

Happiness and Life-Satisfaction of Covid Recovered Patients- A Systematic Review

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ABSTRACT

Covid 19 disease (COVID-19) is an infectious ailment triggered by a virus referred to as severe acute respiratory syndrome coronavirus (SARS-CoV). Covid (SARS-CoV-2) Pandemics are linked to a high level of mental stress. During a new epidemic, people in several countries reported higher levels of sadness, anxiety, mental distress, and post-traumatic stress disorder. This article is a condensed literature review, and the study's goal is to investigate the well-being and personal satisfaction of those who are affected by COVID-19. Even though COVID-19 has mostly spared children and adolescents from the disease's immediate effects, efforts to stem its spread, such as school closures and social isolation, have a significant influence on them. This puts children and teenagers at a higher risk of being abused. Due to children's and teenagers' decreased access to educators, family, and friends, the number of people who could detect and report child abuse and neglect has decreased. Similarly, the risk of child abuse has increased as the stresses of financial hardship and social isolation may reduce guardians' awareness and judgment in cooperating with their children. To provide a narrative summary of findings, relevant data was gathered and summarized. The virus has also depleted the personnel and financial resources of current systems for combating child and juvenile exploitation.

Keywords: Covid 19, Well Being, Quality of Life, Covid 19 Survivors

The unique COVID-19 epidemic prompted the World Health Organization (WHO) to declare an international public health emergency on January 30, 2020. The current pandemic began in December 2019 in Wuhan, Hubei Province, China, when the first cluster of pneumonia cases with an unknown etiology was linked to a common exposure: a seafood market. No other worldwide pandemic has emerged since the severe acute respiratory syndrome (SARS) outbreak in March 2003, until COVID-19, which has turned out to be the greatest outbreak of atypical pneumonia and a danger to society and individual sustainable development. By the end of May, the WHO had verified 2,159,791 cases in the European zone, with 239,801 cases in Spain. Because of the rapid increase in cases, the Spanish government considered imposing limitations to combat the virus, although the formal actions implemented by government agencies to combat the disease have changed often. Because COVID-19 has spread fast through human-to-human transmission,

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Received: April 29, 2025; Revision Received: July 28, 2025; Accepted: August 03, 2025

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individuals may see circumstances requiring social interactions as a threat and strive to avoid them.

Furthermore, the rapid increase in cases over such a short period prompted the Spanish government to take restrictive measures to prevent the virus's spread, including public measures to detect and control COVID-19 cases and to assist citizens in maintaining physical distance from one another (e.g., closing schools and universities, wearing masks, and keeping a minimum of one meter between individuals when outside the home).

Pandemics and the means taken to contain them (e.g., physical separation) can have negative consequences on people's personal and social life. Positive mental health during a pandemic is linked to a lower risk of mental illness in the future. Subjective well-being (SWB) (high life satisfaction, high positive affect, and low negative affect) is an important component in assessing socio-psychosocial consequences in health emergencies. According to Lau et al. (2008), SWB among the Chinese population remained stable throughout the SARS crisis, accompanied by enhancements in community connectedness and future safety. The negative effect seemed to be a typical occurrence as well. Previous research has identified two particular factors that lead to poor mood and reduced SWB in people dealing with the SARS epidemic: the concern of infecting others (especially family members) and the dread of dying. Preoccupation with one's own and one's peers' future health and safety is a significant factor that has a direct impact on people's well-being and can cause or worsen psychological distress during pandemics.

Individuals' judgments of their living conditions are captured by life satisfaction, and the setting of a health crisis might result in alterations of these evaluations. It's crucial to understand how people think about these extraordinary events and how they could affect their SWB. Individuals' knowledge of COVID-19, their level of confidence in their ability to overcome it, and their behavioral reactions (such as avoiding crowded locations) were all used in a recent study to determine how people are dealing with COVID-19.

