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One Year Lock down and Quality of Life during the COVID-19 Pandemic: Greek Citizens' Experience

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Abstract

The present paper analyses Greek citizens' experience regarding Quality of life during the COVID-19 pandemic. Greek citizens share their experience, their feeling staying for one year at home due to restrictive measures. The sample comprises of 500 respondents, of whom 263 were men and 237 were women. The results are analyzed from psychological, emotional, social and economic point of view. The research findings displayed that Psychological factor is highly correlated with Quality of life factor. The second strongest correlation was between Economic factor and Quality of life factor.

Key words: Quality, life, COVID-19, pandemic

1. Introduction

The problem of the pandemic is global. There is an urgent need to suspend the spread and protect public health. Extraordinary and drastic measures are needed to deal with it, possibly extreme and the realization of the harsh reality is put on the table, which refers to the inability to deal with the situation even by strong health systems. There is no corresponding pre-existing experience, except that of China from where the pandemic began.

The mortality of Covid-19 is very high, as it is for other infectious diseases (H1N1 pandemic), and in addition it has a very high transmissibility and morbidity.

In addition, a high level of treatment (ICU) is needed regarding the treatment of cases that due to the large number of cases no health system can withstand.

The risk to public health is very high and consequently has great moral implications (Bergamo) where the demand for ICU beds was much higher than the health system could withstand resulting in sorting.

The collapse of much stronger health systems, such as that of the United Kingdom, is now a reality. The situation raises the question of how we will deal with it, that is, how we will avoid it.

The slogan in England for example is "Stay home, protect NHS, save lives".

In New York the slogan is "I wear a mask for you and you wear a mask for me".

The slogan for Greece is "We stay home, We stay safe".

2. Theoretical framework

The problem of the pandemic is global. There is an urgent need to suspend the spread and protect public health. Extraordinary measures are needed to deal with it, possibly extreme and the realization of the harsh reality is put on the table, which refers to the inability to deal with the situation even by strong health systems.

There is no corresponding pre-existing experience, except that of China from where the pandemic began. Consequently there are no previous coping models.

This is not the case with H1N1, for example. Measures, molecular tests, rapid tests are required, in the context and the sense of individual and social responsibility.

The risk to public health is very high and consequently has great social and moral implications (Bergamo) where the demand for ICU beds was much higher than the health system could withstand resulting in a triage. The collapse of much stronger health systems, such as that of the United Kingdom, is now a reality. Based on the recommendations of the World Health Organization (WHO), the millions of deaths in the countries where the measures were delayed (Italy, UK, USA), the recommendations of epidemiologists (Kontiadis, 2020), the countries took measures through operational scandals of their governments. Restrictions regarding human' contacts whose goal was to stop the rapid infectious spread on all continents have been taken (Papanikolaou, 2020).

Kontiadis (2020) states that a major issue in the implementation of human rights are the ethical dilemmas regarding the screening of patients, ie the process of prioritization of patients based on the severity of their condition in order to deal with as many cases when there are insufficient resources and materials for the treatment of all patients. The value of human life is indisputable and according to the Constitution non-negotiable. The state has an obligation to have sufficient resources for the care and salvation of those who were meant. The situation experienced by Spain and Italy shows that the Constitution remains a canonical letter when the state has not taken care in time to prevent and manage and deal with unforeseen situations (Kontiadis, 2020).

In order to limit the spread and fight against COVID-19 and to protect public health, measures were taken on a global scale to limit human contacts which limited the exercise of fundamental citizens' rights (Tsatsos, 2020). These measures include: the suspension of businesses, schools, courts and universities, the controls and restrictions on the movement of citizens and the prohibition of gatherings and social contacts and events, the suspension of religious services, the imposition of "quarantine" measures on those who come from abroad, the tracking of contacts of confirmed cases etc (Tsatsos, 2020).

Indicatively, measures that interfere with the exercise of rights and freedoms protected by the European Convention on Human Rights (ECHR) such as the right to personal liberty and security, Article 5, the right to respect for private and family life (Article 8), freedom of thought, conscience and religion, Article 8, freedom of thought, conscience and religion Article 9, freedom of assembly and association, Article 11, and finally freedom of movement, Article 2 of the Fourth Protocol 2020) (Tsatsos, 2020).

