



You can't do anything about it, but you can make the best of it: a qualitative analysis of pandemic-related experiences in six European countries

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ABSTRACT

Background: The complex system of stressors related to the coronavirus disease 2019 (COVID-19) pandemic has affected the global population, provoking a broad range of psychological reactions. Although numerous studies have investigated the mental health impact of COVID-19, qualitative research and cross-country comparisons are still rare.

Objective: This qualitative study aimed to explore self-perceived challenges and opportunities related to COVID-19 across six European countries. The overall objective was to provide a differentiated picture of individual subjective experiences in the early stages of the pandemic.

Method: The present study included 7309 participants from Austria, Croatia, Georgia, Greece, Poland, and Portugal. We performed qualitative content analysis according to Mayring analyse open-ended questions regarding stressful events, positive and negative aspects of the pandemic, and recommendations to cope with the pandemic situation. MAXQDA software was used for data management and analysis.

Results: Participants' accounts were moderately consistent across the countries. The most prominent themes regarding stressful and negative pandemic aspects included: *Restrictions and changes in daily life*, *Emotional distress*, and *Work and finances*. Answers about positive pandemic consequences were mainly centred around the themes *Reflection and growth*, *Opportunity for meaningful/enjoyable activities*, and *Benefits on interpersonal level*. Key themes identified from participants' recommendations to cope with the pandemic included *Beneficial behavioural adjustment*, *Beneficial cognitive-emotional strategies*, and *Social support*.

Conclusions: Participants experienced various challenges, but also shared several positive pandemic consequences and recommendations to cope with the pandemic. These first-hand data could inform mental health practices to promote well-being during COVID-19 and similar global challenges in the participating countries and possibly beyond.

Puedes no ser capaz de hacer algo al respecto, pero puedes sacar lo mejor de la situación: Un análisis cualitativo de experiencias relacionadas con la pandemia en seis países europeos

Antecedentes: El complejo sistema de factores estresantes relacionados con la pandemia por la COVID-19 ha afectado a la población mundial, generando un amplio rango de reacciones psicológicas. A pesar de que múltiples estudios han investigado el impacto sobre la salud mental de la COVID-19, las investigaciones cualitativas y las comparaciones entre países aún son infrecuentes.

Objetivo: Este estudio cualitativo buscó explorar los retos y las oportunidades autopercebidas asociadas a la COVID-19 en seis países europeos. El objetivo general fue el de brindar un panorama diferenciado de experiencias individuales subjetivas en las etapas tempranas de la pandemia.

Método: Este estudio incluyó a $N = 7309$ participantes de Austria, Croacia, Georgia, Grecia, Polonia y Portugal. Se empleó el análisis de contenido de Mayring para analizar preguntas abiertas acerca de experiencias estresantes, de experiencias positivas y negativas de la

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COVID19; pandemia; coronavirus; salud mental; afrontamiento; aspectos positivos; estudios entre países; análisis cuantitativo del contenido

关键词

COVID-19; 疫情; 冠状病毒; 心理健康; 应对; 积极方面; 跨国研究; 定性内容分析

HIGHLIGHTS

- We examined COVID-19-related experiences in 7309 adults from six European countries.
- Besides challenges, participants identified many positive pandemic consequences.
- Participants' recommendations to cope with COVID-19 included behavioural and cognitive-emotional strategies.

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pandemia, y recomendaciones para afrontar la situación de la pandemia. Se empleó el software MAXQDA para la gestión y el análisis de la información.

Resultados: Los relatos de los participantes eran moderadamente consistentes entre los países. Los temas más prominentes respecto a los aspectos estresantes y negativos de la pandemia incluyeron a: *restricciones y cambios en la vida diaria, angustia emocional, y trabajo y finanzas*. Las respuestas sobre las consecuencias positivas de la pandemia se centraban principalmente alrededor de los temas de *reflexión y crecimiento personal, oportunidad para realizar actividades significativas / placenteras, y beneficios en a nivel interpersonal*. Los temas clave identificados a partir de las recomendaciones de los participantes para afrontar la pandemia incluyeron *adaptaciones conductuales beneficiosas, estrategias cognitivo-emocionales beneficiosas, y soporte social*.

Conclusiones: Los participantes experimentaron diversos desafíos, pero también compartieron varias consecuencias positivas de la pandemia y recomendaciones para afrontarla. Esta información de primera mano podría informar sobre las prácticas de salud mental a promover durante la COVID-19 o desafíos globales similares en los países participantes y, posiblemente, más allá.

你无能为力，但你可以充分利用它——对六个欧洲国家疫情相关经验的定性分析

背景: COVID-19 疫情相关复杂应激源系统影响了全球人口，引发了广泛的心理反应。尽管大量研究调查了 COVID-19 对心理健康的影响，但定性研究和跨国比较仍然很少见。

目的: 本定性研究旨在探索六个欧洲国家 COVID-19 相关的自我认知挑战和机遇。总体目标是疫情早期阶段的个人主观体验提供不同的描述。

方法: 本研究包括来自奥地利、克罗地亚、格鲁吉亚、希腊、波兰和葡萄牙的 $N = 7309$ 名参与者。我们通过 Mayring 行了定性内容分析，以分析有关紧张事件、疫情积极和消极方面以及应对疫情情况建议的开放式问题。使用 MAXQDA 软件进行数据管理和分析。

结果: 参与者的解释在各国之间是适度一致的。关于紧张和疫情消极方面最突出的主题包括：日常生活的限制和变化、情绪困扰以及工作和财务。关于疫情积极后果的回答主要集中在反思和成长、有意义/愉快活动的机会和人际层面的好处等主题上。从参与者应对疫情的建议中确定的关键主题包括有益的行为调整、有益的认知情绪策略和社会支持。

结论: 参与者经历了各种挑战，但也分享了一些积极的疫情后果和应对疫情的建议。这些第一手数据可以为心理健康实践提供信息，以促进 COVID-19 期间的福祉以及参与国甚至更远地区的相似全球挑战。

1. Introduction

Changes in daily life caused by the coronavirus disease 2019 (COVID-19) pandemic have impacted people differently (Sandbakken & Moss, 2021). Whereas a considerable number of studies have reported a detrimental impact of COVID-19 on mental health (Krishnamoorthy, Nagarajan, Saya, & Menon, 2020), much less is known about individual mechanisms of coping and adapting to this new environment. Applying a qualitative approach, the present study examines self-experienced challenges and opportunities of the pandemic across six European countries, and explores population-informed recommendations for successful adaptation.

