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Light At the End of The Tunnel: Re-Storying the Experiences of Teacher- Covid19 Survivors

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Abstract

The continued service at the frontline of educational delivery in the time of COVID-19 pandemic situates teachers to susceptibility that is no less critical. This study aimed to tell the experiences of teachers who were in the throes of COVID-19 disease and have recovered, through the narration of their personal stories. Narrative Inquiry was employed and facilitated by the use of research interviews and written accounts of 4 teacher-survivors. Using Narrative Thematic Approach in data analysis, themes were developed and were formatted in a literary chronological sense of the pre, during, and post COVID19 stages of their journey to tell a cohesive narrative story.

The plot started with Skepticisms and Disbelief which describe the pre-COVID stage. Guilt, Anxiety, and Shame; Fraud Information and Disclosure; Stigmas and Discrimination; and experiences on Temporality and Place; to their Being a Teacher; and to Relationship and Sociality, capture their During-COVID19 stage. The common accounts of Lessons and New Beginnings articulate the Post-COVID19 Stage. Recommendations to help advance the public's understanding of the experiences of these teacher-survivors were also explicated.

Keywords: Survivors' Narratives, Teacher-COVID 19 Survivors, Experiences

Introduction

COVID19 has been an emerging frontier that stunned the world, and teachers in the education community are not an exempt. The onslaught of this flu-like influenza, associated with its high rate of infectivity, has brought abrupt changes in all sectors, including the education community. Resultantly, it has led to severe restrictions of free movements (Sahoo, 2020), instantaneous school closures, termination of residential learning, transition to flexible learning, and adversely, students and teachers have contracted the disease.

World Health Organization (2020), reported the daily increase in the death tally, despite all the possible steps such as lockdown and other infection control measures. Moreover, WHO highlighted that this crisis (COVID-19) has generated stress throughout the population across the world. Research demonstrated varied clinical features experienced by Covid19-patients; ranging from mild to moderate respiratory illness, necessary admission to intensive care unit due to acute respiratory syndrome, acute kidney injuries, and even serious illnesses for older people with co-existing medical problems. Mental Health professionals also recognized that aside from physical effects, a wide range of neuropsychiatric problems and psychological traumas were also reported to have been experienced by Covid-19 patients (McIntosh, 2021). Along with this discussion of experiences, are teachers who aren't exempted and have equally the same susceptibility of contracting the COVID-19 disease.

Available imperative studies focus more on the experiences of healthcare workers, caregivers, front liners, and allied medical fields. Reported data highlighted clinical practices, epidemiological risk, and other pathophysiology studies performed within a biomedical paradigm. Further, Medical science primarily explored the "hows" of diseases but less about what it means to be a person living through the illness trajectory (Missel, M., et.al, 2021).

Limited work has been published so far focusing on the experiences, distinct to teachers, who, like anyone contracting the disease, can be considered vulnerable groups and who equally needs to be heard especially that life continuous, and they need to integrate again into the mainstream community even with the traumatic experience they might carry after their isolation period. It is to be particularly noted that teachers



continue delivering education service in the time of the pandemic, which may also bring them to more exposures of contracting the disease.

Additionally, many researches in education have navigated the areas of mental health and burnout levels among teachers in the new normal (Chen, et al., 2014), and on changes in instructional designs (Ritzhaupt, Stewart, Smith, & Barron, 2010), yet again, the need to document the reality from the teachers who have been admitted to COVID isolation wards and have gone through the real experience remains to be less explored.

It is in this context that this study would like to bring awareness of what teachers, who have contracted the Coronavirus, have gone through in surviving the disease. Additionally, to further under-cover their experiences after recovery, through the narration of their personal stories. Hence, the researcher aims to give these teachers a voice to share their experiences and be understood of their needs. Given the ambiguity in this time of disease eradication and its continuing course, an understanding of the experiences of these teacher-COVID19 survivors may provide awareness for the general public's understanding of this phenomenon.

Materials and Methods

Research Design

This qualitative research employed the use of Narrative Inquiry. It requires the researchers to reconstruct participants' experiences to the context framing this research. It includes the process of moving from field (with starting points in telling of stories), to field texts (data), to final research texts (Clandinin and Connelly, 2000).

