain security, electronic research files with confidential information will be compressed and encrypted. Encryption will ensure that the compressed file cannot be read by anyone who does not have the password that was created when the file was compressed and encrypted. The data will only be available to the researcher and supervisor. Any hard copies will be locked in a cabinet and only accessible to the researcher and supervisor. After 5 years, all data and any hard copies will be destroyed through permanent deletion of electronic files or shredding, as required for ethical protocols.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher, Mr J Dorasamy (tel 046 690 1512), my supervisor Prof R Bhagwan (Email: bhagwanr@dut.ac.za) or the Institutional Research Ethics administrator on (+27) 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L Liganiso on (+27) 031 373 2577 or researchdirector@dut.ac.za

Institutional Research Ethics Committee

Research and Postgraduate Support Directorate

2nd Floor, Berwyn Court

Gate 1, Steve Biko Campus

Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375

Email: lavishad@dut.ac.za

http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

APPENDIX B – CONSENT



STUDENT NAME: MR J DORASAMY

TITLE OF STUDY: Reconstructing wellness among Australian families transitioning through the COVID-19 pandemic

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, Mr J Dorasamy about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: 213/21

- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant

Date:

Time:

Signature/Right Thumbprint

I, Mr J Dorasamy (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Date

Signature

Full Name of Witness (If applicable)

Date

Signature

Full Name of Legal Guardian (If applicable)

Date

Signature

APPENDIX C – INTERVIEW SCHEDULE

RECONSTRUCTING WELLNESS AMONG AUSTRALIAN FAMILIES TRANSITIONING THROUGH THE COVID-19 PANDEMIC

INTERVIEW GUIDE – QUALITATIVE

FAMILY NUMBER: _____

DATE OF INTERVIEW: _____

NAME OF INTERVIEWEE/S (Optional): _____

ADDRESS OF INTERVIEWEE/S (Optional): _____

NUMBER OF MEMBERS IN THE FAMILY LIVING IN THE SAME HOUSEHOLD: _____

BRIEF DESCRIPTION OF FAMILY LIVING IN THE SAME
HOUSEHOLD: _____

MAIN SOURCE OF INCOME/S: _____

Select one from the box

Which description best describes/ represents you									
Single parent family	Retiree	Migrant	Minority group	Majority group	Straight family	Gay couples	Aborigines	Childless couple	Other

INTERVIEW QUESTIONS

Wellness in 8 Dimensions (Swarbrick & Yudof 2015)

1. WELLNESS DIMENSIONS

1.1 OCCUPATIONAL

Occupational wellness involves participating in activities that provide meaning and purpose, including employment.

1.1.1 What was the occupational situation of you/your family before COVID-19?

1.1.2 How did COVID-19 affect the overall occupational wellness of you/ your family?

1.1.3 Considering the impact of COVID-19, how did it affect you/ your family regarding:

1.1.3.1 Continued employment?

1.1.3.2 Working remotely from home?

1.1.3.3 Remaining in your job/s in the future?

- 1.1.3.4 Changes in your workload/s?
- 1.1.3.5 Looking forward to work?
- 1.1.3.6 Your job responsibilities continuing to be consistent with your values?.
- 1.1.3.7 Balancing work and leisure time?
- 1.1.3.8 Personal satisfaction and stimulation?
- 1.1.4 How did you/your family manage to maintain occupational wellness?
- 1.1.5 What would you/your family like to do to make changes to your occupational wellness?

1.2 EMOTIONAL

***Emotional wellness* involves the ability to express feelings, enjoy life, adjust to emotional challenges, and cope with stress and traumatic life experiences.**

- 1.2.1 Describe the emotional state of wellness of you/your family before COVID-19?
- 1.2.2 How did COVID-19 affect the emotional wellness of you/your family?
- 1.2.3 Considering the impact of COVID-19, how did it affect you/ your family regarding:
 - 1.2.3.1 Maintaining control over your life/lives?
 - 1.2.3.2 Being still able to laugh at life and yourself?
 - 1.2.3.3 Feeling good about yourself?
 - 1.2.3.4 Being able to appropriately cope with stress and tension?
 - 1.2.3.5 Addressing your personal shortcomings and learning from your mistakes?
 - 1.2.3.6 Recognizing and expressing your feelings?
 - 1.2.3.7 Continuing to enjoy everyday?
- 1.2.4 How did you/your family manage to maintain emotional wellness?
- 1.2.5 What would you/your family like to do to make changes to your emotional wellness?