1.1. Mental health problems and COVID-19

Around the globe, COVID-19 has taken a toll on mental health. Apart from depression and anxiety symptoms (Ozamiz-Etxebarria, Idoiaga Mondragon, Dosil Santamaría, & Picaza Gorrotxategi, 2020; Parola, Rossi, Tessitore, Troisi, & Mannarini, 2020), an increase in symptoms of trauma- and stress-related disorders has been reported (Lotzin et al., 2021; Pieh, Budimir, & Probst, 2020). Even people who have not reached the threshold for mental health disorders have been burdened by work-related problems, financial issues, and lack of social support (Nitschke

et al., 2021; Rodríguez-Rey, Garrido-Hernansaiz, & Collado, 2020).

Several protective factors for mental health have been identified. These include positive social relationships and frequent face-to-face contact with loved ones (Dong et al., 2020; Lotzin et al., 2021). Positive beliefs and trust in government to handle the pandemic (Bäuerle et al., 2020; Vazquez et al., 2021) can also buffer the negative mental health effects of COVID-19.

On the other hand, pre-existing physical or mental health comorbidities (Lotzin et al., 2021; Valiente et al., 2021), female gender (Peck, 2021), and low income (Bodrud-Doza, Shammi, Bahlman, Islam, & Rahman, 2020; Pieh et al., 2020) have been linked to poorer mental health. Risk factors also include some pandemic features, e.g. living in areas heavily affected by COVID-19 (Chirico et al., 2020) and perceiving pandemic management as incompetent (Bodrud-Doza et al., 2020). To fully comprehend how different containment measures and COVID-19 affectedness impact mental health, more cross-country studies are needed.

1.2. Coping with COVID-19

Several studies investigated coping amidst COVID-19. On one hand, maladaptive coping, e.g. avoidance and

substance use, was associated with mental health problems (Eden, Johnson, Reinecke, & Grady, 2020; Okafor, Bautista, Asare, & Opara, 2022). On the other hand, responding with adaptive coping strategies, e.g. acceptance and positive thinking, could buffer the negative effects of COVID-19 (Budimir, Probst, & Pieh, 2021; Ye et al., 2020). However, since pandemic circumstances are changing rapidly and the efficacy of these strategies is context-dependent, their role throughout different pandemic stages is arguable.

Relying on a fixed set of strategies, even if these are considered adaptive, may be insufficient given the scale, pace, and unpredictability of COVID-19 (Chen & Bonanno, 2020). Instead, it seems crucial to maintain psychological flexibility, i.e. the ability to pay attention to changing situational demands and effectively respond to them (Dawson & Golijani-Moghadam, 2020; Kashdan & Rottenberg, 2010). Being flexible by combining emotional, cognitive, and behavioural strategies could be particularly relevant for maintaining mental health (Eisenbeck et al., 2022).

The perception of positive pandemic-related consequences may also promote healthy adjustment. Such consequences include the impact of COVID-19 on the environment (Khan, Shah, & Shah, 2021; Lal et al., 2020) and spending more time with family (Krajewski, Frąckowiak, Kubacka, & Rogowski, 2021). However, evidence on this topic is still limited, as research has mainly focused on the negative pandemic-related consequences.

Taken together, these initial findings suggest that the reactions to the pandemic vary considerably. Since the psychological, social, and financial burden is expected to persist after the pandemic has been brought under control, people's adaptational capacities are likely to be repeatedly challenged (Gersons, Smid, Smit, Kazlauskas, & McFarlane, 2020). To disentangle the mechanisms of healthy adjustment, it is vital to investigate individual perceptions of the pandemic situation and people's everyday coping strategies.

1.3. Qualitative research on COVID-19

Qualitative methodology is indispensable in order to capture the broad range of individual experiences. Yet qualitative studies on mental health amidst COVID-19 are rare. The existing qualitative studies were mainly interested in experiences of selected target groups, such as healthcare workers, adolescents, and pregnant women (Arnetz, Goetz, Arnetz, & Arble, 2020; Javaid et al., 2021; Waselewski, Waselewski, & Chang, 2020). Only a few qualitative studies have investigated the general population, providing insights into positive consequences of the pandemic (Günther-Bel, Vilaregut, Carratala, Torras-Garat, & Pérez-Testor, 2020), emotional reasons for stockpiling (Lehberger, Kleih, &

Sparke, 2021), and meaning-making processes during the pandemic (Marinaci et al., 2021; Sandbakken & Moss, 2021). In the UK, a focus group study found that loss, unclear governmental communication, social distancing, and uncertainty were prevailing themes among participants (Williams et al., 2020). Mixed-methods studies were also conducted, showing both positive (e.g. when focusing on the change in the society at large) and negative pandemic-related experiences (e.g. when focusing on the immediate needs) in the first year of COVID-19 (Fouques et al., 2021).

1.4. Aims of the current study

Acknowledging the great individual differences in responding to stress and adjusting to new environments (Bonanno & Mancini, 2012; Prati & Mancini, 2021), it seems essential to investigate subjective experiences during the ongoing COVID-19 pandemic. Moreover, cross-country comparisons are necessary to better understand the link between COVID-19 affectedness, containment measures, and mental health.

Using qualitative methodology, we set out to explore personal perceptions of the pandemic and individual coping strategies across six European countries in order to gain insight into the complexity and variety of experiences. Our overarching aim was to reveal a differentiated picture of self-perceived challenges and opportunities during the early pandemic stage in different parts of Europe. Specific aims were to:

- identify which events were perceived as the most stressful
- examine the most salient negative aspects of the pandemic
- explore the positive consequences of the pandemic
- explore population-informed recommendations for coping with the COVID-19 pandemic.

2. Methods

2.1. Research context and study design

This research is part of the ADJUST study – a longitudinal, pan-European study launched by the European Society for Traumatic Stress Studies (ESTSS). (For details, see the study protocol in Lotzin et al., 2020.) The present paper draws on qualitative data collected in six countries: Austria, Croatia, Georgia, Greece, Poland, and Portugal.

The ADJUST study was preregistered in the OSF registry ([doi:10.17605/OSF.IO/8XHYG](https://doi.org/10.17605/OSF.IO/8XHYG)). Ethical approval was obtained at all study sites. For details see Supplement 1.

2.2. Data collection

Data were collected during the first wave of the ADJUST study, which was conducted as an online survey between June and November 2020 (see Supplements 2 and 3). All participants received information about the study aims, data management, and their right to withdraw, and provided informed consent. The online survey consisted of multiple quantitative measures and four open-ended questions. The latter are the subject of this article; quantitative results of the ADJUST study are presented elsewhere (Lotzin et al., 2021).