The general assumption regarding narrative studies is that the researcher studies individual life stories and retells them through the lens of the researcher's own experiences (Creswell, 2003). In this study, the researcher conducted in-depth interviews and later recounted the stories, centering around a theme, connecting meanings among interviewees' responses, and linking the stories to a common meaning (Creswell, 1998). Since the researcher tried to reveal the participant's voice, uncovering meaning through their oral accounts of their experiences in surviving the COVID-19 disease, Narrative Inquiry is deemed suitable for the purpose of the study.

Sampling Technique

Due to the secretive and protective nature of this phenomenon, Snowball Sampling Technique was utilized in recruiting the research informants. In Social Research "snowball sampling" refers to a non-probability technique in which a researcher begins with a small population of known individuals and expands the sample by asking those initial participants to identify others that should participate in the study (Crossman, 2019). Operationally, the researcher started with 1 informant, whom she personally knows, and who further served as research gatekeeper. Gatekeepers are essential mediators for accessing study settings and participants. They are individuals or groups of individuals who may be invaluable for gaining access primarily due to their knowledge, connections with, or membership in a research population (Arthur, 2019). The Gatekeeper introduced the researcher to other potential informants.

Additionally, the invited informants were subjected to the following inclusion criteria: a.) He/she is a teacher in either a public or private school; basic or higher education; whether full-time or part-time basis; including industrial arts or vocational teachers performing supervisory and/or administrative functions in school; b.) He/she was officially diagnosed as a COVID-positive patient and a survivor; c.) He/she may be contacted using mobile/cellular phone; d.) He/she is willing to participate and provide honest responses. The use of inclusion criteria allowed the researcher to set out the people who can and are willing to provide the information with their own knowledge or experience.

Those licensed teachers, yet not serving as teachers when they contracted the disease; those who are not yet back to work after being declared COVID-free; and, those who are not willing to supply data as required in the 2 data collection methods were excluded in the study. Further, the participants were considered for

withdrawal of consent when they no longer wish to remain in the study. Consequently, out of 9 invited potential informants, the study finally came up with 4 informants who responded and qualified the inclusion criteria.

Instruments

Since this inquiry aims to elicit stories from participants' responses; semi-structured interviews were employed, where the researcher is the primary instrument. Hence, the researcher needed to immerse herself with the research method to ensure that all aspects of the study are conducted (Bevan, 2014). Moreover, Interview-guide and open-ended questionnaire were made. The researcher recorded field notes about each interview and maintained a reflexive journal with details about interview scheduling and logistics, details about the rationale for decisions regarding the study, and any additional insights (Lincoln & Guba, 2005). Constant Reflexive Journaling and bracketing were done to eliminate potential biases and emotional influence of the interviews on the story narration of the researcher.

Data Collection

This narrative research used two field texts methodologies for collecting data; written stories and research interviews. In generating written stories, the participants were required to complete open-ended statements that reveal their feelings and lived experiences of surviving the disease. Series of interviews were conducted. Both in-person and augmented form called online interview were administered. It is an accepted research method conducted using communication mediated by computers (Salmons, 2014). These interviews were semi-structured and in an informal conversational manner to encourage the participants to reveal their individual stories.

Proper protocol in gathering was observed. Electronic and printed Informed Consent Forms were provided to the informants. Electronic consents were sent through Messenger and email. The consent specified that their participation is strictly voluntary and the interviews will be recorded. Interviews were conducted through modality that is mutually agreeable to both researcher and participant. The researcher prepared the virtual platform preferred by the participants (e.g. Zoom, Messenger, or just voice call). Each interview lasted between 60-90 minutes. Follow-up interviews were requested, yet some are done through exchange of text/chat messages, especially when the informants are not available for a synchronous interview. Member checking was also done.

Rigors and Trustworthiness

To ensure rigor and trustworthiness, the researcher used strategies suggested by Lincoln and Guba (1985) which include: credibility, transferability, dependability, and confirmability. Triangulation of data through the conduct of multiple interviews and the use of two methods (written narratives and semi-structured interviews) were done to decrease threats to credibility. Using a second source or a second method can produce more accurate, comprehensive, and objective findings (Silverman, 2006). To increase dependability, the researcher provided an audit trail by describing in detail, how the data is collected, how the categories are derived and how decisions are made throughout the inquiry (Merriam, 1998). Adequate information about the research process, with rich and thick description to enable other researchers to make inferences were made to assure transferability. To increase confirmability, constant comparison of data to obtain multiple viewpoints, (Strauss & Corbin, 1998), and checking and rechecking data (Marshall & Rossman, 1989) were administered.