Quality of life and general well-being are valuable resources that can safeguard mental health. Those who recovered from flu epidemics reported a lower quality of life (Fragaszy et al, 2018) (Van Hoek et al. 2011). The connectivity between the quality of life and mental health concerns for recovery has been demonstrated in recent COVID-19 research (Ma et a., 2020). Individuals with past mental health difficulties had a worse health-related quality of life and reported more COVID-19-related disruptions, according to (Liu et al,2020). An early study found an increase in positive well-being since COVID-19, but it may have been due to looking at their past rather than future perceptions (O'Connor et al, 2021). An initial study showed an increase in positive well-being since COVID-19; however, this could be attributed to the researchers concentrating on past rather than future outlooks (O'Connor et al, 2021).

Other research has found significant reductions in subjective well-being and quality of life (Zacher and Rudolph, 2020). (Ping et al, 2020)-Well-being may be impacted more by socio-environmental and community characteristics, such as GDP, healthcare access, and pandemic communication and response (Blanton et al, 2020 & Fernández-Prados et al, 2020), according to studies. Quality of life and well-being is vital to promoting and are a major priority for both people and the general healing of a community.

Well Being in Covid 19 Survivors

In general, the research revealed that increasing physical activity, regardless of age, is connected to enhanced well-being, quality of life, and lower depressive symptoms, anxiety, and stress. There was no consensus on the amount of physical activity that was necessary to reduce negative mental symptoms, either in terms of frequency or kind of physical activity. Changes in mental health were more vulnerable in women, whereas changes in physical activity were more vulnerable in men. Physical activity was a good and effective approach to buffer the adverse effects of the COVID-19 pandemic on mental health during the first year of the epidemic. Public health measures should boost awareness of chances to increase physical activity during the stay-at-home order in many countries throughout the world. (Marconcin et al, 2022).

Anxiety, sadness, and sleep difficulties have been documented in 30-40% of COVID-19 survivors from a psychological standpoint. These figures are comparable to those reported by survivors of other deadly coronaviruses.

The phrase "psychological well-being" denotes the condition of an individual's mind when life is progressing positively. It's a mix of feeling good and being able to function effectively.

Individuals do not need to feel good all of the time to be happy; painful emotions (such as disappointment, failure, and sadness) are a natural part of life, and being able to handle these negative or painful emotions is critical for long-term happiness. Negative emotions that are severe or very long-lasting that interfere with a person's capacity to operate in everyday life jeopardize psychological well-being.

Feeling good encompasses not just positive feelings such as happiness and satisfaction, but also negative emotions such as curiosity, engagement, confidence, and love. From a psychological perspective, successful functioning entails realizing one's full potential, having some control over one's life, having a feeling of purpose (e.g., striving toward worthwhile objectives), and having meaningful connections.

In recent years, the study literature has shifted from a focus on illness and dysfunction to one that emphasizes well-being and good mental health. In recent psychological studies, this paradigm shift has been particularly noticeable. Epidemiologists, social scientists, economists, and politicians have all expressed interest in the study. This optimistic outlook is also reflected in the constitution of the World Health Organisation, where health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Recently, the WHO characterized positive mental health as "a condition of well-being where an individual recognizes his or her abilities, manages the usual stresses of life, works effectively and productively, and contributes to his or her community" (WHO, 2001).

The research was carried out. The major goal was to see if COVID-19 specific ICU-VR enhances psychological well-being and quality of life three months following hospital release. Secondary goals included examining intra-group changes in psychological well-being and quality of life, as well as inter-group differences in psychological well-being and quality of life, up to 12 months after hospital discharge, and examining patients' satisfaction with and ratings of ICU care and aftercare, as well as patients' perspectives on ICU-VR (Blake et al, 2021)

QUALITY OF LIFE IN COVID 19 SURVIVORS

The World Health Organization (WHO) describes QOL as "a person's view of their life situation considering the cultural and value frameworks they inhabit and regarding their goals, expectations, standards, and concerns". In particular, health-related quality of life (HRQOL) is an evaluation of QOL and its relationship with health. Various instruments exist to assess HRQOL, given its multifaceted elements. It includes physical, psychological, functional, and social domains related to a person's perception of QOL affected by health status.