2.3. Participants

Participants in the current study were recruited from the general population of Austria, Croatia, Georgia, Greece, Poland, and Portugal. Various strategies were used to increase the heterogeneity of the sample in terms of age, gender, socioeconomic status, and occupation. Among others, we contacted universities, professional associations (e.g. firemen's associations, sport unions), social services (e.g. organizations supporting the elderly), and cultural institutions (e.g. theatres). We also promoted the study via social media and the newsletters of large companies. In Poland, participants were recruited via a professional panel service (i.e. representative sampling).

The participants were eligible for inclusion if they were over 18 years old, were able to read and write in the respective language, were willing to participate in the survey, and completed sociodemographic information and responded to the voluntary open-ended questions.

2.4. Open-ended questions

Participants responded to four open-ended questions, namely:

- (1) 'What was the most stressful event(s) during the coronavirus pandemic?'
- (2) 'Overall, what do you find most negative about the coronavirus pandemic?'
- (3) 'Overall, what do you find most positive about the coronavirus pandemic?'
- (4) 'What recommendations would you give other people on how to deal with the current situation?'

The questions were developed by a group of professionals in the field of psychotraumatology.

2.5. Data analysis

All project steps were realized in line with COREQ (Tong, Sainsbury, & Craig, 2007) and recommendations

for cross-country qualitative studies (Kull, Petersen, & Camp, 2019; Wendt, 2020). We used MAXQDA 2020 (VERBI Software, 2019) for data management and analysis. Regular meetings of the study team were held to ensure consistency during analysis.

The four open-ended questions were analysed using qualitative content analysis (QCA) (Mayring, 2010, 2014). The QCA is a systematic, step-by-step method of text analysis, following strict procedural rules. We applied a two-fold analytical strategy. First, the Austrian study team, which conceptualized the study, used an inductive approach to develop a preliminary coding scheme out of the data collected in Austria (Figure 1). Next, the other five countries applied this coding scheme to their data sets, first using a deductive approach (Figure 2). Consequently, the coding scheme was adapted, and final categories and themes (i.e. main categories) were formulated. Details of the procedure and coding scheme are provided in Supplements 1 and 4, respectively.

In each country, the answers of 10% of participants, selected at random, were repeatedly coded to calculate intrarater and interrater agreement. The results are presented in Table 1.

3. Results

In total, $N = 7309$ participants from Austria (AT), Croatia (CRO), Georgia (GEO), Greece (GR), Poland (PL), and Portugal (PT) provided answers to the open-ended questions. The overall sample was dominated by women, constituting between 51.8% and 81.6% of the national subsamples. The average age across countries was 41.5 years, with the lowest country mean in Greece ($M = 35.7$) and highest in Portugal ($M = 47$). Detailed information about the sociodemographic characteristics of the participants can be found in Table 2.

At the time of data assessment, the vast majority of participants (81%, $n = 5923$) indicated having spent more time at home owing to COVID-19. The percentage of people who had spent more time at home was highest in Greece (92.6%, $n = 781$) and lowest in Poland (71.7%, $n = 1365$). Nearly half of the overall sample (44.9%, $n = 3284$) had daily virtual contact with loved ones (i.e. by phone, Skype or Zoom), with the highest percentage in Georgia (68.6%, $n = 495$) and the lowest in Poland (34%, $n = 647$) and Austria (34.2%, $n = 273$).

3.1. Themes

The identified themes, including their frequencies per country, are depicted in Tables 3–6. In the following, we elaborate solely on the most frequently mentioned themes and highlight some cross-country similarities

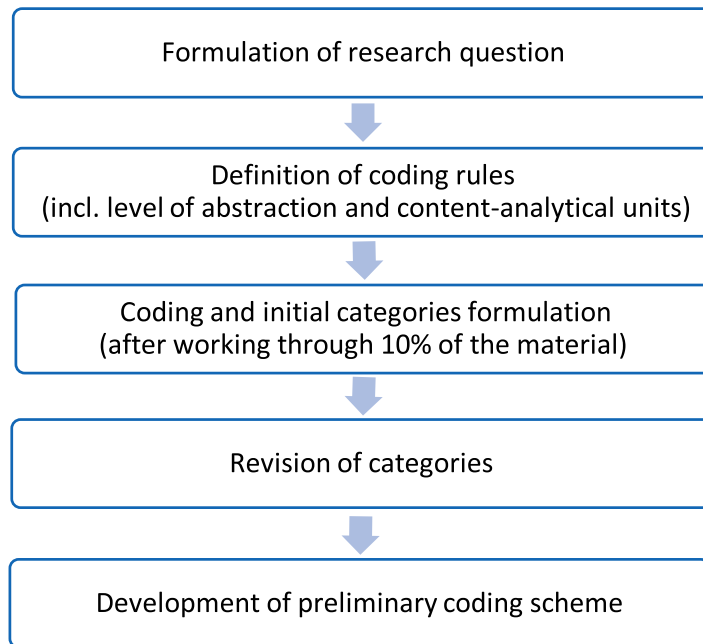
Inductive category development

Figure 1. Inductive category development. The figure shows the steps performed to develop a preliminary coding scheme and identify initial categories in the Austrian sample.

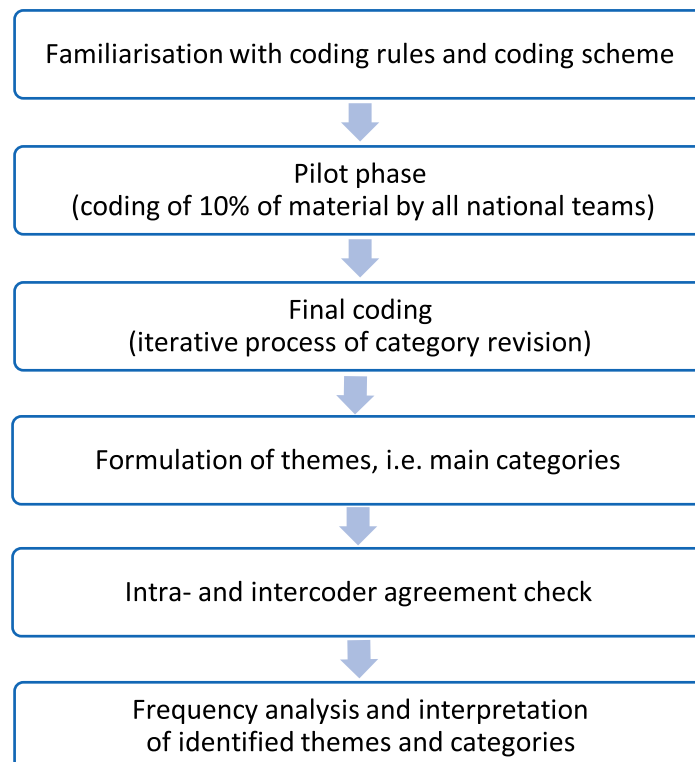
Deductive category assignment

Figure 2. Deductive category assignment. The figure shows the steps performed in all countries to adapt the preliminary coding scheme (developed by Austria) and identify final themes.

and differences by using simple counts (i.e. semi-quantification) (Neale et al., 2014). To illustrate the themes, participants' quotes are presented, including a reference to their gender, age, and country of residence. An executive list of all themes and subsumed categories can be found in Supplement 4.

