

Psychological and educational effects of the COVID-19 pandemic on online students and faculty of a Ghanaian university

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Abstract

This is a qualitative study that employed exploratory design to inquire from 15 participants of Central University (Ghana) about their experience with the COVID-19 pandemic in Ghana. An in-depth interview was conducted, and data were analyzed using thematic analysis. The findings indicate that participants experienced fear expressed in four key domains reported under four key themes thus: Experiencing psychological distress; Burden of economic hardships; Fear of inefficient health system; and Educational disruptions and worries involved in online teaching and learning. The study concludes that the upsurge of COVID-19 has triggered psychological, economic, and educational conundrums that have to be addressed. This paper contributes to the growing body of studies on COVID-19 and effects on lecturers and students. The burgeoning evidence of

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the mental health distress following COVID-19 should be a wake-up call for universities and Ghana as a whole to invest both in infrastructure and manpower in this area of health care delivery. Vaccine hesitancy research must be conducted to improve upon health educational campaigns. The significant disruption from the pandemic is a fair warning to all stakeholders to make educational e-learning infrastructure resilient against similar future shocks. The implications of the findings for health and educational policies in Ghana are addressed.

Keywords

COVID-19 panic, COVID-19 pandemic, fear, anxiety, depression, Online students & faculty

Introduction

COVID-19, also referred to as 2019-nCoV (Bender, 2020; Toquero, 2020), is connected to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV) which is devastating (Toquero, 2020). It was first reported in China in December 2019, and rapidly spread to other Asian countries, the Middle East, Europe, America, and Africa. On 11th March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic. Beyond being deadly, the COVID-19 pandemic also poses severe psychological risks including unbearable psychological pressure, fear, anxiety, depression, suicide attempts as well as pain to all and sundry (Bender, 2020).

COVID-19 affected higher educational institutions, not just in Wuhan (China), where the virus is believed to have originated, but in other higher educational institutions in 188 countries as of April 06, 2020 (Toquero, 2020). By March 13, 61 countries in Africa, Asia, Europe, the Middle East, North America, and South America had ordered temporary closures of universities (Basilaia & Kvavadze, 2020) and many universities had complied (UNESCO, 2020). In Ghana, for instance, schools were closed down due to the upsurge of COVID-19 in March, 2020 (Owusu-Fordjour et al., 2020). Although frantic efforts were made to migrate learning online, such efforts were hampered by intermittent power supply fluctuations and poor internet connectivity. Besides, such structural challenges that COVID-19 presented to educational facilities, the pandemic also unleashed a horde of psychological distress on both lecturers and students. For instance, Gritsenko et al. (2020), in their study which sought to examine COVID-19-related fear, stress, anxiety, and substance use among Russian and Belarusian University students, although no difference regarding COVID-19-related fear based on a student's country status—Russia or Belarus, some differences were reported with regard to gender differentials. Females reported a significantly higher level of fear than males, and religious students were found to register higher levels of fear than the non-religious. In addition, One-way ANOVA revealed that quarantine restrictions significantly impacted on fear values irrespective of the country in which the study was conducted.

Additionally, [Le Vigouroux et al. \(2021\)](#) in their study measured the emotional state of university students during lockdown and identified the relevant situational and psychological factors. Results indicated that students' belief that lockdown was compromising their future job prospects was positively related to hassles ($r = .34, p < .001$), while concerns about their own health and that of relatives were positively associated with anxiety ($r = .37$ and $.34; p < .001$). Besides, deployment of the positive coping strategy mediated the effect of students' implicit theory of emotion on their depressive symptoms.

In a Belgium-based international study including more than 134,000 participants from 28 countries around the world, [Tasso et al. \(2021\)](#) employed survey design to collect data from college students in COVID-19-based home schooling. The study among things reported that college students were affected by COVID-19 through fear of the possibility of themselves or others in their social network contracting the virus. Uncertainty about the changes in the coursework delivery also triggered anxiety and depression in them.

Furthermore, a study investigated the impact of anxiety and stress caused by the pandemic on Muslim academics' subjective well-being. The study explored coping correlates with spirituality by examining Muslim academics' coping strategies in overcoming stress and anxiety. A total of 480 Muslim academics of ages 25–60 years residing in Muslim countries were sampled for the study. There was a negative and significant correlation between anxiety and well-being. Also, coping strategies correlated significantly with subjective well-being. A mediating effect of coping strategies between anxiety, stress, and well-being for Muslim academics was also reported.