No matter how long it has been since discharge or recovery, the quality of life for post-COVID-19 patients was heavily affected. Policymakers and healthcare practitioners must study effective measures for enhancing the QOL of COVID-19 patients as soon as possible. Older patients, who had co-morbidities, were admitted to the ICU, were in the ICU for a long period, or were mechanically ventilated have a higher risk of poor QOL after the infection (Nandasena et al, 2022).

Individual vs communal impact on HRQOL can be different since the first focus on personal well-being and individual rights, whilst the second looks for aid within a community, forming patient advocacy organizations. COVID-19 patients and healthy individuals created groups to support each other all over the world during the pandemic, primarily through social media but not exclusively, such as the COVID Advocacy Exchange or the National Patient Advocate Foundation COVID Care Resource Centre. The European Society of Cardiology, like other cardiology societies throughout the world, has been asked to provide recommendations and explain the medical attitude toward individuals with COVID-19 and cardiovascular illnesses.

COVID-19 and the risk of cardiovascular diseases

COVID-19-related symptoms might last a long time after recovery, and organ-specific sequelae necessitate multidisciplinary comprehensive care. The two most prevalent chronic symptoms of the post-COVID-19 syndrome are exhaustion and dyspnoea, both of which can continue regardless of the severity of the initial sickness.

Patients with COVID-19 were assessed using the SF-36 in Chinese research, with poor HRQOL at one-month follow-up and psychological difficulties observed primarily in females, indicating that being female could be a risk factor for mental health QOL in COVID-19 patients. Another Chinese study that used the SF-36 to assess QOL found that patients hospitalized for COVID-19 had HRQOL deficits three months after release. Poor HRQOL was linked to age, sex, and physical symptoms after discharge in this study, suggesting that older people, particularly females, and those with recurring physical complaints, were more at risk of having a low HRQOL.

The term "long COVID" was defined by the National Institute for Health and Care Excellence guideline to characterize patients having signs and symptoms that continue or develop after acute COVID-19. It encompasses both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (≥ 12 weeks). Patients showing symptoms six months following the acute infection also appeared to have a decline in their quality of life, functional capacity, and work productivity.

All COVID-19 survivors should have a neuropsychological examination in the post-acute illness context, using a standard screening technique, to identify more susceptible

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individuals and begin early interventions and therapy. Lockdown-related changes, and hence changes in working routines and habits, had a significant influence on employment status and job performance. Furthermore, as a result of the economic downturn, numerous businesses, restaurants, and recreational facilities have had to adjust and reduce staff numbers, with some employees receiving half pay or being forced to leave their positions.

The influence on children vs adults is also worth considering. In a comprehensive study, the effects of COVID-19 on HRQOL in adolescents and children were shown to be negative, regardless of gender. For instance, research in the United States used the EQ-5D-5L questionnaire to assess children's well-being and found a worse HRQOL in younger individuals aged 18 to 24 years old when compared to US population norms. These findings imply that the widespread lockdown and limitations policies have influenced the mental health of younger generations.

A study on HRQOL involving 216 hospitalized COVID-19 patients indicates that individuals aged 60 and above seem to be more likely to report a decline in HRQOL six months post-discharge, as measured by the EQ-5D-5L questionnaire. Furthermore, one out of every three people had chronically reduced mobility and capacity to carry out everyday tasks.

Finally, COVID-19 manifested differently in various geographic regions with racial and ethnic disparities, with increased mortality in African Americans and severe economic disruption in lower socioeconomic groups. HRQOL was already low in certain locations before the COVID-19 pandemic; hence, insufficient healthcare resources and poor medical access may explain the dramatic consequences in such nations, emphasizing uneven effects and exacerbating existing disparities.