3.1.1. The most stressful event

The first question assessed participants' subjective view on stressful events experienced during the pandemic. The answers yielded nine themes. The frequencies of themes across the six countries are depicted in Table 3.

Table 1. Intrarater and interrater agreement across countries.

	Austria %	Croatia %	Georgia %	Greece %	Poland %	Portugal %
Interrater agreement	96.19	92.94	95.90	99.91	94.81	94.61
Intrarater agreement	97.23	91.23	98.20	92.79	97.78	95.39

The agreement was calculated using the respective MAXQDA function. The selected criterion was 'code frequency in the document', as this option is suitable for survey responses and a large number of codes (Online Manual; Verbi Software, 2019).

Table 2. Overview of participants' sociodemographic characteristics.

	Austria (n = 798)		Croatia (n = 2191)		Georgia (n = 722)		Greece (n = 843)		Poland (n = 1904)		Portugal (n = 851)	
	<i>M (SD)</i>		<i>M (SD)</i>		<i>M (SD)</i>		<i>M (SD)</i>		<i>M (SD)</i>		<i>M (SD)</i>	
	45.1 (14.2)		41.6 (12.4)		36.0 (14.0)		35.7 (12.21)		45.1 (16.0)		47 (12.9)	
Age	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender												
Female	537	67.3	1533	70.0	589	81.6	568	67.4	986	51.8	528	62.0
Male	258	32.3	651	29.7	133	18.4	275	32.6	918	48.2	323	38.0
Other	3	0.4	5 ^a	0.3	0	0	0	0	0	0	0	0
Education												
University degree	370	46.4	1569	71.6	549	76.0	626	74.3	800	42.0	646	76.0
Living area												
Large city	523	65.5	693 ^b	31.6	583	80.7	505	59.9	554	29.1	346	41.0
Children												
Yes	428	53.6	1345	61.4	339	47.0	287	34	1274	66.9	494	58.0
No	370	46.4	846	38.6	383	53.0	556	66	630	33.1	357	42.0

The Polish sample was representative. Other countries had convenience samples.

^aTotal valid *n* was 2189.

^bTotal valid *n* was 2175.

Table 3. Themes related to stressful events.

	Austria		Croatia		Georgia		Greece		Poland		Portugal		Mean value (%)
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Restrictions and changes	319	40.3	695	44.2	325	32.3	239	28.8	654	38.2	217	29.8	33.51
COVID-19 and other health issues	45	5.7	78	5	99	9.9	158	19.1	150	8.8	113	15.5	8.80
Emotional distress	193	24.4	472	30	257	25.6	192	23.2	202	11.8	182	25	20.50
Work and finances	145	18.3	270	17.2	101	10	159	19.2	174	10.2	129	17.7	13.38
Burden related to loved ones	161	20.4	149	9.5	48	4.8	72	8.7	117	6.8	116	16	9.07
Societal impact	49	6.2	60	3.8	30	3	26	3.1	52	3	27	3.7	3.34
Pandemic management and communication	88	11.1	120	7.6	78	7.8	61	7.4	159	9.3	70	9.6	7.88
No stressful events	22	2.8	62	3.9	17	1.7	34	4.1	307	17.9	34	4.7	6.51
Other burden	37	4.7	216	13.7	50	5	17	2.1	77	4.5	61	8.4	6.27

Table 4. Themes related to negative pandemic aspects.

	Austria		Croatia		Georgia		Greece		Poland		Portugal		Mean value (%)
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Restrictions and changes	250	31.6	350	22	312	34.1	262	31.6	635	36.5	367	50.6	29.77
COVID-19 and other health issues	91	11.5	175	11	59	6.4	203	24.5	239	13.8	68	9.4	11.42
Emotional distress	241	30.4	284	17.8	211	23	173	20.9	304	17.5	199	27.4	19.32
Work and finances	114	14.4	422	26.5	122	13.3	179	21.6	181	10.4	101	13.9	15.31
Burden related to loved ones	20	2.5	36	2.3	41	4.5	11	1.3	34	2	3	0.4	1.98
Societal impact	200	25.3	326	20.5	42	4.6	78	9.4	122	7	62	8.5	11.36
Pandemic management and communication	141	17.8	329	20.6	69	7.5	96	11.6	301	17.3	77	10.6	13.86
No negative aspects	7	0.9	25	1.6	13	1.4	5	0.6	95	5.5	9	1.2	2.11
Other negative aspects	54	6.8	186	11.7	47	5.1	28	3.4	65	3.7	76	10.5	6.24

Table 5. Themes related to positive pandemic aspects.

	Austria		Croatia		Georgia		Greece		Poland		Portugal		Mean value (%)
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Reflection and growth	306	39	523	33.2	187	24.9	265	32.6	230	13.6	281	39.7	24.52
Opportunity for meaningful/enjoyable activities	209	26.6	326	20.7	169	22.5	201	24.7	362	21.4	85	12	18.50
Environmental effects	79	10.1	115	7.3	31	4.1	24	2.9	55	3.3	43	6.1	4.75
Benefits on interpersonal level	200	25.5	394	25	159	21.1	130	16	271	16.1	153	21.6	17.88
Digitalization and working/studying from home	84	10.7	143	9.1	58	7.7	48	5.9	76	4.5	86	12.2	6.77
Competent pandemic management	25	3.2	66	4.2	18	2.4	23	2.8	11	0.7	15	2.1	2.16
No positive aspects	71	9	166	10.5	106	14.1	149	18.3	660	39.1	92	13	17.02
Other positive aspects	40	5.1	182	11.5	24	3.2	48	5.9	109	6.5	73	10.3	6.51

Table 6. Themes related to recommendations how to cope with the pandemic.