Employing meta-analysis to present adequate case of the effects of COVID-19 among college students, [Batra and colleagues \(2020\)](#) examined CINAHL, Scopus, PsycINFO, Embase, and Medline for relevant studies on the subject. They reported that 90,879 college students encompassing 27 studies satisfied the inclusion criteria. The study further showed 39.4% anxiety (95% CI: 28.6, 51.3; $I^2 = 99.8\%$; p -value $< .0001$) and 31.2% depression (95% CI: 19.7, 45.6; $I^2 = 99.8\%$, $p < .0001$) among college students. The pooled prevalence of stress (26.0%), post-traumatic stress disorder (29.8%), and impaired sleep quality (50.5%) were also reported. Females were reported to have higher anxiety and depression levels than males.

Several other studies have also investigated COVID-19's impacts on undergraduate students' stress and anxiety. In one of such studies, [Guo et al. \(2021\)](#) reported that 66.1% of first-fourth year medical students in the USA experienced mild, moderate, or severe anxiety and those with preexisting mental health challenges had significantly higher stress and anxiety scores as well as higher percentage of stress due to COVID-19. In another study, students reported fear of their health and loved ones 177/195, 91% negative effect from the pandemic; difficulty in concentrating (173/195, 89%); disruption in sleeping pattern (168/195, 86%); and heightened worries about academic performance (159/195, 82%) ([Son et al., 2020](#)). Other psychological distress including risk of suicide, feeling of frustration and loneliness among students were also reported ([Zhai & Du, 2020](#)).

Beyond the United States, other studies also reported negative impact of COVID-19 on teachers. For instance, in the Philippines, [Talidad and Toquero \(2020\)](#) explored Philippine teachers' practices to deal with anxiety amid COVID-19. They reported that teachers go through anxiety and feeling of sadness due to the suspension of national

school-related activities in the country brought about by COVID-19 in the early stages of the incursion. However, the teachers found the means to engage in meaningful activities to overcome their predicament. A systematic review on the prevalence of depression, anxiety, stress, and burn-out among teachers, published from 1st December 2019 to 15th June 2021 revealed that at the onset of the COVID-19 pandemic, teachers at different educational levels were experiencing adverse psychological reactions due to the closure of educational institutions. The findings also indicated that teachers reported levels of anxiety (17%), depression (19%), and stress (30%). And more anxiety was seen in Asia than on any other continent. No significant differences regarding gender and age in any of the symptoms were found. But anxiety levels varied between different countries (Ozamiz-Etxebarria et al., 2021). In Israel, 313 professors/teachers completed an online survey from 14 academic colleges at the end of the first week (most burdensome and stressful week) of online synchronous teaching during the COVID-19 pandemic. The report showed that professors experienced extreme levels of psychological stress but without any vocal symptoms during the migration to online synchronous teaching in contrast with previous periods of teaching (Besser et al., 2020).

The psychological impact of the COVID-19 pandemic as expressed in feeling depressed, anxious, lonely, and others, in many countries, have been reported among general students, medical students, and university teachers. The impact was thus widespread and could be debilitating for educational institutions.

Rationale for the study and the research question

Ghana confirmed the first two cases of Coronavirus (COVID-19) on the 12th of March, 2020, and subsequently, on March 16, a temporary ban was imposed on all public gatherings such as festivals, political rallies, conferences, funerals, religious services, etc. as means of controlling the transmission of the disease. Schools and universities, both public and private were also affected. Ghana closed its borders and ports on the 22nd of March 2020 and individuals who arrived in the country after the ban on air travel was lifted, were subjected to mandatory quarantine and testing (Gyimah, 2021). All health institutions were given the mandate to prepare to screen, identify and isolate suspected cases employing the national case standard based on symptoms such as fever, 38°C, respiratory symptoms, and a travel history within the last 2 weeks for people arriving from a country that had recorded positive cases of COVID-19 (Gyimah, 2021).

Following these steps to restrict the spread of the virus, some studies in Ghana began to examine the impact of the virus on various sectors of the country. These include exploring socio-economic impact of COVID-19 pandemic on marketplaces in Urban Ghana (Asante & Mills, 2020); Impact of coronavirus (COVID-19) pandemic on public transportation in Ghana (Sogbe, 2021); Psychological distress and mental health disorders from COVID-19 stigmatization (Dickson et al., 2021); Geospatial Technologies in the COVID-19 fight of Ghana (Sarfo & Karuppanan, 2020); Hoteliers' Human Resource Strategies for Business Sustainability during COVID-19 pandemic in Ghana (Dwomoh et al., 2020); COVID-19 in Ghana: Changes and the Way Forward (Yendork & Spencer, 2020); and Cultural and Educational implications of the COVID-19 Global Pandemic in Ghana (Adom, 2020; Agyekum,

2022). Many studies on COVID-19 were also conducted in the fields of medicine and the health sciences (Gondauroi et al., 2020; Usak et al., 2020). However, none of these Ghanaian studies specifically explored the psychological and educational effects of COVID-19 pandemic on online students and lecturers in Central University—one of the leading private universities in Ghana. The research question was: What are the psychological and educational effects of the COVID-19 pandemic on online education lecturers and students in Central University? The present research helps us to gain more knowledge of the crisis of the pandemic on educational institutions in Ghana and Africa.