Data Analysis

The stories, narratives, metaphors, and conversational interview notes were the units of analysis (Clandinin & Connelly, 2000). The Narrative Thematic Analysis process was followed, which includes five stages: (a) organization and preparation of the data, (b) obtaining a general sense of the information, (c) the coding process, (d) categories or themes, and (e) interpretation of the data. Operationally, the use of Narrative Thematic Analysis in this study started with the organization and preparation of the data where audiotapes were immediately transcribed with utmost accuracy and objectivity. In obtaining a general sense of information, significant statements and rudimentary patterns was noted. The coding process were done manually. Recurring words and patterns generated were identified. The researchers reread the narratives and highlighted the main ideas on which corresponding codes will be developed. Codes were then placed into themes.

The last stage is the interpretation or the making meaning of the data. This is an iterative stage which happens simultaneously with the earlier coding and categorizing stages. It is done by studying the generated categories and their corresponding codes for possible overarching themes that capture the meaning of the stories narrated by these teacher-survivors.

Ethical Considerations

Since there is human participation required in this study, all ethical guidelines on the data privacy act were followed. An accredited Ethics Review Board approved the protocol of the study. The researcher explained important details such as the objectives and methodology of the study to the informants. Informed Consent forms were given to signify who will voluntarily participate in the study. Research informants were oriented of their right to end the interview at any time or withdraw from the study at any point. Names of the participants and the schools where they are affiliated are not revealed to provide anonymity and confidentiality. Participants were assigned with code names and any participant identifiers (e.g. names) were removed. The in-depth interviews conducted were facilitated with utmost care, and the guidance of a registered Guidance Counsellor was employed for participant debriefing, when needed. Moreover, the participants were informed that all proceedings are recorded.

A Snapshot: The Teacher-COVID 19 Survivors

In this study, pseudonyms were used to conceal the informants' identities. Hence, the names indicated in the succeeding paragraphs are pseudonyms approved by the participants.

Mark, a 32-year-old male teacher and a father of four, works in a public provincial High school. He was tested COVID19 positive together with 6 co-teachers. He is an adviser to 65-students, whose modules were distributed to and retrieved from their parents. He and his colleagues were confined to a local isolation facility. He was an asymptomatic patient. During the conduct of interviews, it has already been 2 months since he completed his quarantine period.

Billy, a 28-year-old, single, college, male instructor, and works in a state university. He was the first COVID19 patient in the organization and was tested positive together with his 3 other family members. He was also an asymptomatic patient and was confined to a local isolation facility.

Liza, 26, a female public elementary school teacher, tested COVID positive after attending to her aunt who was confined to the Intensive care unit due to a terminal disease. She was the only child, and both her parents were also infected. Their home compound was also infected, where 3 other relatives tested positive. In school, Liza also infected 2 other colleagues. She had a very light symptom (loss of sense of smell), yet was confined to a COVID-hospital to accompany her mother who manifested symptoms requiring medical attention.

Hannah, 29, a married woman, was confined in their city's local isolation facility with his husband, who first manifested symptoms. She is a 29-year old private school teacher and has been in the profession for 6 years. Prior to contracting the disease, she was mobile, distributing and retrieving modules in an assigned

municipality. She had moderate symptoms which started from the gradual loss of taste and eventually the difficulty in breathing.

These teachers, prior to contracting the disease, physically report to their respective schools to facilitate students' modular learning, except for Billy, whose school implements flexible learning (a blend of modular, and online learning). They came from various educational institutions. All their schools were put into lockdown, and the entire school community was on alternative work arrangements while their schools were sanitized.

Results and Discussion

The themes developed were formatted to create a literary chronological sense. In the attempt of telling their stories, the themes were arranged on the Pre, During, and Post COVID19 periods of the participants' experiences. This chronological idea helped situate the various topics shared into a cohesive narrative story.

Eight (8) themes, written in a form of "experience-statements" that capture the commonalities shared by the participants, were generated and clustered into the 3 periods (**Pre, During, and Post COVID19**).