	Austria		Croatia		Georgia		Greece		Poland		Portugal		Mean value (%)
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Beneficial behavioural adjustment	371	48.2	858	58.3	454	57.2	348	42	670	43.7	457	67.3	43.21
Beneficial cognitive–emotional strategies	423	54.9	478	32.5	187	23.6	593	71.5	671	43.7	234	34.5	35.38
Social support	155	20.1	249	16.9	73	9.2	107	12.9	105	6.8	112	16.5	10.96
Political recommendations	2	0.3	3	0.2	0	0	11	1.3	15	1	1	0.1	0.44
No recommendations	61	7.9	92	6.3	53	6.7	25	3	171	11.1	28	4.1	5.88
Other recommendations	39	5.1	277	18.8	27	3.4	21	2.5	83	5.4	73	10.8	7.11

Restrictions and changes in daily life was the most prominent theme in all countries. A considerable number of participants were burdened by social restrictions, including the inability to visit loved ones, the lack of physical contact, and the impossibility of a proper farewell, for example:

(Most stressful was) not being able to attend the funeral of a family member whose cause of death were health complications due to the COVID-19 virus, nor to provide my support to the remaining family. (female, 32, PT)

Other restrictions imposed because of COVID-19, e.g. travel restrictions, and the pandemic circumstances in general were also considered stressful. For instance, a man from Croatia stated:

The hardest thing for me was the change of lifestyle in terms of losing the daily routine and normal socializing with people, without any subconscious fear that someone is infected. (male, 24, CR)

The second most frequently reported theme was *Emotional distress*. Participants were worried about their relatives at high risk for severe COVID-19, anxious about the future, and feared getting infected. Many were lonely and strained by the ongoing uncertainty and unpredictability.

During this period, I did not think directly about the deaths caused by the coronavirus, but the fear of losing loved ones was intensified, because of this I was very anxious, in the evenings I was panicking and I often found it very difficult to control these emotions. Because of this, I was often melancholic, I cried, I had a feeling of helplessness, and I often thought about bad things. (female, 34, GEO)

Uncertainty about the future and especially inability to plan, e.g. travel. (female, 31, GR)

Work and finances was another prominent theme. Work-related burden seemed to be particularly high in Austria and Portugal. Some participants complained about the increased workload: ‘The significantly increased workload, no chance to get some rest’ (female, 47, AT). Others were burdened by frequent changes in work schedule (e.g. due to working from home), lack of protective equipment, and reduced working hours. In Georgia, Greece, and Poland, financial problems were more common than work-related ones.

I didn’t work, and I didn’t get paid. I couldn’t pay my medical bills. (female, 29, GR)

A further, often-mentioned theme was *Burden related to loved ones*. This theme included stressors involving close people, ranging from conflicts to illnesses and deaths not associated with COVID-19. A large number of participants described issues with home-schooling *per se*, and difficulties in reconciling home-schooling and/or childcare with working from home, for instance:

Reconciling work roles and caring for children with different needs (older child needed my support with online schooling and preschool child was also at home). (female, 41, CRO)

In Georgia and Poland, stressful events related to loved ones were rarely reported (GEO: 4.8%; PL: 6.8%). We also observed some cross-country differences with regard to the theme *COVID-19 and other health issues*. While being quite common in Greece (19.1%) and Portugal (15.5%), only a low percentage of Austrian (5.7%) and Croatian (5%) participants indicated health issues as the most stressful events. Remarkably, a high proportion of the Polish sample (17.9%) reported not having experienced any stressful event during the pandemic.

3.1.2. Negative aspects of the pandemic

In contrast to the first question, the second one was a very general question, allowing for a wide range of responses about negative pandemic consequences. As depicted in Table 4, the nine generated themes largely resembled those found in the first question. However, differences were evident in the less prominent themes, i.e. beyond the three most common themes.

The most prominent theme was *Restrictions and changes in daily life*. As one woman from Croatia (65) stated: ‘The pandemic has greatly affected social relations. The most difficult challenge is to avoid physical, direct contact with people in our own environment (inability to hug grandchildren, brothers, etc.)’. General terms such as ‘lockdown’, ‘shutdown’, and ‘restrictions of personal freedom’ were also frequently mentioned.

The next major theme was *Emotional distress*. Many participants referred to fear and anxiety as negative aspects of the pandemic, with answers such as

‘anxiety about the future’, ‘fear of the invisible enemy’, and ‘fear for people who belong to a risk group’ being common in all countries. Uncertainty in terms of pandemic duration, containment measurements, and further developments was stated repeatedly, e.g. ‘Uncertainty regarding the duration of the pandemic, but also regarding the vaccine development’ (female, 51, CRO).

Work and finances was the third most prevalent theme, with economic problems being most common. Many participants negatively evaluated COVID-related income losses, weakening of the global economy and higher unemployment rates, as illustrated by a man from Croatia: ‘The great economic decline that is yet to come, which will affect all people in the Republic of Croatia’ (male, 43, CRO).

Pandemic management and communication was a further often-mentioned theme. Participants from all countries criticized the way the pandemic was handled and pointed out the insufficient or inadequate health-care during the pandemic. According to many, media coverage of the pandemic was unprofessional or misleading, false news was shared, and the information was often contradictory.

All the ill-conceived restrictions and the government’s insistence on how great they are. Just propaganda before the election, and later everything will probably collapse. Let’s hope not. (male, 67, PL)

Failure to take suitable and more critical measures, e.g. more bus routes, care for ICUs, [...] media panic mongering using horror movie music every time they present data. (female, 25, GR)

In Austria and Croatia, *Societal impact* was also a very common theme. In both countries, around one-fifth of participants referred to the reactions of the population as the most negative aspect of the pandemic. Some were unsatisfied by people who were deemed ‘irresponsible’ for not adhering to the containment measures, as illustrated by the following participants’ quotes:

The society that did not adhere to the measures and thus increased the risk for the transmission of the infection. (female, 43, CR)

That many people fall seriously ill or even have to die from it due to the unreasonableness of others. (female, 23, AT)

Others considered ‘panic reactions’ to be the most negative pandemic aspect, as formulated by a woman from Croatia (24) ‘the general panic and fear that arose in society’ and by a man from Austria (57) ‘panic of the people’.

In contrast to other countries, *COVID-19 and other health issues* was a very prominent theme in Greece and Poland. About one-quarter of the Greek sample described COVID-19 infections and deaths as

particularly negative, e.g. ‘(Negative is) the fact that death has become a numerical value. Every day we hear numbers of people who have passed away and we move on to the next topic as if nothing happened’ (female, 33, GR). Surprisingly, health issues, including COVID-19 infections, were seldom mentioned in Georgia (6.4%).

3.1.3. Positive aspects of the pandemic

A total of eight themes emerged from the participants’ answers about positive pandemic aspects. The themes with corresponding frequencies can be found in Table 5.

