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REVIEW ARTICLE

Conducting psychiatric research among coronavirus disease 2019 survivors in Nigeria: the journey of a camel entering the needle's eye

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Background Since the outbr eak of the coronavirus disease 2019 (COVID-19) infection, publication-related psychiatric research has flourished worldwide in great measure but lagging in Nigeria. The paper documents the two attempts by the authors to carry out two studies, a randomized control trial and a focused group discussion, among COVID-19 survivors to bridge the research gap in this sample. It also detailed the systemic, attitudinal, perceptional, and institutional obstacles encountered in the course. Conclusively, it proffers far-reaching resolutions to overcome these hindrances, which are applicable for future research projects.

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INTRODUCTION

The coronavirus disease 2019 (COVID-19) infection that was declared by the WHO a pandemic in April (WHO, 2020) came with the worst and the best. The pandemic, coupled with measures taken to curb the fast-spreading virus, led to loss of millions of lives, sudden degrading of a countless number of people's economic status, and a historical redefining of social engagements (WB, 2020a). However, alongside, it led to a boom in scientific publications related to COVID-19 in virtually all disciplines of life. Though, counting, it is estimated that over 16 000 papers were published within the first half of 2020 (Älgå *et al.,* 2020).

Nigeria was not exempted from the impact of the pandemic. As of the time of writing this report, more than 200 000 cases had been reported with close to 3000 deaths (NCDC, 2021). The economy was badly hit, and the country plunged into a second recession having recently come out of one (WB, 2020b). The destabilization in terms of economic running and social interaction is humongous and many are yet to recover from the disruption. At the same time, some COVID-19-related publications were released from the country, but they are incomparably fewer than what was published in countries like China, the United States, and Europe. Moreover, the majority of the studies are cross-sectional while interventional ones are hardly available.

It was with this foreknowledge that we decided to embark on an experimental study to bridge the scarcity of data coming out of Nigeria. Sadly, there were hindrances that made it difficult to complete the study. We were left with no other option but to revise the study into a qualitative one but unfortunately, it met a similar fate. The aim of this article was therefore to chronicle the failed journey of conducting the two types of research among COVID-19 survivors, the difficulties encountered and propose a way out for future researchers.

Attempted study 1

We designed a double-blinded randomized controlled trial to examine the effectiveness of a telephone-administered intervention on psychological distress experienced by COVID-19 survivors. The tele-method of administering intervention was chosen because of the restriction posed to face-to-face interviews at the time.

The setting of the study was Benin City, Edo State, while the population was COVID-19 survivors. The sample was obtained from the largest center designated by the State for the treatment of COVID-19 patients.

Notably, the clinical staff of the Federal Neuropsychiatric Hospital (FNPH) provided psychosocial intervention for the patients at the center and also survivors in the State. The intervention delivered was carried out mostly on the telephone though in rare cases, face-to-face service was offered. The participants for the experimental study were patients who had previously received inpatient treatments for COVID-19 and were discharged.

The GPower 3.1 sample size calculator, a software for the estimation of sample size, was used in calculating the sample size. The minimum total size, at an effect size of 0.8 and power of 0.95 for the study was computed to be 70. However, to allow for 10% attrition, a total of 80 participants was postulated for recruitment. Participants were to be equally and randomly assigned to two groups (intervention and control) using online software.

The study procedure involved filling out an electronic questionnaire designed to capture general anxiety (using The Anxiety Rating Scale), depression (The Beck's Depression Scale), Death anxiety (using the modified Templar Death Anxiety Scale), and sleep quality (using The Sleep Quality Questionnaire), in addition to sociodemographic variables. These scales were to be administered during the study at three intervals namely T1, T2, and T3, for both the intervention and control groups. T1 was the baseline that represents the time before intervention is given, while T2 and T3 were timelines at 4 weeks and 2 months, respectively, after the intervention is delivered.

Psychotherapy was to be delivered on telephone to the intervention group alone, using a self-designed guide and following the steps outlined in the manual (guide). The intervention was to be a total of two sessions delivered within 5 days and each session would last for 15–30 min.

The journey for study 1

A research team was enthusiastically established on August 10, 2020; this was 6 months after the first case was recorded in Nigeria. Five weeks after, a proposal was ready and submitted to the Ethics and Research Committee of the FNPH, Benin. Approval was granted 3 weeks later; however, there was a nationwide protest, #End SARS, which was about youth seeking reforms in the police operation that stalled the process for 2–3 weeks (End SARS Internet, 2021).

After the protest (late October 2020), a hospital approval from the COVID-19 treatment center was sought from the Stella Obasanjo to grant access to the medical records of the patients; this was 10 weeks after the research group was initiated. Hoping that the ethical approval gotten from the FNPH, Benin will suffice, we were directed to obtain another ethical clearance from the treatment center. After submitting the proposal and paying the fees, the approval was granted 6 weeks later. By this time (early December 2020), there were no longer patients available in the center because the first wave had subsided. However, a month later in January 2021, there was a spike in the number of cases (the second wave) and the center began recording patients. There was a renewed effort to conduct the study following the development in the upsurge of cases.