Methodology of the study

Qualitative exploratory design within the constructivist paradigm was employed to guide the study. In this design, knowledge is created within a context and the interaction between the researcher and participants creates opportunity for the co-creation of knowledge. The design is exploratory because few studies have been carried out on COVID-19 and related fears imposed on lecturers and students in the sub-region and Ghana in particular.

The study also leans toward the interpretivist philosophy because individuals who are interviewed interpret their feelings based on their experience and understanding of the phenomenon, that is COVID-19, and the fear posed to their lives. In addition, within the parameters of the interpretive philosophy, the current researchers also gained the privileged opportunity to attempt to understand and interpret further, the statements made by the participants regarding their experience of the phenomenon under review. This action falls within the circle of double hermeneutic, a typical characteristic of qualitative research.

Study area

Central University was selected as the study area. Central University is a chartered and a leading private and indigenous University in Ghana, established in 1998. Currently, it has a population of over 5, 000 undergraduate and graduate students. The University runs several Faculties and Schools. Participants were simply selected according to their willingness to participate in the research exercise. In addition, the ease of access to information was also considered, especially at the time when not much social interaction was possible due to restrictions following the pandemic.

Participants, sampling, and data collection

15 participants comprising lecturers and students who expressed interest in the study were conveniently sampled and saturation was reached after 15 interviews. The approach requires a small sample size but an in-depth interpretation of the interview data (Smith et al., 2009). It may be counter-argued that this sample size may suffice if the researchers were interested in only one category of participants such as only students or lecturers as participants. This implies that since students and lecturers are two different categories, the

researchers could increase the number of participants for more robust coverage of data. Somehow, this argument may sound right, but technically it is an irrelevant point because a qualitative study does not require huge numeric data, but rather depth of narrative data, effective analysis, and effective interpretation. Data from eight (8) lecturers and seven (7) students are adequate to provide findings that will be relevant for relevant academic implications arising from the study. Male participants were nine (9) while females were six (6). Regarding males, lecturers were five (5) and students were four (4) while for females, lecturers were three (3) and students were also three (3). Let it be recorded that in terms of gender, there are 9 males and six females. The difference is not attributable to bias but participants' availability during that time.

Categorizing the participants' voices based on their status or gender (lecturer or student or male or female) was not the original focus of this paper. The issue is whether from students or lecturers' or from a males' or females' perspectives, there was some incidence of fear and other symptoms of psychological and educational problems faced by the participants. The original intent was to focus on the psychological and educational effects on the participants but not to find out the differences of impact between lecturers and the students or males and females. Nevertheless, to provide adequate insights regarding the biodata of the research participants, such statistics have been provided in the present study.

One might also wonder how the selection could be made on the concept of saturation, as saturation is something that can only be reached after carrying out the data analysis (and not before the data analysis). In response to that, it should be noted that saturation was considered because the researchers were mindful of the reality that if numerous interviewees were explored, the gathered data might be too much for the analysis. Few interviewees could then be explored and engaged thoroughly until further responses might not add anything new. This is referred to as the point of saturation, thus its use in that context.

It may also be argued that it is not possible that out of the given information about the group of participants, one can understand which group it is that has been interviewed. Further, a reader needs to know more to be able to judge the result as trustworthy. Much as those arguments can be raised under certain circumstances, they are not relevant to the current study because the study was not intended for comparative analysis of different groups of participants, such as lecturers and students or males and females. But to satisfy the expectations of such potential readers of this study, such analysis has been catered for in this paper.

From the description of the demographics, both lecturers and students had similar biodata (all of them are adults, working, married, etc.) except that one group was made up of lecturers and the other of students. They shared similar characteristics pertaining to their fear of COVID-19 and the associated psychological effects, the focus of the current study. Interviews were used as the data collection method. Due to the COVID-19 pandemic and the associated need for social distancing, interviews were conducted by phone. Interview sessions took 20 to 30 minutes. Appointments were booked with the interviewees and their most convenient time was given priority. The responses from interviewees were finally sorted according the participants' status (students or lecturers)

despite the fact that both categories were made up of only adults with an age range of 25 to 55 years, all of them married and employed too, as stated earlier. It may seem a bit odd that the students were all married and were all employed. The explanation is that these are real adults enrolled as evening and weekend students in the university. The data collection period spanned 2 months (From June to July, 2020).

