

Qualitative Research in the Time of a Disaster Like COVID-19

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Abstract

The year 2020 will go down in history as the year when the whole world was challenged with one invisible enemy that changed everything in human society in the 21st Century. It is the worst modern pandemic that has shaken all aspects of human life. It is clear that no one in any field was well prepared, if prepared at all, for COVID-19. The newness of this pandemic has given room for several qualitative research opportunities to help understand and address the social implications. In this paper, we discuss the social trends of COVID-19, the role qualitative research should play during a disaster such as this pandemic, and how to conduct qualitative research about and during such a disaster. This paper also introduces the Crisis Recovery Stages model that can help researchers move effectively in the production mode despite the disaster. The paper also generates ideas for current issues that can be addressed through and about qualitative research.

Keywords:

qualitative research; COVID-19; crisis recovery stages model

Investigação qualitativa em tempos de desastre como a COVID-19

Resumo: 2020 entrará na história como o ano em que o mundo foi desafiado por um inimigo invisível que mudou tudo na sociedade humana, no século XXI. É a pior pandemia moderna, que abalou todos os aspetos da vida humana. Claramente, ninguém em nenhum campo estava bem preparado, se é que estava preparado, para a COVID-19. A novidade desta pandemia abriu espaço para várias oportunidades de investigação qualitativa, para ajudar a entender e abordar as implicações sociais. Neste artigo, discutimos as tendências sociais da COVID-19, o papel da investigação qualitativa durante um desastre como esta pandemia e como conduzir investigações qualitativas sobre e no decorrer de uma catástrofe semelhante. Este artigo também apresenta o modelo *Crisis Recovery Stages*, que pode ajudar os investigadores a moverem-se efetivamente no modo de produção, apesar do desastre. O artigo também gera ideias para questões atuais, que podem ser abordadas através da investigação qualitativa.

Palavras-chaves: investigação qualitativa; COVID-19; modelo *crisis recovery stages*.

Investigación cualitativa en tiempos de desastres como COVID-19

Resumen: El año 2020 pasará a la historia como el año en que todo el mundo fue desafiado con un enemigo invisible que cambió todo en la sociedad humana en el siglo XXI. Es la peor pandemia moderna que ha sacudido todos los aspectos de la vida humana. Está claro que nadie en ningún campo estaba bien preparado, si es que lo estuvo, para COVID-19. La novedad de esta pandemia ha dado lugar a varias oportunidades de investigación cualitativa para ayudar a comprender y abordar las implicaciones sociales. En este documento, discutimos las tendencias sociales de COVID-19, el papel que debe desempeñar la investigación cualitativa durante un desastre como esta pandemia, y cómo llevar a cabo una investigación cualitativa sobre y durante dicho desastre. Este documento también presenta el modelo *Crisis Recovery Stages*, que puede ayudar a los investigadores a moverse efectivamente en el modo de producción a pesar del desastre. El documento también genera ideas para los problemas actuales que pueden abordarse a través de y sobre la investigación cualitativa.

Palabras clave: investigación cualitativa; COVID-19; modelo *crisis recovery stages*.

Recherche qualitative au moment d'une catastrophe comme COVID-19

Résumé: L'année 2020 restera dans l'histoire comme l'année où le monde a été mis au défi avec un ennemi invisible qui a tout changé dans la société humaine au 21^e siècle. C'est la pire pandémie moderne qui a secoué tous les aspects de la vie humaine. Il est clair que personne dans aucun domaine n'était bien préparé, voire pas du tout, pour COVID-19. La nouveauté de cette pandémie a donné lieu à plusieurs opportunités de recherche qualitative pour aider à comprendre et à traiter les implications sociales. Dans cet article, nous discutons des tendances sociales de COVID-19, du rôle que la recherche qualitative devrait jouer lors d'une catastrophe telle que cette pandémie, et comment mener des recherches qualitatives sur et pendant une telle catastrophe. Cet article présente également le modèle *Crisis Recovery Stages*, qui peut aider les chercheurs à se déplacer efficacement en mode production malgré la catastrophe. Le document génère également des idées pour les problèmes actuels qui peuvent être abordés grâce à et sur la recherche qualitative.