Retrieving the medical reports of patients was without hassle after approval was granted by the treatment center. According to the record, out of the 374 registered for inpatient care, 242 provided phone contact of which 33 of the contacts were incomplete numbers. Short text messages were sent weekly, three times, to the 209 phone numbers, informing participants about the study and the link to the survey. After a month, only 14 persons responded to the survey. When it was obvious that we were not going to have sufficient data for reliable analysis, we abandoned the study. We decided to embark on another study among the staff of the FNPH, Benin, who survived the infection, hoping that data collection would be without a challenge in this case. We also decided to change the methodology to one less cumbersome!.

Attempted study 2

The study was designed as a qualitative study in which a phenomenological approach was to be adopted. A qualitative study has the advantage of providing a unique and in-depth understanding of the experience of psychological problems. The objectives were to investigate the psychological distress, the fear of death, stigma encountered by COVID-19 survivors, and the psychosocial strategies employed by them to deal with their distresses.

Data was to be collected from the participants by setting up virtual focus group discussions via zoom. A total of three focus group discussions were to be put up, with each meeting composing an average of seven participants, hence a minimum of 21 people was required for the study. The sample was to be selected by convenience from the COVID-19 survivor pool of the members of staff at the FNPH Benin. The selection criteria were COVID-19 survivors who give informed consent, who are above 18 years, and who can operate a virtual communication for the qualitative study.

The journey for study 2

Obtaining ethical approval for the study did not constitute any barrier this time. Excitedly, a short text messages was sent on three occasions to the list of 52 members of staff of FNPH Benin seeking their permission to enrol them into the study. To our chagrin, only four people replied favorably to participate. Two additional persons accepted consent when they were approached one on one. Others declined for various reasons: many believe COVID-19 is a scam and what they had and were treated for was malaria infection. Some said the stigma was too much and would prefer to be exempted. Others did not give reasons and generally were disinterested. This led to the cancellation of the second study.

DISCUSSION

The benefits of having indigenous research cannot be overstated; oftentimes research from outside does not take into consideration culturally relevant factors. However, researchers from low-income countries like Nigeria are confronted with myriads of challenges that limit the number of research or quality ones they can conduct. Scarcity of skilled researchers, lack of grants for research, failure to implement research outcomes which kills researcher's morale, etc., are some of the barriers identified (Fayomi *et al.,* 2018; Salihu Shinkafi, 2020). In this commentary, we review the limitations confronted during the attempts to conduct scientific studies among COVID-19 survivors.

The first barrier was the lengthened time taken to obtain ethical approval for the first study. Though there was a period of unrest in the State, which was outside the control of any, the road was rather tortuous. Furthermore, obtaining two approvals for a single study is rather unnecessary. Some institutions insist on giving their approval for monetary sake; the ethics committee should not be constituted for pecuniary gain even though there is an operational cost to be handled. A multiapproval for one study is not only a waste of time but of resources, and this slows down the pace and hampers the process of research. This is also applicable to researchers in the country carrying out a multicenter study who need to obtain ethical approval from the different sites. Although, this seems to be the global best practice, and time ought to be factored for these delays, the situation in Nigeria can be quite discouraging. There can be standardization and harmonization of the institutions issuing ethical approval, such that a certified authorization from an approved center can be tendered anywhere in the country. Alternatively, the National Health Research Ethics Commission, which is responsible for regulating other institutional ethics committees (Yakubu and Adebamowo, 2012), can serve as a repository center for all ethical approvals issued by institutions. In this arrangement, ethical approval deposited at the center by an institution can be accessed and accepted by others within the same locale.

The poor attitudes of people in Nigeria to research is another impediment to the execution of the studies. This attitudinal disposition to research in Nigeria which forestalls potential research or affects the research quality or outcome may be a reflection of the illiteracy. There is little or no value for scientific investigation because the people find it hard to connect to or relate with the immediate benefit(s). For example, due to failure to appreciate the usefulness of data, some patients give false information; if the topic of research is considered stigmatizing (like in these studies), secretive or sensitive, they fail to respond. Overall, people deem research as time-wasting unless they are well compensated. Incentives, often than not, need to be given to encourage respondents; however, there might be ethical issues to deal with because of bias that may arise as a result of the inducement given. Improving the awareness of the import of research is considered necessary, though, it is expected that as the literacy level grows and the socioeconomic status also improves, attitude will change.