The interview question was *Please tell me about your fears regarding the incursion of the COVID-19 pandemic in Ghana?* There was no pretesting of the instrument owing to the period and the urgency attached to the study. The responses provided by the interviewees generated several probing questions and related responses based on the theme. This theme was important because the outbreak of COVID-19 in Ghana had stirred up fear in all and sundry and empirical studies were needed in order to capture the psychological and educational effects on students and lecturers due to their fear of the pandemic. The purpose was to engage stakeholders to bring in their expertise to bear on the episode for redress.

Data analysis

Thematic analysis was used for data analysis because it has been widely recognized and employed in qualitative studies for scores of years. Logical connections were established between the similar responses in a more theoretical and systematic ordering, and general categorizations and themes were obtained as confirmed by previous study such as [Braun and Clarke \(2006\)](#). Quotes from the respondents were aligned with the related themes. It is expedient to mention that quotes that were similar in the data were merged and placed under the relevant construct or theme. The following steps were followed: Phase 1: The researcher(s) engrossed themselves in the data by listening meticulously to the digitally recorded narratives from the participants and went on to transcribe them verbatim. It is important to mention that participants were consulted, and they gave consent to the fact that their responses were being recorded. The transcripts were studied thoroughly by the researcher(s) to ensure effective interaction with the field data. Phase 2: Specific themes, factors and opinions of the informants were developed and listed. Codes were constructed from the data by the researcher to allow for clear analysis. Phase 3: Themes were labeled as either main theme or as sub-theme. Phase 4: The data were assessed and meaningful themes emerging from similar patterns with adequate narrative data were explored and classified. Fifth phase: Relevant themes necessary for inclusion in the final analysis were defined and included. Key themes and relevant quotes were identified and classified. Phase 6: Data analysis followed based on the themes yielded by the data. The thematic analysis deployed inductive approach.

Truthfulness of data

To ensure truthfulness of data, the researchers applied the member-check principle, by contacting the research participants to verify and confirm or deny their quotes before the decision to include or not to include them in the report. A draft of the paper was also shared with some peers in academia who were psychologists or educationist and they

reviewed and critiqued it. It is worth noting that their relevant views were considered in the final report. This process allowed for cross-validation and fertilization of views and ideas, as attested by other studies such as [Smith et al. \(2009\)](#). Additionally, to enhance rigor, bracketing and reflexivity were employed to isolate the researchers from personal biases and ego involvement. Reflexivity was managed to avoid possible conflict.

Ethical considerations

The current study was carried out under emergency conditions (during the initial outbreak of COVID-19 in Ghana and it was difficult getting the protocols for any ethical board since all sittings were suspended during the restrictions). There was however a pressing need to access empirical data to discuss findings that might help in understanding the psychological and educational effects of COVID-19 on lecturers and students in an online education, and to recommend appropriate measures to control the spread of the pandemic in the country. Irrespective of the challenge, as researchers and health workers, we decided to uphold high standards of ethics in the data collection. For instance, informed consent of the participants was taken. Full disclosure and voluntary participation were observed. The second author, a licensed psychologist, was also ready to provide support for any participant who might feel distressed during or following the interview. This was made known to participants at the outset of the interviews, but none requested for this throughout the interviews. Further, quotes from interviewees have been anonymously presented.

Results

The results of the present study were generated from one interview theme accompanied with several probing questions. The question was “*Tell me your fears during the COVID-19 pandemic in Ghana?*” Analysis of the responses of participants to this question revealed fear expressed in four key domains and captured in four key themes thus: Experiencing psychological distress; Burden of economic hardships; Fear of inefficient health system; Educational disruptions and worries involved in online teaching and learning.

Experiencing psychological distress

This theme addresses participants’ fear of experiencing anxiety, depression, and other emotionally related difficulties following the COVID-19 pandemic. One participant said, *I was gripped with anxiety and depression due to inordinate fear of infection and possible death.* (Male lecturer, Interviewee 1) Other participants indicated: “*I was scared and went through stress and anxiety concerning how we students and our lecturers were going to be effectively protected from the spread of the virus.*” (Male Student Interviewee 3) The above narratives were concerned about fear of being infected and potential fatality. Interviewee 3 was concerned about how teachers and students were going to be protected from infection. For other participants, their fears kept them indoors and others were

concerned about death in the family as expressed here: *“I was afraid that if I went out to public places, I would be infected by the virus.”* (Female lecturer, Interviewee 5). Yet another remarked: *“I was also afraid of losing a family member through COVID-19 disease.”* (Female student, Interviewee 7)

Although we cannot argue that these narratives as indicated above reflect a clinical experience of anxiety and depression, the expression of such negative feelings during the period under review does resonate with thousands around the world who felt and experience similar symptoms.