For both healthy people and patients, the decrease in physical activity during this epidemic is understandable. When we consider that access to the sport was restricted during the pandemic, we might suppose that the lack of access to training facilities, as well as the dread of going out and exercising, affected QOL. The closing of fitness facilities and the end of club activities have both contributed significantly to the reported reduction in sports participation, and children's and teenage conduct has sadly been comparable. Physical exercise and sport are still the most effective preventative measures for chronic illnesses, but they are also a great way to boost immunity.

The majority of the research included in this review found that survivors had a poorer quality of life than controls or their pre-COVID-19 status. According to (Ahmed et al., 2020), HQOL was considerably lower in survivors of different coronaviruses when compared to normative values for healthy and chronic illness patients. COVID-19 survivors may have had their social functioning harmed as a result of the disease's persistent symptoms. (Jacobs et al, 2020) looked at 184 COVID-19 survivors 35 days after discharge and discovered that over half of them had tiredness, discomfort, or dyspnea. They also discovered that having chronic symptoms is adversely related to having a socially engaged role.

METHODOLOGY

The majority of the articles in this review came from peer-reviewed scientific journals, with some online resources incorporated to provide the entire scope of the subject. A systematic search of electronic databases such as APA PsycNET, NCBI, Research Gate, and Academia

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was done. In customizing for each database, the subsequent key terms were merged using "OR" within each domain, and these domains were unified using "AND": (1) The studied population: "survivors." OR "recovered patients" (2) Exposure: "COVID-19", "sars-COV-2" (3) Outcome: Wellbeing and HQOL The reference list of each relevant article was manually checked to retrieve potentially eligible items which were not captured by electronic database searches.

DISCUSSION AND ANALYSIS

COVID-19 has caused major changes in people's lives all across the world. According to the evidence so far, a large number of COVID-19 patients have negative psychological outcomes and neuropsychiatric problems. The consequences of the coronavirus disease 2019 (COVID-19) pandemic on quality of life (QOL) and social and human relationships have been recorded all across the world. Until now, research has mostly focused on COVID-19 patients who are hospitalized in an acute environment, but the effects following the acute stage are as important and demand special attention from healthcare providers, not only to relieve symptoms but also to restore QOL and job productivity.

According to studies, two psychological variables, hope, and social phobia may be important in analyzing the socio-psychological impact of COVID-19. Hope is a state of mind that helps people achieve their goals and protects them from unfavorable life experiences. It creates strategies for overcoming adversity, making it a coping strategy for improving life satisfaction. Social phobia, on the other hand, is defined by a persistent dread of social scenarios, which entails exposure to new people or settings and can lower one's quality of life. When people are experiencing unpleasant emotions, they are more prone to develop social phobia.

The current study used the biopsychosocial model of health to predict individuals' psychological well-being (PWB) during the pandemic's first lockdown phase and analyze which coping mechanisms were most frequent among persons with low and high PWB. Physical health (not gender or age); spirituality, emotional loneliness, social loneliness, sense of agency; and job stability were all significant predictors of PWB (not income, neighborhood safety, or hours spent on social media). When the coping strategies of participants were analyzed, the high-PWB group exhibited more intentional coping, while the low-PWB group displayed more passive coping. During this unprecedented epidemic, the findings show that being able to cope with worldwide disruptions in everyday life requires actively and consciously adhering to PWB by being one's agent for bodily, spiritual, and social health (Tuason, Güss, and Boyd, 2021).

During the pandemic, researchers looked at people's feelings of subjective well-being (SWB) and resilience (R). The study enlisted the participation of 643 persons, 351 women and 292 men, who were not diagnosed with COVID-19. During the epidemic, subjects' SWB and R levels both dropped significantly. Furthermore, substantial disparities in R levels were found based on gender and age; however, no changes were found based on the participants' dwelling type, city type, education level, or work status. Significant variations in SWB level were identified by gender, age, and work status; no changes were observed by dwelling type, city type, or education level (Metin, Çetinkaya, and Erbiçer, 2021).