A. The Pre-COVID19 Anecdotes

A.1. *I was caught shock: On Skepticisms and disbelief*

Before contracting the disease, the reality of COVID19 wasn't a big deal to these teacher-survivors. They were unconvinced of the severity of the disease. Leniency and loose observance to safety protocols take place especially when interacting with co-teachers and family members, by which familiarity brings a sense of security and confidence. Mark narrated to have doubted the truthfulness of the disease. According to him.

"I was very confident. I actually did not believe in COVID. And so, Me and my friends, we were also just relaxed. I remember, there was a time, we planned for a colleague's wedding celebration, and unconsciously, our masks were not fully-worn. And it's not a big deal for us".

Liza shared the same sentiment about the virus. She didn't really realize the veracity of the virus, which she thought was distant. This mindset breeds leniency on their execution to the implementation of the protocols. She narrated:

"...It's like when we reach or individual rooms, we take off our masks, with the confidence that there's no COVID inside. We lightly take protocols and become more lenient with the mindset that we are safe from the virus, it's still distant"

Ella, though believed the virus exists, questions the severity and lethality it brings. She is one among those individuals who based their beliefs on false information that COVID19 isn't that bad.

"At first we were not convinced about COVID. I used to believe that COVID maybe existing, but it was introduced to the public in an exaggerated manner and extent"

This speaks in consonance to the report of Krouse (2020), explicating that a number of people say the virus isn't as bad as a public health crisis, and that medical professionals are just exaggerating it. These common threads of doubt and skepticism instigated how these teacher-survivors live their lives prior to the disease; including their relational regard to others, their adherence to the mandated contagion control measures influenced their reaction and buy-in to the results of their confirmatory tests. The men participants, Mark and Billy, had to deal with their self-denial and acceptance of their conditions especially with the non-observance of any possible symptom that a COVID19-positive individual may manifest.

B. During COVID19 Disease Anecdotes

B.1. *I brought them to such fate: On Guilt, Anxiety and Shame*

Guilt occupied a huge toll on the journey of these survivors. Guilt directed towards different people, aspects, and circumstances breed a myriad of emotions. The guilt of having infected and potentially

infecting others was the first thought which came into mind when these teachers knew that they were tested positive. They worried about the safety of their families, colleagues, students, and their parents. Reports conducted during this time of the pandemic have highlighted that besides the constant fear of being infected, other negative emotions may represent a serious issue for mental health. Shame and guilt are two distinct negative self-conscious emotions that can be triggered by the present pandemic (Cavalera, 2020)

The guilt of being a carrier was a major challenge common to the four of them. For Ella, Liza, and Carl, the modular learning modality of their institutions had heightened the guilt they felt, with the interactions they have had with the students and/or their parents during the distribution and retrieval of modules.

Ella shared, "I keep on recalling if I have brought modules to them, with the anxiety that I might be a carrier. I don't want to be a burden" This was added by Mark, who narrated that, "I was also worried for the students' parents. I remember, I really asked the nurse for the possibility of those parents to be infected, especially that some instances happened when I am unconsciously isn't wearing my mask, when I distribute modules to them"

As teachers, they also felt the guilt to have caused their schools be placed under locked-down and putting on hold the modular learning activities of their students. Ella shared:

"It was more than a week when modules weren't brought to the students because of the COVID incident. And so, the students weren't doing anything too. Everything was on-hold. The entire school was closed. I remember I told myself that I'm the rightful one to be blamed"

Added to the guilt which persisted throughout their COVID19 survival journey is the increasing anxiety over many thoughts occupying their mind. Anxieties heightened with the dilemmas of truthfully declaring the list of people for contract tracing. Both Ella, and Liza recounted their experiences of having people who asked them to be excluded from the contract tracing list, due to various personal reasons. These four teacher-survivors felt and anticipated the extent of hassle and restrictions that people under quarantine might encounter; and so, a friend who is doing her wedding preparations, a parent who has kids at home, and a colleague who insisted to not be included, have brought anxieties to these Teacher-COVID19 survivors.

The anxieties over the fear of the future also blanketed the experience. The constant rumination of what might happen to their own family, the safety of the school community, and the other roles they play in life were just some of the unfathomable pre-occupations of their mind, which also led to the inevitable feelings of shame. The family man, Mark narrated how the unpredictable turn of events brought him to feel shame towards others, with his exact quote, "It's like half of your body is feeling shameful".