Anxiety is an emotion characterized by feelings of tension, worried thoughts, and uncertainty. People with anxiety symptoms usually have recurring intrusive thoughts or concerns. They may also have physical symptoms such as sweating, trembling, dizziness, or a rapid heartbeat (Encyclopedia of Psychology). Anxiety symptoms include nervousness, fear, excessive worries, and panic. Rehman et al. (2021) revealed that, among varied professions, students and healthcare professionals were found to have experienced stress, depression, and anxiety more than others during the pandemic.

Yohannes (2021) maintained that depression symptoms include, excessive fatigue, loss of interest in pleasurable activities, and social isolation. Aside from fear of the COVID-19 pandemic, causes of increased anxiety and depression include loneliness, stress, lack of social support, unemployment, physical disability, substance abuse, bereavement, and social isolation. Perception of increased sensitivity and vulnerability to risk, feelings of annihilation, alienation, fatigue, emptiness, and affliction can also cause depression (Lilja et al., 2006). Anxiety, depression, and fear of death from infection from COVID-19 are critical manifestations or symptoms of psychological disorders that, if not attended to, can cause physical health problems and possible death of victims. Anxiety or extreme anxiety can lead to gross errors in decision-making, lack of focus and lack of purpose. Fear of death can thwart a sound mind, take away one’s happiness and peace of mind, cripple initiative and creativity and result in a dependency syndrome. Fear of getting infected by the virus if one went to town during the peak of the COVID-19 confirms a prior study (Tasso et al., 2021).

Burden of economic hardships

The economic burden of the pandemic also provoked fear in some participants. Such fears bordered on scarcity of food and inflation, *“I was afraid of food shortages; price rises and famine. Also, I had the fear that access to food will be a challenge due to the lockdown”*. (Male lecturer, Interviewee 2) and another commented: *“How long can we store food items if the restriction is extended for more weeks or months?”* (Female lecturer, Interviewee 8) *“I was disturbed that there would be loss of jobs and economic hardship due to the lockdown”* and fear that government may not be able to meet its obligations. (Male lecturer, Interviewee 4) An interviewee also stated, *“I was scared that the government of Ghana would be unable to finance the Free Senior High School programme, the One-District-One Factory project, and pay all its workers.”* (Female lecturer, Interviewee 9)

Thus, the fear expressed by the participants was not something that was specifically related to their personal economic insecurity but also the national society as a whole; thus,

their lamentation: How can the government policy of free Senior High School be implemented? This is a policy which had just started and had been favorable to the thousands of Ghanaians who would not have been able to access secondary education due to the high cost.

Another cry was: How can the government generate revenue to finance the one-district-one factory vision of the sitting government which was meant to create more jobs in the country and to improve the standard of living of Ghanaians? (Female lecturer, interviewee 10) These fears reached the point of alarm in Ghana. They were heightened into psychological problems such as anxiety, depression, and stress tendencies among some participants. These outcomes have negative implications for community development and traverse the fields of education, health economics, environmental economics, development economics, labor economics, public health, sociology, psychology, religions, politics, etc., indicating the severity and breadth of the problem.

Inefficient health system

A participant had this to say concerning the theme above: *My fear was that the medical system of Ghana wouldn't be able to handle the intensity of the pandemic, and that would be detrimental to human health and human existence in general.* (Male lecturer, Interviewee 6) Another interviewee narrated: *I was afraid that the medical doctors would not be able to manage the patients infected with the COVID-19 disease at all, because it was a novel Corona virus. No one knew how to combat it.* (Male student, Interviewee 11) Yet another stated: *Ghana being a developing country, lacks the logistics, personal protection equipment, sanitary items, other medical facilities, and tools as well as adequate manpower to help fight the disease. I am scared.* (Female lecturer, Interviewee 10)

Fear of the inability of the health system to manage the pandemic was genuine at the time of the lockdown. There was no vaccine discovered then, and the spread of the infection was on the rise. In fact, the hospital facilities and equipment available could not contain the number of people being infected with the COVID-19 disease. More Isolation Centers needed to be created, but that entailed financial cost, a constraint; more specialist medical personnel were needed but were in scarcity too. Besides, a robust contact-tracing system was non-existent, and the supply of personal protection equipment was inadequate, while new specialized laboratories had to be established to undertake COVID-19 testing. Fear was experienced all over the country because people were dying from this infection.