Mots clés: recherche qualitative; COVID-19; modèle *crisis recovery stages*.

Introduction

Pandemics have been reported over the centuries. The 21st Century, however, did not have any pandemic of the worst magnitude until early 2020. The story is known for having started in a city called Wuhan, in the Chinese province of Hubei. Until the end of the year 2019, probably this city was not much known around the world but, within the first couple of months in 2020, the city was known almost all over the world. It is because this is where the worst pandemic in modern history, which came to be known as CoronaVirus Disease of 2019 (or COVID-19), originated.

The origin of the virus has been disputed in different formal and informal, official and unofficial reports. Depending on the source that one consults, and maybe depending on one's own beliefs systems, there are various versions that are shared. The common official version is that the virus that caused this modern pandemic came from a bat. Others believe that it was from a pangolin. Still others believe that it was a human-made problem. The last category of people is further split into at least two groups: one if made of those who believe that it may have been a planned chemical warfare while others believe that it was just a virus from a lab that unintentionally got out of control. No matter what version of the origin of COVID-19 is, the fact is that it turned out to be a pandemic, which got world leaders on their knees.

Knowing that qualitative research (QLR) deals with lived experiences of human beings (Creswell & Poth, 2018; Denzin & Lincoln, 2017; Flick, 2014; Lichtman, 2013; Merriam & Tisdell, 2016; Yin, 2015), especially when these experiences are complex, COVID-19 has created challenges and opportunities for innumerable research studies. This paper briefly summarizes how COVID-19 has affected human life experiences and how QLR can be used to address the different challenges that this pandemic brought globally. This paper is our own opinion that is intended to generate discussion for much-needed solutions of COVID-19 through the use of QLR.

Wild Spread of COVID-19

On January 1, 2020, there was only one case of COVID-19 officially reported globally. That was only in one country—China. Four months later, at the writing of this manuscript, the World Health Organization (WHO) had confirmed 3,090,445 cases worldwide and 217,769 deaths from this pandemic (WHO, 2020). It had reached 214 countries and territories, according to the same report. Table 1 displays the information from the same WHO's report as of April 30, 2020.

Table 1: COVID-19 Statistical Data Within the First Four Months

	Confirmed COVID-19 Cases	Confirmed COVID-19 Deaths
European Region	1,424,649	135,961
Region of the Americas	1,246,190	65,228
Eastern Mediterranean Region	182,417	7,447
Western Pacific Region	147,743	6,094
South-East Asia Region	54,021	2,088
African Region	24,713	938
Globally	3,090,445	217,769

From the table above, it is clear that Europe and the Americas were the most hit in the first four months of this pandemic, while Africa and South-East Asia were the least affected. To be specific, the countries most affected at the end of the first four months, according to WHO, were respectively the United States of America, Spain, Italy, the United Kingdom, France, Germany, Russia, and Turkey. By April 30, 2020, each of these eight countries had already confirmed more than 100,000 cases. While everyone was still hoping the virus would be contained before it could rise to a pandemic level, on March 31, 2020, the WHO declared COVID-19 a pandemic because it had entered most regions of the world. This declaration came within a bit less than 2 months after the WHO had officially reported the first COVID-19 confirmed cases on January 20, 2020.

To understand better the progression of this pandemic within the first four months of its start, Table 2 shows a biweekly report of data extracted mainly from the WHO reports. Systematic reporting of COVID-19 by the WHO started on January 20, 2020.