B.2. I felt Unsecured: On Fraud Information and Disclosure

Misinformation seemed rampant in this time of the pandemic. This challenge added-up to the turmoil that these COVID19-positive teachers had to deal with, while battling with guilt and anxiety. Billy likened the misinformation mishaps to declaring a suspect "guilty" without due process, where conclusions were made even w/ the insufficiency of evidence. Billy narrated that:

"There was so much misinformation. I was still fighting my battle and hoping that the result would come negative, only to know that outside, the people already declared that, I'm positive. If it's to be likened to court trials, it's like declaring someone guilty without due process. It made me feel hopeless"

Identity protection, information, and disclosures are critical parts of pandemic management. Disclosure of identity has invited the stigmas and discrimination of other people specially to these four Teacher-COVID19 survivors. Mark experienced his identity being disclosed by unknown culprits. His photos were all over social media.

Mark: "When the information exploded that few teachers from my school tested positive for COVID19, our photos were shared in the Group Chats of other Schools. There was even once when we were the topic of conversation in a certain Facebook Group"

Billy found identity disclosure a traumatic experience specially when calls, messages and chats kept coming in, and with so many people asking if they interacted for the past 14-days. This was an intrusive process that certainly brought havoc to his emotion.

Billy: "I can't sleep, I have to read all the memorandum and legal provisions for my privacy. I found out that only the 1st, 2nd, and 3rd parties involved should know; and, only the rightful designee should declare my case. I knew my data was breached"

It is to be noted that disclosure of infectious disease is a stressful and anxious process because the information is shared with individuals who may be unaccepting and misunderstanding of the condition and the disclosure may lead to a stigmatizing reaction (Evangeli & Wroe, 2017).

Some forms of inappropriate disclosures were experienced by Liza and Ella, which they acknowledged to have been caused by the small and close nature of their community, where each one knows one another. But these two female participants both reverberated that having their information disclosed wasn't a big deal to them. What matters to them is their recovery and the assurance that non else was infected and everyone, especially their own family is safe.

B.3. The days seemed very long: On Temporality and Place

Aside from the experiences pertaining to identity disclosure; surviving each day, away from their families and isolated from the public, is also a long anecdote in their story plot. Time seemed to move very slow inside the isolation facility. It was a dull isolation and all actions are just repetitive. Billy emotionally explicated that it was the longest fourteen days of his life. And that he's just waiting for the day to end. The outgoing Ella found the experience inside the facility as extremely monotonous. According to her:

"It's the dullest of all dull. I'm not comfortable with the routines of just resting in my bed, scrolling the screen and waiting till the day ends"

Ella's statement resonated with Mark's experience:

Mark: "Eat, sleep, internet. Eat, sleep, internet. That how the day starts and ends inside the isolation facility, what else can we do? We don't have our laptop."

Their isolation accounts are consistent with previous reports saying, quarantine also led to loneliness, anxiety, helplessness, and depression diseases (James et al., 2019; Mak et al., 2009; Shultz et al., 2016; Hossain et al., 2020). On the positive note, the long hours of waiting spent in an uncomfortable and strange environment did not only invite the feelings of extreme loneliness, but also opened their eyes towards the realization that COVID19 virus is real. Seeing copatients with much severe symptoms, and hearing the death of co-patients' family members transformed skepticisms and disbeliefs.

Mark: " I witness a colleague losing her child due to the virus. That convinced me to believe that COVID is real."

For Liza, who was with her mother in a hospital ward, located near the hospital morgue, and who personally sees dead bodies wrapped and brought inside made her feel the reality of death.

B.4. I will, if I can: On teaching and being a teacher

The quarantine period also brought some degree of restrictions to how these survivors perform their job as working professionals. As teachers, the frequent racing thoughts of the learning progress of their students, the works undone and were left pending, and the safety of the entire school community were the constant alarms in their pensive rumination.

Their commitment to service and the mandate of providing education amidst the pandemic dawned on these teachers. Hence, the desire to continue working remained strong, yet constricted with the contextual factors and feasibility. Technology has provided a platform for these teacher's continual service delivery, and the lack thereof restricted them, as well. If the odds are on their favor, they would do their best to perform.