Fear of disruptions in the educational calendar

A participant remarked:

Would universities be able to function? Would universities be capable of handling online education as soon as possible? (Male lecturer, Interviewee 4) Yet another wondered: How

would student-workers be able to work and get money to pay their fees while under lockdown? (Female student, Interviewee 13)

If the COVID-19 disease is active, implementing online education is the obvious option, but faces numerous challenges, including the preparedness of universities to migrate to online instruction in terms of ICT infrastructure availability, the financing of data costs, providing the technical support, and training for ICT staff, lecturers, and students. There is also the issue of lecturers and students living in communities where there are frequent power outages and fluctuations as well as poor Internet connectivity. These are critical issues that university administrators had to find solutions for, in view of the necessity and the urgency to migrate to online education.

From the data, one critical issue is how the students who were also workers would finance the payment of their fees under lockdown restrictions. Although the lifting of the lockdown was a great relief, it is necessary to point out that many people had still not recovered from the loss. Finally, despite the lifting of the lockdown, and the discovery of vaccines, COVID-19 as a disease is still around and must be managed carefully as it is still infecting and killing people who have not been vaccinated against COVID-19.

In probing answers of participants, we also asked them: What were your specific challenges regarding migrating online for teaching and learning? More responses emerged. A respondent commented:

Sometimes, I would be driving while participating in an online class. This happens when the actual time scheduled for the online class has been changed without any notice to us. In such circumstance, concentrating in the online class becomes problematic for me while the possibility of involving in motor accident is also very high. Additionally, the online class is brief such that a little lateness means one may miss the class. This has happened to me (missing classes) a couple of times and it is worrying (Male student, Interviewee 14)

The interviewee above reported on the frequent change of the Time-Table for the teaching schedule of the online class which disrupted his academic planning, and found it disturbing as well. This interruption would have as well affected a large number of students and lecturers who rely on the Time-Table. However, it is expedient to highlight that lecturers often move round school administrators making arrangement for a change of Time-Table for their convenience without considering the overall effects on the students too. Efforts to circulate a stable Time-Table will be helpful to both lecturers and students. A student also reported:

A number of lecturers were using the free Zoom App which lasted for 40 minutes but could be reconnected for use for another 40 minutes in that order. Unfortunately, sometimes, re-connecting takes a long time due to interruption in internet connection causing some of us not able to reconnect anymore thus losing the rest of the lectures. This is worrying. (Male student, Interviewee 15)

The free Zoom App is good because it is free. Everyone can download it for use without cost. However, the challenge concerning the reconnection after its use for the first 40 minutes is indeed worrying for both lecturers and teachers. Yet another remarked: *I join the online class in my workplace where there is a lot of noise. As a result, I lack concentration and peace of mind. This is disturbing. (Female student, Interviewee 13)*

The student above kept using her noisy office for the online class and kept lamenting about the noise that affected her concentration. An interviewee also stated:

Some students also do not mute their microphones thus opening up to a lot of noises from the background which disturb the entire online class. Efforts made to hear a lecturer well in such a noisy background were futile. (Male lecturer, Interviewee 15)

A participant also added:

While teaching online, I notice that a number of students log on to the online class but leave the online class while their names still appear online as if they were still in the online class. It is frustrating! (Interviewee 11)

Yet another interviewee remarked: *In an online class, you ask students questions over and over and sometimes, no one is there to respond. There are also network challenges as well as unfavourable meeting times creating stress for me. (Male lecturer, Interviewee 4)* this might show the extent of unreadiness of some students for the online learning that could frustrate and demotivate lecturers.

Discussion

The present study sought to explore the panic situation articulated by lecturers and students during the COVID-19 pandemic in Ghana. The objective of the study was to understand the experiences of stakeholders during the COVID-19 pandemic. The themes emerging from the findings are *Experiencing Psychological Distress; Burden of Economic Hardships; Inefficient Health System; and Fear of disruptions in the educational calendar.*

The manifestation of psychological problems such as anxiety and depression, as well as the fear of death from COVID-19 infection was underpinned by the fact that it was a dangerous novel virus which then had no vaccine and had already killed many people in the developed countries whose economies and healthcare systems are far more robust than Africa's (Bender, 2020; Cao et al., 2020; Rajkumar, 2020; World Health Organization, 2020).