Tracing contacts of patients with COVID-19 raises concerns regarding collection, storage and management of sensitive personal data relating, inter alia, to health, travel, gatherings and social contacts, and even to the protection of privacy, mass surveillance and control, the lifting of public confidence in the state and institutions; as well as telecommunications providers and technology giants such as Google and Apple, in social stigma and consequently raise human rights issues. Due to the fact that tracing contacts of patients as well as both telework and tele-education seemed to have a strong connection since they similarly use of information and communications technologies Thus in the era of big data and data computing an increasing attentiveness in the ground of their consequences on health insurance agencies as well as both telework and tele-education (Florou et al., 2021; Souravlas & Anastasiadou, 2020; Souravlas et al., 2020; Souravlas et al., 2021; Tantalaki et al., 2019a; 2019b, Tantalaki et al., 2020; Souravlas, & Katsavounis, 2019; Souravlas 2019; Souravlas, et al, 2022; Valsamidis, et al., 2021). *Educational robotics as a teaching tool of information technology in the primary education*. Proceedings of EDULEARN21 Conference, pp. 9806-9816.

In addition measures of conscious self-restraint are required as well as voluntary participation of citizens in "temporary" and not "permanent" delimitation of their rights as citizens and social beings.

It requires a "temporary" rather than a "permanent" restriction of freedoms such as meeting other people in the context of social relationships and contacts.

A "temporary" rather than a "permanent" restriction of freedoms is required, such as gatherings and gatherings in parks, marches, churches, supermarkets, etc.

Control is required (also from the state / civil protection, police, etc.) in order to be able to ensure the right to health and life with the help of these measures.

A "temporary" rather than a "permanent" restriction on democratic freedoms and human rights is required, a voluntary restriction.

A sense of solidarity is required in the sense of protecting the health and life of the other, his safety in general and his right to life. The relationship between security and freedom in the event of this pandemic is twofold.

There is a high impact of the degree of freedom on security. The more freedom there is, the less security there is. It is necessary to realize that if the pandemic is not limited, there are ethical issues regarding the criteria according to which one will be able to find a bed in the ICU and one will not, who has priority and why (eg priority to health professionals, etc.) that someone will be called to take on the burden of the enormous responsibility of sorting, managing additional stress on health professionals, that there will be no equitable distribution of resources.

This is where the duty of a person who derives from his role and position in society, his interaction and interdependence with other people becomes apparent.

Protecting ourselves by using a mask, hand washing, restricting contact and gatherings and gatherings voluntarily is not a restriction of autonomy but a duty of every rational one regarding the protection of the rights to life and health and solidarity.

On the other hand restrictions seems to have a serious impact on quality of life based on the fact that there is one year lock down.

3. Purpose of the study

The present paper analyses Greek citizens' experience regarding Quality of life during the COVID-19 pandemic. Greek citizens share their experience, their feeling staying for one year at home due to restrictive measures. The results are analyzed from psychological, emotional, social and economic point of view.

4. Research Sample

The sample comprises of 500 respondents, of whom 263 were men and 237 were women. With respect to the respondents' age, 110 were from 18 to 24 years old; 55 from 25-34; 250 were from 35 to 44 years old; and 85 were from 45 to 54 years old (Table 1).

With respect to their marital status, 185 were single; 304 were married and 11 were separated or divorced. As for the respondents' education, 12 answered that they have completed elementary education, 98 secondary, 376 tertiary and, finally, 24 hold an IEK title. 467 of the 500 respondents stated that their income is less than €10.000; 1 from €10.000 to €24.999; 16 from €25.000 to €49.999; 4 from €50.000 to €74.999 and, finally, 12 did not respond to this question (Table 1).