Billy, a college instructor, continued to provide instructional activities to his college students. He has to look for a place inside the isolation facility where he could do on-line classes. The need to attend to the instructional concerns of the students, and the desire of not hampering the quality of education, served as Billy's motivation to remain available to the students, who aren't aware of his condition. The availability of digital technology became an advantage to Billy, yet a challenge to Mark, Liza and Ella. Mark, who was confined in an isolation facility with some colleagues, narrated:

"We were immobile, because our laptops weren't with us. Yet, I continue communicating with the students through the cellphone. If I just have my laptop with me, I would perform because time is being wasted. And I am physically able to do it. I'm strong as a Carabao"

Ella, who was shocked and totally unprepared tried all the means to have her laptop. She was able to finish some parts of her modules, but the lack of internet connectivity in her isolation center hindered her to continue. While Liza, confined with her mother, in a Hospital Ward, struggled with beating report submission deadlines of her designated work, especially that her laptop was left home. She has to instantaneously train another colleague, over the phone, on how the report should be done, just for their school to submitted on-time.

Since these teacher-survivors' conditions range from asymptomatic to light and moderate symptoms, the desire to continue working, when the conditions are right, remained present, especially with the worries of logging behind with work deliverables and the fear of coping with backlogs and pending works.

D.5. Am I a Dangerous Person: On Stigmas and Discrimination

Social Stigmas and Discrimination also came to play, yet in various extents and various ways to the four of them. Stigmas and discrimination were present throughout the illness trajectory; from the day they were tested COVID19 positive, the entire isolation stage, and even when they were out into the society again.

Mark had to deal with the social stigma which people normally create when they see someone being picked by an ambulance. This made him decide to drive and bring himself to the isolation facility rather than being picked up by the hospital vehicle. During the isolation stage, Billy had a stigmatizing experience of seeing some isolation facility staff's avoidance and shy away. It made him think that he was a dangerous person.

The internalized stigma and discrimination made it difficult for these teachers to assimilate themselves back to the public. Billy wasn't ready to socialize with the organization he is in. He didn't want to talk to people, even to colleagues. He wanted to work from home. He constantly has to battle with thoughts of being unsafe to others.

Billy: "I got anxiety attacks. I can no longer stare people eye-to eye, and I always look down because of fear to be recognized. I realized that when I got home, I have mental breakdowns during night time and I don't understand why I am feeling so. "

Discrimination also happened in the form of avoidance by some people. Criticisms and negative comments contributed to the tussle they experienced especially upon hearing other people's statements like: "They deserve it because they are hard-headed", as shared by Mark.

Due to the many stories of stigma and discrimination told in the history of this pandemic, it was inevitable for these survivors to develop internalized stigma, and fear of discrimination and stereotypes from people. Liza, Ella, and Mark, though struggled with internalized stigmas, were also overwhelmed with the welcoming rapport of some colleagues during their reinstatement.

Mark, who came from a big provincial public high school experienced being both out-casted and welcomed. He felt out-casted with seeing some colleagues fixing their masks upon seeing his presence. Yet on a positive note, some members even provided a warm embrace as a welcome to him.

Liza, who was able to infect 2 more colleagues and caused the entire school to be on lock-down, initially hesitated to immediately return to work with the anticipation of rejection and discrimination. The same resonates with Ella who planned to distant herself from colleagues.

Liza: "I was hesitant of coming back to school because I thought I will be criticized or shamed. But when I entered the school, I praise God that I didn't feel discriminated. I was able to interact again with them and join them on small group gatherings, but of course with extra careful measures and on a bigger space"

Ella: "I really expected people to reject or fear me because of the virus I have had. I even planned to distant myself from them, yet to my surprise, it was them coming to me and asking me how I was and what the experience was like. I think I'm just blessed with the people around me"

Accounts of experienced stigmas and discrimination have been loudly discussed in the literature. These have been found a natural reaction of the public during a pandemic and a public health crisis. Aside from the fear of the virus that blankets the population, one of the important concerns that are even more deleterious and needs to be urgently attended to, is the stigmatization associated with it (Bhanot, D., et.al, 2021). Such is manifested to some extents in the stories of these teacher-COVID survivors.