1.3 SPIRITUAL

***Spiritual wellness* involves having meaning and purpose and a sense of balance and peace.**

- 1.3.1 Describe the spiritual situation of you/ your family before COVID-19?
- 1.3.2 How did COVID-19 affect the spiritual wellness of you/your family?
- 1.3.3 Considering the impact of Covid-19, how did it affect you/your family regarding:
 - 1.3.3.1 Personal values and continuing with your beliefs about life?

1.3.3.2 Making conscious choices about your daily actions based on your personal values?

1.3.3.3 Drawing on your beliefs and values to give you direction during times of frustration and stress?

1.3.3.4 Prayer, meditation, and/or quiet personal reflection regularly on your life?

1.3.3.5 Continuing to find meaning and purpose in life?

1.3.3.6 Drawing on the beliefs and values of others to give you direction?

1.3.3.7 Optimism and faith in the future?

1.3.3.8 An appreciation of the natural forces that exist in the universe?

1.3.3.9 Feeling continued gratitude for the good things in your life?

1.3.4 How did you/your family manage to maintain spiritual wellness?

1.3.5 What would you/your family like to do to make changes to your spiritual wellness?

1.4 ENVIRONMENTAL

***Environmental wellness* involves being and feeling physically safe, in safe and clean surroundings, and being able to access clean air, food, and water. Includes both our micro-environment (the places where we live, learn, work, etc.) and our macro-environment (our communities, country, and whole planet).**

1.4.1 What was the environmental situation of you/ your family before COVID-19?

1.4.2 How did COVID-19 affect the environmental wellness of you/ your family?

1.4.3 Considering the impact of COVID-19, how did it affect you/ family regarding:

1.4.3.1 Time to clean your domestic and work spaces?

1.4.3.2 Making use of natural light and fresh air?

1.4.3.3 Discarding garbage regularly, cleaning spoiled foods out of the refrigerator, and staying on top of managing your pets?

1.4.3.4 Managing litter and recycling items?

1.4.3.5 Setting aside time to enjoy nature?

1.4.4 How did you/your family manage to maintain environmental wellness?

1.4.5 What would you/your family like to do to make changes to your environmental wellness?

1.5. FINANCIAL

***Financial wellness* involves the ability to have financial resources to meet practical needs, and a sense of control and knowledge about personal finances.**

1.5.1 Did you/your family experience any financial challenges before COVID-19? If yes/no, explain?

1.5.2 How did COVID-19 affect the financial wellness of you/your family?

1.5.3 Considering the impact of COVID-19, how did it affect you/your family regarding:

1.5.3.1 Access to funds to meet your current expenses?

1.5.3.2 Balancing your wants and needs, and balancing your savings and spending?

1.5.3.3 Access to funds for unexpected expenses?

1.5.3.4 Paying your bills timeously?

1.5.3.5 Financial planning for the future such as home ownership, educating your children, or retirement?

1.5.3.6 Enlisting professional help with financial matters?

1.5.4 How did you/your family manage to maintain financial wellness?

1.5.5 What would you/your family like to do to make changes to your financial wellness?

1.6. PHYSICAL

Physical wellness involves the maintenance of a healthy body, good physical health habits, good nutrition and exercise, and obtaining appropriate health care.

1.6.1 What was the physical activities that you/ your family engaged in before COVID-19?

1.6.2 How did COVID-19 affect the physical wellness of you/your family?

1.6.3 Considering the impact of Covid-19, how did it affect you/your family regarding:

1.6.3.1 Daily exercise routines?

1.6.3.2 Dietary habits?

1.6.3.3 Alcohol and other substance usage?

1.6.3.4 Sleep patterns?

1.6.3.5 Regular health check-ups?

1.6.3.6 Weight management?

1.6.3.7 Stress levels?

1.6.4 How did you/your family manage to maintain physical wellness?

1.6.5 What would you/your family like to do to make changes to your physical wellness?

1.7 SOCIAL

Social wellness involves having relationships with friends, family, and the community, and having an interest in and concern for the needs of others and humankind.