Reflection and growth was the most prominent theme. It comprised new insights and learning experiences gained during the pandemic, including better awareness of oneself, hygiene, and dangers in the environment. As one participant stated:

(The pandemic) warned us of realities that we are not prepared for and that will happen more often. After this we can no longer be taken by surprise, but know how to live with the situations by making all the necessary adaptations. (male, 54, PT)

The theme *Reflection and growth* further included answers related to rethinking and restructuring of tasks, desires, and options, with statements such as ‘rethinking values’ and ‘setting priorities’ being common in all countries. Being grateful and appreciating available resources (both internal and external) also pertained to this theme. For instance, a woman (35) from Austria mentioned ‘the greater appreciation of health and essential workers’.

The second most frequently mentioned positive aspect of the pandemic was *Opportunity for meaningful/enjoyable activities*. Whereas some participants positively evaluated the increased time resources (e.g. ‘more time with yourself’), others referred to specific activities they were able to perform, such as reading, cooking, and gardening. A reduction of stress and a slower pace of life, e.g. ‘opportunity to slow down our everyday rhythm’ (male, 42, CRO), were also considered positive.

Benefits on interpersonal level was the next major theme. It included participants’ statements about social cohesion during the pandemic. While participants from Georgia and Poland more often referred to family bonding and quality family time, participants from Austria and Portugal were more likely to also describe the cohesion within other social groups (e.g. family, friends, colleagues) and society as a whole.

Personally, it turned out to be good for me to spend more time with my children. For example, I took better care of the quality of their food. The eldest son was an entrant and received more support from me than it would have been possible in terms of walking to work. (female, 43, GEO)

The tangible cohesion. Not only in the family and among friends, but also in politics. (female, 42, AT)

No positive aspects was a further, often-mentioned theme. A high percentage of participants in all countries did not report anything positive about the pandemic. This was particularly evident in Poland (39.1%) and Greece (18.3%).

Digitalization and working/studying from home was another well-represented theme, with frequencies between 4.5% in Poland and 10.7% in Austria. For instance, according to a participant from Greece (male, 32), a positive aspect was 'the creation of electronic services at the educational, social and political level'.

Unexpectedly, *Environmental effects* was a major theme only in Austria. Participants positively evaluated the overall impact of COVID-19 on climate and nature, as well as the reduction in travel, traffic, and tourism. For instance, they stated:

Less environmental pollution [...], less traffic. (male, 50)

Flying has been reduced, which has had a positive effect on the climate. (female, 75)

3.1.4. Participants' recommendations for coping with the pandemic

Six themes could be identified when analysing participants' recommendations on how to cope with the pandemic. These are presented in Table 6.

The most prominent theme was *Beneficial behavioural adjustment*. Many participants shared the idea of coping with the pandemic through changes in behaviour. Answers such as 'adhere to government guidelines', 'wear a mask', and 'keep your distance' could be found in all countries. Besides, participants often recommended actively shaping everyday life by establishing routines, pursuing one's own interests and performing pleasant activities, e.g. spending time in nature, meditating, and doing sports. A participant from Georgia described:

I started studying new things (foreign language), I also walked a lot and spent most of my time in nature. Therefore, I think that starting a new business or studying has a positive effect and time also passes quickly. (female, 35)

Apart from such concrete advice, general recommendations to use common sense, and to look after oneself and one's own health, were also present.

Beneficial cognitive-emotional strategies was the second most prominent theme. According to many participants, a positive inner attitude could help one to cope with the pandemic. Such an attitude was characterized, among others, by positive thinking, gratitude, mindfulness, and serenity.

You can't do anything about it, but you can make the best of it. (female, 39, AT)

Don't put 'life on hold' but try to find something good for yourself. It is important to [...] maintain a sense of humour, to know that it will pass and to be grateful that your loved ones and you are not infected. (female, 58, CRO)

Be optimistic, tomorrow is another day and it will be better than today. (male, 69, PL)

The third most common theme was *Social support*. Many participants recommended keeping up social contacts, either in presence or virtually, talking about worries, and seeking help when needed.

Spend quality time with the ones you love, whether in person or using new technology. Tell whoever is important to you how much you love the person. (female, 38, PT)

Deal openly with any possible stress caused by the situation – seek (virtual) contact with family/friends/other people you trust and talk about your own worries. (female, 26, AT)

Participants also repeatedly suggested reaching out to others, supporting them, and showing empathy and solidarity in these challenging times.

We are not alone, no matter how much we think we are, there is always someone who is in the same situation and can listen, understand, and try to help in the same way you are helping that person. (female, 18, PT)

Love each other. Take care of others more than you take care of yourself. Do not focus only on your own problems. Think about the fact that others are in much more need than you and you can benefit them. (female, 51, GEO)

Across all countries, some participants could not offer any recommendations, partly because of 'being overwhelmed by the situation'. The theme *No recommendations* was hardly present in Greece (3%), but was quite often seen in Poland (11.1%).

4. Discussion

This exploratory qualitative study sought to investigate experiences of people from six European countries in the first year of COVID-19, and their recommendations on how to cope with the pandemic. Participants experienced different stressful events, described numerous positive and negative pandemic consequences, and identified different coping strategies, mirroring the heterogeneity of the sample. Although all identified themes were present in all of the countries, their frequency distributions varied. The variety of participants' accounts and observed cross-country differences support studies which highlight the role of context in perceiving pandemic-related events and coping with them (Sandbakken & Moss, 2021). Thus, country-specific factors and individual particularities seem to be essential for understanding how people adjust to the pandemic.

While we acknowledge that the quantification of qualitative results is a controversial topic (see e.g. Maxwell, 2010), we provide simple counts (i.e. semi-quantification), being aware that these counts help to identify patterns, improve clarity of the findings, and show characteristics of the setting, but do not imply generalizability (Neale et al., 2014).

4.1. Stressful events and perceived negative aspects of the pandemic

To a great extent, themes related to stressful events did not differ from themes related to negative pandemic consequences. Restrictions, emotional difficulties, and work and financial issues were aspects that most people found negative, and at the same time considered particularly stressful.

4.1.1. Restrictions and changes in daily life

People were mostly burdened by the lack of social contacts. Social support is one of the most extensively investigated protective factors for mental health; it can help to overcome stressful events, alleviate adverse effects of trauma, and rebuild resilience (Lee, 2019). In times of social restrictions, people cannot rely on the support of their loved ones as much as they previously could, thus missing an important resource to cope with pandemic-related stressors. This is in line with studies reporting that virtual communication may represent a useful tool to keep contact with others, but cannot fully replace face-to-face interactions (Dahlberg, 2021; Lotzin et al., 2021).