B.6. It's not just the virus, it's also the people: On Relationship and Sociality

One positive anecdote in their disease survival story is the relations built and reconciled. These teacher-survivors all narrated how the emotional and physiological support of people, eased the quarantine and even the post-quarantine periods of their journey. They also highlighted their realization of how different kinds of people react to the same circumstance. They all shared mutual realization on how deeply they appreciate the value of kinship and friendship in their healing journey.

Though some people showed signs of rejection, this disease journey also provided avenues for these teachers to reconnect with old acquaintances, reconcile and build relationship. They saw how people, who were distant and whom they expected the least, to reach out and connect to them.

Ella: "When you are at the lowest of low, that's the time when you realize who were the true people who love you. To my surprise, those who weren't close to me were the first to reach out."

Liza explicated almost the same sentiment: "I was able to know the people around me who are ready to help in time of need. I was surprised by some friends who are from afar, yet are just one call away"

Relationship building and reconciliation was the highlight of Mark's COVID journey especially when he heard his father praying for him. He was also able to reconnect with some old friends, reconcile relationships with colleagues, and on his private reflections inside the isolation facility, had realized that he couldn't really leave his family.

The helping hands extended by their school community through sending them food, prayers and encouragements provided a sense of relief. The convivial atmosphere that welcomes them when they reinstated boost their emotions.

One's strong support system, such as friends, co-members of religious and civic organizations lifted their spirit and provided them a refuge. Liza, who is a member of a religious community sought comfort from the constant encouragements and prayers from them. The spiritual, emotional, and financial support of her community have gone a long way for her and his family.

On the other hand, the lack of acceptance and good relationship with people, and the lack of support from the organization, increases the psychological disturbances and influences the survivor's actions, decision making, and perspectives. For Billy, the lack of support he felt from the organization made him feel unvalued and was one of the reasons which made him decide not to renew his contract and to leave the university. In his actual narratives, Billy spelled out:

"I would testify that, Yes, it's not the virus that kills you, it's the people"

Though supports weren't felt from the university, a comforting support system came from Billy's civic organization who uplifted him, and scaffolded his emotional and psychological healing journey. Quality of relationship served a huge part in their disease journey.

C. Post- COVID19 Disease Anecdotes

C.1. Life continues: On Lessons and New Beginnings

After completing the quarantine period, these teachers were back to the mainstream community, and assimilate themselves again into the environment. Their Post COVID19 stories are filled with lessons and takeaways.

Schwerdtle et al., (2017) expounded that during a public health crisis, patients not only experience a stressful physical and mental response, they also gradually obtain positive elements, which may be related to psychological resilience.

The common Post-COVID19 stories which ring loudly to these informants are the lessons they have to share with others. The lessons of instilling discipline to oneself and to others, the lesson to serve as role models in the protocol implementations of their schools, and the lessons to encourage every one of their share in the disease eradication.

For Mark, going back to work after his quarantine is a walk in which each step is guided with lessons. He learned that the blame is on him for his leniency, not to the government, nor the school administration. He also brought with him the realization of how important it is to commit himself to his oath as a teacher. Mark narrated that he decided to be a better teacher and to grow and mature in his teaching roles.

Ella went back to work with the eagerness to share her story of faith and the miracle she experienced in surviving the disease. She carried with her the realization to do the opposite of her previous disbeliefs towards the virus. She felt the need to encourage her friends and colleagues to abide by the safety protocols. Ella regarded her experience as a "Miracle in the Darkness"

In most instances, it was stated that the disease survival experiences afforded new beginnings to continue life with changed perspectives. Optimism and growth mindset launched them to better versions of themselves. Tenacity and resilience were developed.

Liza: "I took the experience as a lesson for me to grow. Whatever experience it may, be resilient. There is life after 14 days of quarantine."

Billy's COVID experience allowed him to meet life lessons with regards to security of tenure, career, and purpose. The need to reboot himself from the tragic experience, and begin a fresh start was felt.

Billy: I think I need a new beginning. There are a lot of things that happened and I don't like to dwell on my tragic COVID history and issues from people. It's grabbing my peace, and so it's better to exit, to start again.

Further, Billy titled her story, "Dancing Away with the Wind". This speaks of the new beginning he hoped to venture. Fortified with the lessons from heartrending identity disclosure and realizations he had regarding career path and security, the hope of launching himself to a new perspective and beginning ushered her postCOVID19 stage. The disease journey of these teacher-survivors influenced how they chose to live their Post-COVID19 life. The experiences recount their stories of hope, a common thread towards the message of new beginnings. The beginning served as a light that incandescence at the end of a tunnel-like, dark journey.