1.7.1 What was your social situation before COVID-19?

1.7.2 How did COVID-19 affect the social wellness of you/your family?

1.7.3 Considering the impact of Covid-19, how did it affect you/ your family regarding:

1.7.3.1 Maintaining your network of friends and/or family?

1.7.3.2 Restrained physical social interaction?

1.7.3.3 Regularly spending time with people you like?

1.7.3.4 Balancing your own needs with the needs of others?

1.7.3.5 Showing and maintaining compassion toward those in need?

1.7.3.6 Feeling a sense of belonging within your community?

1.7.3.7 Offering support to others through verbal or tangible means?

1.7.3.8 Wanting to communicate with others?

1.7.4 How did you/your family manage to maintain social wellness?

1.7.5 What would you/your family like to do to make changes to your social wellness?

1.8 INTELLECTUAL

Intellectual wellness involves lifelong learning, application of knowledge learned, and sharing knowledge.

1.8.1 How did you/family keep your selves intellectually stimulated/well before COVID-19?

1.8.2 How did COVID-19 affect the intellectual wellness of you/ your family?

1.8.3 Considering the impact of Covid-19, how did it affect you/ your family regarding:

1.8.3.1 Efforts to learn new things?

1.8.3.2 Trying to keep on top of current affairs- locally, nationally, and internationally?

1.8.3.3 Listening to lectures, plays, and musical performances—in person or online?

1.8.3.4 Daily reading whether that be the newspaper, the internet, magazines, or books?

1.8.3.5 The ability to see more than one side of an issue, especially for things that are controversial?

1.8.3.6 The desire to ask questions to learn from others and to search the web to look up things you do not know?

1.8.3.7 The desire to engage in critical thinking and discussions?

1.8.4 How did you/your family manage to maintain intellectual wellness?

1.8.5 What would you/your family like to do to make changes to your intellectual wellness?

2. Do you think wellness support programmes are a necessity during pandemics like COVID-19? Explain please.

3. Did you attend any wellness support programmes? If yes or no, please explain?

APPENDIX D – IREC APPROVAL



26 October 2021

Mr J Dorasamy
P O Box 22073
Glenashley
Durban
4022

Dear Mr Dorasamy

Reconstructing wellness among Australian families transitioning through the COVID-19 pandemic

I am pleased to inform you that Full Approval has been granted to your proposal.

The Proposal has been allocated the following Ethical Clearance number **IREC 213/21**. Please use this number in all communication with this office.

Approval has been granted for a period of **ONE YEAR**, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Professor J K Adam
Chairperson: IREC

APPENDIX E – IREC RECERTIFICATION LETTER



10 August 2022

Mr J Dorasamy
P O Box 22073
Glenashley
Durban
4022

Dear Mr Dorasamy

Reconstructing wellness among Australian families transitioning through the COVID-19 pandemic

Ethical Clearance number IREC 213/21

The Institutional Research Ethics Committee acknowledges receipt of your Safety Monitoring and Annual Recertification report.

I am pleased to inform you that the study has been approved to continue.

Please note that ethical approval has been extended till **26 October 2023**, if the research is not complete within this time, you will be required to apply for recertification three months before the expiry date.

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC

APPENDIX F – EDITING CERTIFICATE

NERESHNEE GOVENDER COMMUNICATIONS (PTY) LTD

REGISTRATION NUMBER: 2016/369223/07

DR NERESHNEE GOVENDER (PhD)

neresh@ngcommunications.co.za

0847022553

WRITING PRACTITIONER • EDITOR • COPYWRITER • TRAINER

PhD-Management Sciences: Marketing (gender and media); PG DIP - Higher Education - Academic Developers (Cum laude); M-Tech Public Relations; B-Tech Public Relations (Cum laude); B-Tech Journalism (Cum laude); N-Dip Journalism

07/11/2022

JIRUSHLAN DORASAMY

Durban University of Technology

Student number: 22175116

RE: EDITING CERTIFICATE

**FOCUS AREA: RECONSTRUCTING WELLNESS AMONG AUSTRALIAN FAMILIES
TRANSITIONING THROUGH THE COVID-19 PANDEMIC**

Submitted in fulfilment of the requirements of the Degree of Doctor of Philosophy in Health Sciences in the Faculty of Health Sciences at the Durban University of Technology

This serves to confirm that this research has been edited for clarity, language and layout.

Kind regards,


Nereshnee Govender (PhD)