Limited opportunities and the need to adapt were also considered stressful. Under usual circumstances, leisure activities, travel, and religion offer people new perspectives, helping them to recharge after work and achieve balance. At the same time, routine is what helps people to navigate and better organize their daily lives. Amidst COVID-19, these aspects are missing, and people are forced to modify their lifestyles. Rodríguez-Rey et al. (2020) already found that pandemic-related changes in daily life were a significant burden. Previous research has also shown that people can adapt successfully following potentially traumatic events such as a disease outbreak (Chen & Bonanno, 2020). However, COVID-19 has caused multiple changes in work and private lives, which might hinder healthy adjustment.

4.1.2. Emotional distress

Of all the emotional states, fear and anxiety were the most prominent. Participants were worried about the well-being of their loved ones and at-risk groups. Fear of contracting the virus and anxiety about the future were also mentioned. These findings are consistent with a large body of evidence showing increased levels of fear and anxiety during the

pandemic (Ozamiz-Etxebarria et al., 2020; Parola et al., 2020).

As expected, feelings of loneliness were prevalent. Loneliness has gained increasing attention in the context of COVID-19, being linked with anxiety symptoms, sleep problems, and depressive mood (Rossi et al., 2020; Santini & Koyanagi, 2021).

Emotional distress manifested itself further through the presence of uncertainty and insecurity. Some referred to uncertainty and a lack of predictability in general. Others referred to specific situations (e.g. uncertainty about attending a funeral, planning a vacation) and pandemic developments (e.g. insecurity regarding further waves). These results illustrate the variety of people's emotional reactions to the pandemic, strongly supporting the existing quantitative studies on the emotional burden amidst COVID-19.

4.1.3. Work and finances

In our sample, work-related burden resulted from working too much, too little, and/or under difficult conditions. Tremendous changes in the world of work have already been described in the literature. COVID-19 has impacted various industries, leaving millions of people underemployed or unemployed (Blustein & Guarino, 2020; Nicola et al., 2020). As a consequence, the impending economic crisis is perceived as a major stressor (Bodrud-Doza et al., 2020; Hertz-Palmor et al., 2021). Consistent with the literature, the participants in our study expressed worry about financial losses and the overall economic impact of COVID-19. Interestingly, financial issues were more frequently perceived as a negative consequence, whereas work-related issues were more frequently perceived as stressful events. A possible explanation for this is that problems at work manifest themselves as concrete events, whereas financial burden cannot always be linked to a specific event. Rather, it is noticed later on, as a consequence of a series of pandemic-related events.

4.1.4. Burden related to loved ones

Especially in Austria and Portugal, stressors in the circle of loved ones were very prevalent. These included conflicts, difficulties reconciling work and childcare, and illnesses/deaths unrelated to COVID-19. Why these burdens were less pronounced in other countries remains unclear. The discrepancy may be due to a lack of childcare in Austria and Portugal, making it difficult for parents to balance work and family duties. This, in turn, may have led to increasing conflicts between partners (see e.g. Andrade & Petiz Lousã, 2021). The observed divergence could also be linked to family values, underlining the necessity for further sociological studies and country-specific interventions.

4.1.5. Pandemic management and communication

Participants in all countries elaborated on the pandemic management; governments, institutions, and the media were perceived as having failed to act properly, acted too late, or provided contradictory and false information. Previous studies have noted the importance of pandemic management and communication for mental health. While trust in government and adequate information could buffer against mental health problems (Bäuerle et al., 2020), incompetent pandemic management and frequent exposure to news about COVID-19 hindered healthy psychological adjustment (Bodrud-Doza et al., 2020; Lotzin et al., 2021).

4.1.6. COVID-19 and other health issues

Health problems were reported in all countries, but were particularly prominent in Greece. This might be attributed to the higher death rates and later survey start in Greece (autumn) than in other countries (summer). In Poland, health issues were often perceived as negative, but seldom as stressful, possibly owing to the relatively stable pandemic situation, and well-organized, universal access to medical care. In Portugal, on the other hand, participants rarely described health issues as negative, but frequently identified them as stressful events. This may be related to the particularly high COVID-19 incidence in Portugal during data assessment (401.09 per million). Additional studies are needed to confirm this assumption.

4.2. Positive aspects of the pandemic

Despite the high emotional, psychological, social, and financial impact of COVID-19, participants in all countries identified several positive pandemic-related consequences. As stated above, the imposed restrictions forced people to change their daily routines. At the same time, this gave them the opportunity to appreciate available resources and pay more attention to people, things, and activities that they may have neglected or taken for granted under non-pandemic circumstances.

4.2.1. Reflection and growth

Better awareness of individual and societal matters, rethinking priorities, and various learning experiences were positively evaluated by the participants. This pattern of findings is consistent with the literature pointing out a chance for systematic change in the wake of COVID-19 (Krajewski et al., 2021). The perception of positive consequences might be associated with post-traumatic growth (i.e. positive changes in self-perception, relationships, and attitude towards life following a trauma), personality, and coping (Kowalski, Carroll,

& Britt, 2021; Schmiedeberg & Thönissen, 2021); however, the interplay of these factors has to be examined in more detail.

4.2.2. Opportunity for meaningful/enjoyable activities

During the early pandemic stage, participants found joy in activities such as reading, gardening, cooking, doing sports, and spending time in nature. Having more time and peace was also positively evaluated. These results reflect those of Krajewski et al. (2021) and Kowalski et al. (2021), who found that the slower pace of life was an important benefit of the current pandemic.

4.2.3. Benefits on an interpersonal level

Participants appreciated quality time spent with loved ones, which was previously lacking because of different obligations. Increased cohesion within smaller social groups (e.g. working groups) and society in general was also reported. This finding is in line with an interview study noting an increased sense of community during the pandemic (Sandbakken & Moss, 2021), but in opposition with a representative study concluding that social cohesion declined in comparison to the pre-pandemic period (Borkowska & Laurence, 2021). It is likely that the perception of cohesion varies depending on the way it is operationalized, on the pandemic phase, the sample composition, or the interplay of sociopolitical factors at the time of data assessment.

A further frequently emphasized benefit was family bonding amidst the pandemic. In Australia, a qualitative study came to a similar conclusion: not all families encountered mental health difficulties in response to COVID-19; strengthening of family relationships through shared experiences was also possible (Evans et al., 2020).

4.2.4. Other noteworthy themes

Many Greek and Polish participants did not mention anything positive about the pandemic. This may be related to the high death rates and the imposed lockdown in Greece during the data collection, which possibly led to a high percentage of people spending more time at home. The pandemic situation in Poland was relatively stable during the period of data assessment. However, many restrictions were still in place or had only recently been lifted. At that time, restrictions related to public life were perceived by Poles as the greatest burden (Dragan, Grajewski, & Lotzin, *in press*). Moreover, the percentage of participants who had daily virtual contact with loved ones was lowest in Poland, suggesting less social support and joint activities via the internet. These particularities may have affected the perception of positive pandemic consequences.