Conclusions

Though stories of these four individuals cannot speak for all of the population, it can reveal new ideas, perceptions, difficulties, successes, and lessons. The narratives of these Teacher-COVID19 survivors revealed some experiences which parallel those of other nonteaching COVID survivors. Yet, some distinct experiences which reflected to them being teachers were also told.

Echoing what published survival stories narrated, these 4 teachers-survivors started as skeptics of the COVID19 disease. Their disbeliefs and unconvinced nature emanated from the different versions of news and information heard about the virus. The leniency they unconsciously create when interacting with closely related individuals, skepticisms, denials, and disbeliefs describe their pre and initial stages' experiences.

A blend of positive and negative lived experiences accompanied their disease journey. Guilt directed towards different people, aspects, and circumstances breeds a myriad of emotions, such as anxiety and shame. Along with these emotions is the struggle for identity protection and proper information disclosure.

As working professionals, the need to continue their job, whether it be instructional or other ancillary functions, is a desire these teachers wished to accomplish, given the appropriateness of the place, the availability of technological facilities, and the physical strength to perform. As teachers, the anxieties of causing lockdowns and pauses, seep in as a factor for their psychological stress. Since education delivery should continue amidst the pandemic, teachers' participation in the front line of educational service in developing, bringing, retrieving and checking modules, delivering online classes, and providing flexible learning, has placed teachers equally susceptible to disease acquisition and equally capable of spreading the virus. Hence, placing a stronger measure of protocol implementation and monitoring might be an advantage.

Internalized stigmas due to the testimonies previously told, created the atmosphere of fear and stereotypes amongst these teachers. The consistent question of whether they are safe to the public stemmed from different forms and extents of discrimination. They may have dealt with different levels of stigma, but what is common to them is their recognition of the importance of a healthy social environment. The relational aspect of disease survival has occupied a big piece of the pie. A strong support system and extending initiatives of their organizations ease the relational aspect of their journey.

Undeniably, a blend of traumatic and lessons-filled plots comprises the stories these survivors have to tell. Though varied challenges were felt, they all have lesson take-aways. The realization of moving forward and living a purposeful life armed with the lessons they learned serve as starting points. The hope towards becoming better versions of themselves, both as a person and as a professional; the hope of starting new ventures, finding themselves, and treading new beginning; the desires of serving as role models in the drive towards disease eradication, and the quest to continue their walk with each step fortified with lessons of what matters most in life are common threads of that served as their ***light at the end of the tunnel.***

Recommendation

As a starting point, the provision of a stronger and improved school local implementation and monitoring mechanism of COVID19 safety protocols may be done as preventive measures to avoid transmission of the COVID19 virus in the school community. School administrators may revise their contingency plans to include initiatives and plans on assisting members whom might contract the disease. The schools may also strength information security to avoid identity disclosures. Policies and protocols must be cascaded to all the members of the organization.

Routine evaluation by mental health professionals may be considered as part of treatment protocols in COVID wards and isolation facilities for a more holistic treatment process. Corresponding psychological intervention strategies should be formulated to promote physical and mental health.

Provision of guidance services, like stress and trauma debriefing, by mental health professionals, not just to the COVID-19 survivors but to the entire school community may be of an advantage. This will regain the sense of community that will potentially ease the assimilation stage of the teacher-survivors. This may also lessen some social stigmas that occur when a member contracts the virus.

School administrators may also consider employing more information capacitating initiatives such as orientation and virtual or limited roundtable discussion, to the entire school community, on the research-based and scientific ways of mitigating the threats of virus in the workplace and on how to minimize psychological burden of survivors.

Considering that more than anyone else, these teacher survivors have the rightful claim to share what is it like to suffer from the disease, due to the authenticity vested to them by their experience; schools or organizations may tap on these teacher-COVID19 survivors to provide testimonies to counter the skepticisms and disbeliefs of many other members of the society. Hearing right from the mouth of these survivors would potentially advance the understanding of public.

Data Availability (excluding Review articles)

The qualitative datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Conflicts of Interest

There are no conflicts of interests.

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