Individuals' daily patterns shifted dramatically as a result of the COVID-19 epidemic, posing a threat to their subjective well-being (SWB). Knowledge of COVID-19's influence on SWB is critical for designing public strategies to address mental health during health emergencies.

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Reduced life satisfaction is likely related to a combination of despair, dread, and avoidance of social relationships, as well as everyday bad feelings. The conditional indirect impact of hope and social anxiety on life satisfaction through information was shown to be conditional on the participants having a high positive affect and low negative affect, according to a moderated mediation analysis. Affect appears to be a mechanism that controls the impact of people's perceptions of COVID-19 on their overall happiness. Those with strong positive effects may view the "big picture" and look for enough knowledge rather than focused on the problem and particular details that might prohibit them from taking preventive action. Having a favorable effect may encourage people to use information-processing skills that will increase their life satisfaction during the COVID-19 epidemic (Ana Blasco-Belled, 2020).

The goal of this study was to see how SARS-CoV-2 infection and subsequent hospitalization affected COVID-19 survivors' mental health, sleep, and quality of life. Mental health symptoms were widespread among the 143 patients (depression was reported by 19 percent, anxiety by 27 percent, traumatic stress by 39 percent, and sleeplessness by 33 percent) and were more commonly reported by female patients compared to male patients. Mood, sleep, or stress issues did not appear to have a significant correlation with age, smoking habits, comorbid conditions, or severity of disease. Finally, patients requiring ICU ($p = 0.0057$) or a longer hospital stay ($p 0.001$) had lower quality of life, which was unaffected by sex or other assessed outcomes. These findings underline the importance of timely intervention to effectively manage COVID-19's immediate and long-term mental health problems (Pappa et al, 2022).

Long-term effects of COVID-19 are expected, including respiratory, neurologic, cardiovascular, and mental health complications. This systematic review and meta-analysis looked at research that looked at COVID-19 survivors' health-related quality of life (HRQoL) and mental issues. Random-effects models were utilized to generate combined estimates. COVID-19 survivors exhibited reduced HRQoL and diminished scores in Social Functioning (SF), Role Physical (RP), and Role Emotional (RE) health relative to the time before COVID-19 and control groups. Females were shown to have a greater risk of mental health disorders than males. Patients with severe sickness were also more likely to experience despair and anxiety, but not PTSD. For one month, a large proportion of patients who survived COVID-19 may have PTSD, despair, and anxiety. In these survivors, we found evidence of lower HQOL and a limited social role in our systematic review (Dorri et al, Dec 6).

A high level of post-traumatic stress was seen among participants who recovered from COVID-19, especially those patients who were symptomatic. They also experienced mild depression and anxiety (Jafri et al, 2022).

CONCLUSION

The COVID-19 pandemic has penetrated almost all countries and has affected people in many areas. The COVID-19 pandemic has impacted the community's mental well-being as well. The pandemic has a negative impact on individuals' subjective well-being and resilience. The current database found pertains to the impact of covid 19 on Well Being and Quality of Life. It's critical to know how COVID 19 affects patients' quality of life (QOL) after discharge or recuperation so that required treatments may be planned ahead of time. Regardless of the period since discharge or recuperation, the Well Being and QOL of post-COVID19 patients was considerably influenced. The most impacted domains of QOL, as

well as related variables, should be addressed when establishing initiatives to improve the QOL of post-COVID19 patients.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kamakshi (2025). Happiness and Life-Satisfaction of Covid Recovered Patients- A Systematic Review. *International Journal of Indian Psychology*, 13(3), 1353-1361. DIP:18.01.123.20251303, DOI:10.25215/1303.123