Table 1: Sample Demographics

Demographic data	Category	Frequency (N=500)
Sex	Male	263
	Female	237
Age	18-24	110
	25-34	55
	35-44	250
	45-54	85
Family status	Single	185
	Married	304
	Divorced/Separated	11
Education	Elementary education	12
	Secondary education	98
	Tertiary education	376
	Postgraduate studies / Doctorate	24
Income	<€10.000	467
	€10.000-€24.999	1
	€25.000-€49.999	16
	€50.000-€74.999	4
	Did not respond	12

5. The instrument/questionnaire

This instrument consists of 30 items referring to five different attitude sub-scales/factors created by the authors of the study, as follows

Psychological factor (e.g. Q1. I cannot be optimistic about the future) (7 items)
Emotional factor (e.g. Q8. I'm afraid I'm going to get infected) (5 items)
Social factor (e.g. Q12. I miss my loved ones) (5 items)
Economic factor (e.g. Q15. I am pessimistic that I will maintain my position in the labor market for the next six months) (6 items)
Quality of life (e.g. E28. I find it difficult to sleep) (7 items).

6. The instrument/questionnaires'_Cronbach's Alpha

Cronbach's a is equal to 0.79, 0.81, 0.78, 0.83 and 0.85 for Psychological factor, Emotional factor, Social factor, Economic factor and Quality of life factor respectively (Table 2). (Values that they are acceptable, Anastasiadis, & Christoforidis, 2019; Anastasiadis, et al., 2016; Anastasiadou, & Papadaki, 2019; Anastasiadou & Zirinolou, 2014; 2015; Anastasiadou, et al. 2016; Anastasiadou & Zirinoglou, 2014; Anastasiadou & Zirinoglou, 2015; Papadaki & Anastasiadou, 2019).

Composite Reliability (CR) is equal to 0.86, 0.91, 0.84, 0.89 and 0.87 Psychological factor, Emotional factor, Social factor, Economic factor and Quality of life factor respectively (Values that they are acceptable, Anastasiadou, 2011a; 20011b; 2014a; 2014d; 2015; 2016; 2018d, 2018e; 2019; Anastasiadou, 2014a; Anastasiadou, 2014b; Fotiadis & Anastasiadou, 2018a; Fotiadis & Anastasiadou, 2018b; Anastasiadou & Taraza, 2020a; Anastasiadou, & Taraza, 2020b; Anastasiadou & Zirinoglou, 2020a; Anastasiadou & Taraza, 2020b) (Table 2).

Average Variances Extracted (AVE's) is equal to 0.66, 0.76, 0.61, 0.62 and 0.64 for Psychological factor, Emotional factor, Social factor, Economic factor and Quality of life factor respectively (Table 2).

Consequently Composite Reliability (CR) values range from 0.84 to 0.91 and Cronbach's *a* estimates range from to 0.79 to 0.85, indicating the reasonable reliability and internal consistency of the measures (Formel and Larcker 1981; Nunally 1978; (Anastasiadou & Dimitriadou, 2011; Anastasiadou, 2019; Anastasiadou, & Anastasiadis, 2019a; Anastasiadou & Anastasiadis, 2019b; Anastasiadou, 2018a; Anastasiadou, 2018b; Anastasiadou, 2018c; Anastasiadou et al., 2010; Anastasiadou, et al., 2007; Anastasiadou, et al., 2014; Anastasiadou, et al., 2016).

AVEs' for Psychological factor, Emotional factor, Social factor, Economic factor and Quality of life factor are over 0.50 indicating convergent validity (Anastasiadou, 2008; Anastasiadou, 2009; Anastasiadou et al., 2014a; Anastasiadou et al., 2014b; Anastasiadou, 2018c) (Table 2).

Table 2: Table of Cronbach's a, CR and AVE

Dimensions	*α*	CR	AVE
Psychological factor	0.79	0.86	0.66
Emotional factor	0.81	0.91	0.76
Social factor	0.78	0.84	0.61
Economic factor	0.83	0.89	0.62
Quality of life factor	0.85	0.87	**0.**64

7. Research questions

The present study will examine the following research questions:

RQ1: Psychological factor has a serious effect on Quality of life factor
RQ2: Emotional factor has a serious effect on Quality of life factor
RQ3: Social factor has a serious effect on Quality of life factor
RQ4: Economic factor has a serious effect on Quality of life factor
RQ5: Psychological factor has a serious effect on Emotional factor
RQ6: Psychological factor has a serious effect on Social factor
RQ7: Psychological factor has a serious effect on Economic factor
RQ8: Emotional factor has a serious effect on Social factor
RQ9: Emotional factor has a serious effect on Economic factor