Failure to believe in the existence of a virus, let alone a pandemic, was another stumbling block. Individual's misrepresentation of COVID-19 clinical symptoms as malaria infection and the science behind the treatment contributed to this. COVID-19 commonly manifests with symptoms such as fever, malaise, weakness, cough, muscle pain, and diarrhea and in severe cases, shortness of breath (Baj *et al.,* 2020). Some of these symptoms are unspecific for infections and can be seen in malaria, which is endemic in the region, to which many are accustomed. Interestingly, the initial COVID-19 treatment regimen included medications similarly used in treating malarial such as analgesics, chloroquine, etc. It is thus understandable why people may be confused about and doubt the reality of the COVID-19 pandemic in Nigeria. Also, the role played by a handful of clerics who proposed conspiracy theories about the virus added to the unbelief of the people. It will be difficult to obtain a good response from people in a compromised and flawed background like this. The implication is that more enlightenment ought to be done to deal with this lack of clarity.

Moreover, some governmental agencies and agents inadvertently engaged in acts seen as suspicious, and this created distrust among the public. For example, there were allegations that some palliatives meant for the citizens were diverted for self-serving purposes (Okorie *et al.,* 2021), so people felt the political actors were out to use it as an opportunity to make personal gains. Furthermore, the failure to lock down when the disease was on the rise during the second wave did not marry up. In addition, the selective application of COVID-19 regulations and failure by a few officials to use a facemask in the public did not help. The government at all levels have a vital role in being exemplary. They need to constantly engage with citizens and identify with them in every situation. Finally, they need to promote transparency in the handling of a process that demands accountability to gain people's trust.

Finally, for those that believed there is a virus, several factors militated against their participation. First, the experience of stigma for the survivors who received treatment at the isolation center was the reason why some would not want to associate further with anything that has to do with COVID. Second, some had a nasty experience of the illness and would prefer, as a means to cope, the avoidance of anything that would remind them of the disease. By and large, the cause for this research failure was multifactorial; internal and external, with recent and remote factors being the banes to the completion of the studies.

Generally, conducting any scientific enquiry in low- and middle-income countries is fraught with hurdles but it seems to be double trouble carrying out research among a sample of COVID-19 survivors. Researchers need to be adequately armed to forestall and overcome these challenges. The observations made in this journey can also benefit clinicians who need to be aware of the concerns of COVID-19-infected people such as stigma and confidentiality of status. Clinicians should make effort to protect these patients' interests.

CONCLUSION

Following several months and repeated efforts to conduct a mental health study among COVID-19 survivors in Nigeria, several challenges were encountered. Not only did the feature previously identified before the COVID-19 pandemic constitute a hindrance to the success, but also did issues inherent and peculiar to COVID-19. Systemic, attitudinal, perceptional, and institutional reasons were identified in the process. Recommendations were made to surmount the limitations such as increasing awareness of the significance of the research and persuading the government and other stakeholders to be more responsive to helping the public with building their conviction and confidence about the pandemic. It is likely that if the above are not dealt with, conducting a mental health study among COVID-19 survivors in Nigeria will be like a camel passing through a needle's eye.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

REFERENCE

Älgå A, Eriksson O, Nordberg M (2020). Analysis of scientific publications during the early phase of the COVID-19 pandemic: topic modeling study. J Med Internet Res 22:e21559.

Baj J, Karakuła-Juchnowicz H, Teresiński G, Buszewicz G, Ciesielka M, Sitarz E, *et al.* (2020). COVID-19: specific and non-specific clinical manifestations and symptoms: the current state of knowledge. J Clin Med 9:1753.

End SARS (2021). In: Wikipedia. October 18, 2021. Available at: https://en.wikipedia.org/w/index.php?title=End_SARS&oldid=1050386609 [Accessed September 14, 2021].

Fayomi OSI, Okokpujie IP, Kilanko O (2018). Challenges of research in contemporary Africa world. IOP Conf Ser Mater Sci Eng 413:012078.

NCDC (2021). NCDC coronavirus COVID-19 microsite. October 18, 2021;Available at: https://covid19.ncdc.gov.ng/

Okorie VO, Okorie N, Amusan L (2021). Youths' violent resistance of necropolitical landscape of COVID-19 in Nigeria's vanishing foodscapes and waterscapes. Soc Sci Humanit Open 4:100193.

Salihu Shinkafi T (2020). Challenges experienced by early career researchers in Africa. Future Sci OA 6:FSO469.

WB (2020a). The global economic outlook during the COVID-19 pandemic: a changed world. October 18, 2021. Available at: https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world

WB (2020b). Nigeria's economy faces worst recession in four decades, says new world bank report. World Bank. October 18, 2021. Available at: https://www.worldbank.org/en/news/press-release/2020/06/25/nigerias-economy-faces-worst-recession-in-four-decades-says-new-world-bank-report

WHO (2020). WHO Director-General's opening remarks at the media briefing on COVID-19. March 11, 2020. Available at: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. [Accessed September 14, 2021].

Yakubu A, Adebamowo CA (2012). Implementing National System of Health Research Ethics Regulations: The Nigerian Experience. J West Afr Bioeth Train Program 1:4–15.