A possible explanation for the rather low frequency of virtual contact in Poland could lie within the theme *Digitalization*. Benefits of online tools were among the five most frequent themes in all countries, except for Poland, which might be related to the evolving Polish online tools market. Moreover, only the Polish sample was representative, with a higher percentage of people living in smaller cities and rural areas, which may have resulted in a more realistic picture of the availability and popularity of online tools.

Reduction in traffic and travel (Khan et al., 2021) and a decrease in pollution (Lal et al., 2020) are frequently reported positive consequences of the pandemic. Surprisingly, in our study, *Environmental effects* was a major theme only in Austria. This might be related to the political situation in the country, with the Green Party being part of Austria's ruling coalition. Furthermore, among the six countries, Austria is the one with the greatest confidence in environmental organizations, which might have influenced the perception of environmental effects of COVID-19 (Haerpfer et al., 2021).

4.3. Recommendations for coping with the pandemic

In all six countries, participants recommended diverse coping strategies, with either behavioural or cognitive elements. In addition, participants recommended socializing within the allowed limits, echoing current scientific literature (Valero Cedeño, Vélez Cuenca, Duran Mojica, & Torres Portillo, 2020) and experts' recommendations regarding mental health during the pandemic (e.g. WHO, 2020).

4.3.1. Beneficial behavioural adjustment

Out of the numerous behavioural modifications, adherence to containment measures was the most common one. General and specific recommendations to find a daily routine and to take care of oneself, by strengthening the immune system, practising self-care, and being active, were also frequent. The relevance of these activities is well documented in the scientific literature (Branquinho, Kelly, Arevalo, Santos, & Gaspar de Matos, 2020; Gori, Topino, & Di Fabio, 2020).

Furthermore, participants recommended moderately consuming reliable sources of information and using common sense; this was essential considering the large amount of COVID-19-related content circulating. The participants' advice is in line with existing studies on the importance of adequate informing for mental health (Lotzin et al., 2021).

4.3.2. Beneficial cognitive–emotional strategies

This theme primarily involved recommendations to maintain a positive, resilience-promoting attitude,

e.g. by staying calm, and being grateful, hopeful, and mindful. Both qualitative and quantitative studies have provided evidence for these recommendations, showing their buffering effect against pandemic-related adversities (Branquinho et al., 2020; Budimir et al., 2021; Vazquez et al., 2021; Waselewski et al., 2020). Cognitive–emotional strategies, e.g. being positive and grateful, were slightly more prominent in Austria and Greece, whereas behavioural strategies, e.g. wearing a mask and doing sports, were more often observed in Croatia, Georgia, and Portugal. In Poland, both themes occurred with almost equal frequency. These differences could reflect the mosaic of country-specific challenges, or the predominance of emotional or health-related burden.

4.3.3. Social support

Recommendations to maintain contact with loved ones, via digital tools if necessary, were common. Considering the multiple burdens, it seemed important to share worries and use social support as much as possible. Moreover, participants highlighted the importance of checking in on loved ones and offering support, but also accepting support when challenges become overwhelming. Notably, other studies identified seeking support as the most rarely used coping strategy (Baloch et al., 2021), associated with increased depression and anxiety symptoms (Okafor et al., 2022). In contrast, perceived social support is an important protective factor in the context of COVID-19 and beyond (Dong et al., 2020; Ye et al., 2020).

Combined, the three recommendation themes resemble the promising concept of meaning-centred coping, which aims to promote meaning in life by integrating cognitive, emotional, and behavioural elements. Meaning-centred coping appears to be a stronger predictor of physical and mental health than emotion- and problem-focused strategies alone (Eisenbeck et al., 2022). Which strategy to apply may depend on situational demands; this would corroborate the idea of psychological flexibility as a key to long-term adjustment to the pandemic (Chen & Bonanno, 2020; Dawson & Golijani-Moghaddam, 2020). Longitudinal studies are required to test this assumption.

4.4. Strengths and limitations

To the best of our knowledge, this is the first qualitative study examining pandemic-related experiences across multiple countries. An important strength of the study is the high number of answers, given that non-response on open-ended questions is a common problem for questionnaires. This speaks for the relevance of the topic and people's need to share their view on this global matter. The different questions

and the diversity of the participants have allowed us to illustrate a breadth of people's experiences, ranging from traumatic events to opportunities for growth. Close communication, frequent exchange between national teams, and a transparent analytical procedure have further contributed to the quality of our research.

Limitations include the use of a convenience sample, resulting in a high number of women and well-educated participants. Poland was the only country with a representative sample, which may have limited the comparability of the data. The chosen approach did not allow us to closely examine the differences between the first two questions, which yielded distinct responses, but could be grouped into similar categories. Another limitation concerns the timing of data assessment. Although all data were collected in early pandemic stages, not all countries started at the same time, and some countries collected data for longer than others (see Supplement 2). This is particularly unfortunate given that the pandemic circumstances rapidly change, thus shaping people's perceptions and experiences (Jetten et al., 2021). For instance, some countries collected data in the summer, when the pandemic situation was relatively stable, whereas others started in autumn, which was characterized by an increase in infections and stricter containment measures. Combining the qualitative accounts with additional sociodemographic and quantitative data may have yielded more differentiated results. However, this was outside the scope of our study, which aimed to capture the voices of people across Europe in the early phase of the COVID-19 pandemic.

4.5. Conclusions

This cross-country qualitative study has enhanced the understanding of people's responses to COVID-19 by providing novel insights into individual challenges. Our research has also revealed various positive aspects of the pandemic and several population-informed recommendations on how to cope with it. These silver linings should be more strongly emphasized in research and practice on mental health amidst COVID-19. Furthermore, the interplay of universal (e.g. importance of social support, clear communication), individual (e.g. health status, life events during the pandemic), and country-specific factors (e.g. available financial support, healthcare system, cultural values) needs to be acknowledged when providing psychosocial support during and after the COVID-19 pandemic.

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Authors' contributions

IZN conceptualized the study and developed the preliminary coding scheme in close cooperation with LV and BLS. BLS supervised the process of data analysis and contributed to the preparation of the manuscript. All authors except for AL were included in the data coding and subsequent discussions. As principal investigator of the ESTSS ADJUST study, AL formulated the open-ended questions. IZN drafted the manuscript. All authors revised the draft and approved the final version of the manuscript.

Data availability

The detailed sociodemographic information protects the pseudonymity of the participants; however, the full quotations do not completely protect the anonymity of the participants. Hence, the entire dataset of the six countries cannot be made publicly available. Excerpts of the data can be provided by the first author upon reasonable request and if approved by all co-authors.


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