8. Hypotheses testing results

The present study will examine the following research hypotheses:
Ho1: Psychological factor is significantly correlated with Quality of life factor.
Ho2: Emotional factor is significantly correlated with Quality of life factor
Ho3: Social factor is significantly correlated with Quality of life factor
Ho4: Economic factor is significantly correlated with Quality of life factor
Ho5: Psychological factor is significantly correlated with Emotional factor
Ho6: Psychological factor is significantly correlated with Social factor
Ho7: Psychological factor is significantly correlated with Economic factor
Ho8: Emotional factor is significantly correlated with Social factor
Ho9: Emotional factor is significantly correlated with Economic factor

9. Research Results

The results showed that the Psychological factor is significantly correlated with Quality of life factor (r=0.651**, p<0.01), with Emotional factor (r=0.696**, p<0.01), with Social factor (r=0.427**, p<0.01), and finally, with Economic factor (r=0.397**, p<0.01) (Table 3). Thus the null hypotheses Ho1, Ho5, Ho6 and Ho7 are accepted (Table 4).

The results displayed that the Emotional factor is significantly correlated with Job Satisfaction (r=0.518**, p<0.01), with Social factor, and finally with (r=0.462**, p<0.01), Economic factor (r=0.365*, p<0.05) (Table 3). Thus the null hypotheses Ho2, Ho8 and Ho9 are accepted (Table 4).

The results showed that Social factor is significantly correlated with Quality of life factor (r=0.473**, p<0.01) (Table 3). Thus the null hypothesis Ho3 is accepted (Table 4). The results also showed that Economic factor is significantly correlated with Quality of life factor (r=0.667**, p<0.01) (Table 3). Thus the null hypothesis Ho4 is accepted (Table 4).

Table 3: Constructs Correlations

Correlations

	Psychological factor	Emotional factor	Social factor	Economic factor	Quality of life
Psychological factor	1	,696**	,427**	,397**	,651**
Emotional factor		1	,462**	,365**	,518**
Social factor			1	,432**	,473**
Economic factor				1	,667**
Quality of life					1

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4: Hypotheses Testing

Hypothesis	Proposed relationships	Hypothesis Supported
Ho_1	Psychological factor -Quality of life factor	accepted
Ho_2	Emotional factor -Quality of life factor	accepted
Ho_3	Social factor -Quality of life factor	accepted
Ho_4	Economic factor -Quality of life factor	accepted
Ho_5	Psychological factor - Emotional factor	accepted
Ho_6	Psychological factor - Social factor	accepted
Ho_7	Psychological factor - Economic factor	accepted
Ho_8	Emotional factor - Social factor	accepted
Ho_9	Emotional factor - Economic factor	accepted

10. Conclusions

The study intended to disclose citizens' experience regarding Quality of life during the COVID-19 pandemic.

The research findings reveal the significant effects of Psychological, Emotional, Social, Economic factor related to Quality of life.

Moreover, Psychological factor has a serious effect on Emotional factor as well as Social factor.

In addition, Emotional factor has a serious effect on Social factor.

Finally, Psychological, Emotional, Social factor has a serious impact on Economic factor.

Ensuring health is vital in the context of the global pandemic, but it cannot but have consequences for privacy or the personal, social, political, constitutional freedoms of citizens and their democratic rights.

The role of the institutional state is also important. It is the moral and political responsibility of the state (and the institutions) to universally defend the life and health of the citizens, to take extraordinary restrictive measures and to intervene with the help of the police authorities) in every diversion and deviation of the citizens.

In addition, it must inform the citizens about their necessity and contribute to the creation of a culture of that citizen who acts morally. Also, citizen-institution relations must be relations of trust and confidence.

The state and institutions must involve citizens in decision-making so that possible prejudices and suspicions can be removed, and cultivate a climate of trust in health systems and public authorities in the sense that every effort will be made to fair safeguarding of the health, life and freedom of citizens.

The next day, the health systems must find stronger and not only to draw up but also to implement policies to deal with such difficult situations.

This pandemic can and does offer many perspectives on health systems and possibilities to design new models and informed consent approaches in the context of health crises, when health resources are limited, provided that approaches take into account autonomy, trust and Information Management.

This pandemic can and does offer many prospects for the creation of new guidelines and protocols, as well as opportunities for new forms of work and education.

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