The fact that the fear of COVID-19 caused stress, anxiety, and depression in the participants of the current study is consistent with the literature. For example, Khademian et al. (2021) found that COVID-19 news caused stress, anxiety, and depression among people in Iran. Kujawa et al. (2020) also noted that COVID-19 pandemic-related stress was moderately associated with both depression and anxiety and COVID-19-linked stress is likely to have profound effects on mental health for everyone in the USA. Kujawa and colleagues (2020) further reported that emerging adults are at high risk for depression and anxiety

connected to the psycho-social effects of the COVID-19 pandemic. This may explain why the participants of the current study in our part of the world were seized by fear, as potential emerging adults. [Gritsenko et al. \(2020\)](#) indicated that fear of COVID-19 affected all and sundry irrespective of their nationality, and that females and religious people registered higher levels of fear. And above all, quarantine restrictions significantly induce fear too.

The aforementioned numerous psychological effects of living in fear of COVID-19 suggest a potentially dire situation for Ghana because previous studies have revealed that depression is one of the commonest psychological problems in Ghana ([Essien & Asamoah 2020](#); [Laugharne & Burns, 1999](#)). It is important to acknowledge that these manifestations of psychological problems are a challenge because they have adverse effects on the minds of teachers and students. They therefore have the potential to degrade the quality of teaching and students' learning outcomes.

The causes and the effects of the economic crises found in the respondents' narratives are clear. A 3-week lockdown was imposed in Ghana when COVID-19 pandemic first surfaced in the country. The lockdown affected family incomes. [Rehman et al. \(2021\)](#) reported that those who lacked adequate supplies to sustain themselves during the lockdown were harshly affected and family influence was found to be negatively correlated with stress, anxiety, and depression. The uncertainties regarding the exact time the lockdown would be lifted triggered panic buying of food items with the intention of storing some to provide some food security for individuals and families. This widespread food-demand behavior caused artificial shortages of food and price increases, which aggravated suffering and led to cries for help from the poor, who could not afford the escalating prices. This is consistent with previous studies ([Cao et al., 2020](#); [Rajkumah 2020](#); [Trnka & Lorencova, 2020](#)).

The Government of Ghana, churches, as well as philanthropic organizations stepped in to distribute free food to the deprived people in some communities for a limited period due to the huge costs involved. Unfortunately, people were steadily showing signs of COVID-19 infection, and deaths were being registered. Businesses were shut down, and many people lost their jobs. If people could not afford to buy food due to price increases, or if they could not earn incomes because of the lockdown and the closure of businesses, the students among them would naturally lack the means to pay their fees, or to pay for online data to participate in online learning. They would also be deprived of a sound mind to learn. Previous studies corroborate the severity of this havoc caused by the COVID-19 pandemic to the socio-economic lives of the masses ([Toquero, 2020](#); [Rajkumar, 2020](#); [Le Vigouroux et al. \(2021\)](#)).

The fear that the health system would become inefficient as indicated in the interview data could arise from the regular reports of daily infections, death tolls, as well as the alarming spread of the virus globally, far beyond the strength of various health systems ([Trnka & Lorencova, 2020](#)).

The educational sector's calendar was equally disrupted following the lockdown. Additionally, it became necessary for schools and universities to migrate entirely to online education with little or no preparation at all ([Basilaia & Kvadadze, 2020](#); [Owusu-Fordjour et al., 2020](#); [Toquero, 2020](#); [UNESCO, 2020](#)). The lack of preparedness to migrate online was accompanied by numerous challenges including the inability to use the features of Learning Management Systems and other educational technologies by both lecturers and

students, the high cost of data (mostly to be borne by students and lecturers), low bandwidth and the associated slow Internet connectivity, lack of backup power generators and weak technical support (Alghamdi & Bayaga, 2016; Dadzi, 2009; Trucano, 2005). During the early stages of the COVID-19 onslaught in Ghana, thousands of university students, especially those in the final year, were gripped by fear. Some had only 6 weeks left to finish school. Their fears were associated with how long the lockdown was going to last, and how long it would take for a vaccine to be discovered to treat the COVID-19 infection. Students were not the only affected. Teachers and lecturers of different educational levels were equally plagued with anxiety, stress, and sadness (Besser et al., 2020; Talidong & Toquero, 2020).

Students' complaints of unreliability of the online class Time-Table due to rampant changes thus disrupting the plans for attending lectures is an issue that is disturbing that must be addressed if prospective distance education students who are normally workers could be successively mopped up into the online education programme. Furthermore, the free Zoom App which lasts for 40 minutes before it could be re-connected for the online class to continue was worrying and frustrating. On several occasions, the reconnection posed a challenge for other students or even the lecturers owing to the unstable nature of the internet connectivity. It is expedient that the University may have to buy the commercial version of the Zoom App or go for an open-source Learning Management System or use more effective educational technology for teaching and learning. Further, managing the online class by some lecturers who are also novices in the use of educational technology was also problematic in that some could not simply mute students' microphones which created a lot of noises from the background. Lecturers and students were thus faced with the challenge of using technology for teaching and learning under such circumstances (Asamoah & Mackin, 2016; Asamoah, 2021a, 2021b).

Limitations of the study and direction for future studies

There was a time constraint on reporting the study to give it a timely impact on the formulation of relevant policies and practice. The results and the analysis may not be so complex, and rigorous as might be expected. Nevertheless, they contain insightful information that clearly adds to knowledge and the literature on the ongoing battle against COVID-19 in the sub-Saharan region. The study did not focus on comparative dimensions regarding lectures and students, or males and females and their experience with the COVID-19 pandemic since nothing peculiar was found. Future studies could consider that using a more rigorous methodology. In-depth interviews were conducted over the phone due to the restrictions of social interactions at the time of data collection. The limitation associated with this mode of interview is that one would miss out on relevant observable cues such as facial expression and gestures which can facilitate meaning-making in a face-to-face interview.

Implications for policy and practice

The findings in this paper have implications for policy and practice in both health and educational sectors in Ghana. On the healthcare front the study has implications for the development of COVID-19 pandemic-related healthcare delivery policies, first in Central University, and other educational institutions in the country. For instance, the experience of common mental disorders such as anxiety, stress and depression during the period requires the need to develop university policy on mental health which will outline clear and practical steps to address common mental health disorders in educational institutions following significant threats such as pandemic as experienced. Most universities in Ghana do not have mental health policies. Those who have taken the initiatives have kept these in the backburner and have not seen the light of day. The lack of commitment from most academic institutions in Ghana towards mental health almost reflect the inertia from national governments in investing into mental health. Ghana's health landscape has largely not received needed government investment and manpower crisis continues to plague it. For example, the WHO situational report (2022) on Ghana's Mental Health indicates that the mental health sector's manpower is generally insufficient. It has 39 psychiatrists (0.13 per 100,000), 244 psychologists (0.78 per 100,000). There is, however, more mental health nurses (8.10 per 100,000) and mental health social workers (1.17 per 100,000) who comprise the mental health workforce. It further reported that of the total health budget, only 2.97% was allocated to mental health, illustrating low political support for mental health policies and plans in the country.

The COVID-19 experience as seen in the current study is a good opportunity to gauge the preparedness of our health systems (at both local and national level) to be all inclusive and pro-mental health to respond to the psychological distress that accompany such pandemics. We cannot prognosticate the next pandemic, the burgeoning evidence of the mental health distress following COVID-19 should be a wake-up call for universities and Ghana as a whole to invest both in infrastructure and manpower in this area of health care delivery. Another important implication is that the health sector must continue to deploy information dissemination mechanisms and launch more awareness campaigns about COVID-19 and the need to vaccinate. Vaccine hesitancy research must be conducted to improve health educational campaigns since having been vaccinated is found to reduce the experience of mental health distress (Perez-Arce et al., 2021)

Another implication from the study was the need to develop some resilience for our educational sectors through leveraging on technologies. Online teaching platforms have come in handy, but the lack of skill in using these systems as found in the study still poses significant threat to the system. The crisis triggered by the pandemic which necessitated the migration to online or blended education require immediate implantation of e-learning policies encompassing pedagogy, training, learner-support, courseware, and assessment methods suitable for e-learning. Several educational institutions have been pushed to consider major investments in technology assisted learning such as investments in information and communication technology infrastructure, Learning Management System, Zoom App, computer hardware and software, computer laboratories, teleconferencing facilities. These are however seen as cost-intensive and thus most universities, although

have embraced this, yet have not heavily invested into them. The significant disruption from the pandemic is a fair warning to make our educational e-learning infrastructure resilient against similar future shocks. One way of achieving this is the need to provide training in online teaching and learning for teachers, students as well as ICT staff. Investment policies for training these human resources are required if African universities are to keep up with the trends of digital demands and waves. Hiring instructional technologists to help to properly structure and monitor the online system is a duty and an investment that university administrators will have to consider. Collaboration policy with Telecommunication companies for a subsidized data for lecturers and students to facilitate teaching and learning must be pursued.

Conclusion

In this study, we have demonstrated that COVID-19 pandemic triggered psychological and socio-economic conundrums to the faculty and students of Central University as experienced in the individual feelings of anxiety and depression, economic hardships, concerns of an overstretched health systems, and challenges to e-learning. The implications for these findings for developing mental health policies and strengthening educational technologies to withstand future threats have been discussed. We assert that COVID-19 was a significant threat to universities in Africa and educational settings that have not yet invested into e-learning resources and their efficient usage may not count themselves resilient to future threats. As Ghana attempts to widen educational opportunities for all and sundry, we must also invest in systems that will thrive and flourish during turbulent times.

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