Table 2: Statistical Data on COVID-19 Progression Within the First Four Months

	Confirmed Cases	Confirmed Deaths	Countries & Territories Affected
January 1, 2020	1	1	1
January 20, 2020	282	6	4
January 31, 2020	9,826	213	20
February 15, 2020	49,053	1,383	25
February 29, 2020	85,403	2,924	54
March 15, 2020	153,517	5,735	144
March 31, 2020	750,890	36,405	203
April 15, 2020	1,914,916	123,010	114
April 30, 2020	3,090,445	217,769	214

From the table above, it is evident that the rise of this pandemic was probably unparalleled to any epidemic in modern history. The spread all over many different countries and territories was also unbelievable. The speed of the spread seemed also unprecedented, maybe due to globalization. Although at the beginning, few countries had the capability to test people for COVID-19, the tests quickly reached several countries as more and more countries started dealing with their first cases. This invisible enemy has gone after everyone, young and old, men and women, rich and poor, people in developed and developing countries alike. Casualties are in different groups. This pandemic has had many different effects on people around the world. The next section discusses these effects.

Some of the Evident Effects of COVID-19 on Researchable Domains

Life as it was known, has changed. Schools, churches, businesses, communities, travel, whole cities and whole countries have been shut down in many different countries. Air traffic has drastically dropped as more and more countries are not willing to allow flights from other countries to enter. With the world that is already so globalized (Baylis, Smith, & Owens, 2017), the pandemic has quickly and substantially disrupted the whole world. Economies, big and small, have been disturbed. In countries where the healthcare system is weak, people have been living in fear—maybe more fear than in developed countries. This is especially true because even in countries with good health systems such as the United States of America, Spain, and Italy, have struggled to contain the pandemic. There has been shortage not only of hospitals but also of needed medical equipment and medical personnel. With all the scientific institutions around the world, everyone has struggled to come up with a vaccine and/or a cure in a timely manner.

Horrifying stories have been shared in the news and on social media. Some medical personnel have caught the virus. While most have survived, some have lost their lives on the frontline. Others have developed mental illnesses that, in some cases, has led to depression and even suicide. Certain countries, unnamed here for ethical purposes, have struggled so much that the dead bodies could not all be handled in a timely manner and were left rotten in homes or public places for days. In some other countries, the hospitals were so overwhelmed that people with sicknesses other than COVID-19 could no longer be taken care of so that there could be room for COVID-19 cases. In some homes of the aged (or nursing homes), the virus entered and killed many people.

Fear grew in everyone's heart in the first few months of COVID-19. It also led to significant confusion. Fake news came in to confuse people. Some people have even gone to the extent of believing that COVID-19 was a hoax, while there is strong evidence worldwide of people who are dying of it and testimonies of those who have

recovered from it. Different world leaders have taken different measures to curve the pandemic unsuccessfully, while thousands of scientists have been working around the clock to find the vaccine and the cure.

In the meantime, most educational and research institutions have physically been closed. Those that were ready with the needed technical infrastructure have moved online. People have started working from home. They are using many different virtual communication tools to collaborate and to teach and learn for the case of educational and training institutions. While social research is needed, especially qualitative research, COVID-19 has made it difficult for people to conduct research due to social distancing and the closure of Ethics Review Boards (ERB).

Different measures have been put in place to protect people from catching or spreading the virus. While they may have been useful in curbing the spread of the virus, they have surely contributed also on other side effects. For instance, social distancing and mandatory lockdown, quarantine, and isolation have obviously led to diminished social interaction and decreased economic activities. These have certainly contributed to economic decline and some level of fear and stress that would also lead to some financial and psychological challenges. In a nutshell, COVID-19 has brought challenges that no one could have ever expected.

COVID-19-Related Stress

The Centers for Disease Control and Prevention (CDC) came up with a list of effects of COVID-19 and how to cope with them (CDC, 2014). The six listed as the most prominent ones were “fear and worry about your own health and the health of your loved ones”, “changes in sleep or eating patterns”, “difficulty sleeping or concentrating”, “worsening of chronic health problems”, “worsening of mental health conditions”, and “increased use of alcohol, tobacco, or other [illegal] drugs” (Outbreaks Can Be Stressful section). A recent review of the literature on the mental health related to COVID-19 revealed that this pandemic has led to depression, stress, anxiety, sleep disorder, among others (Rajkumar, 2020). Each of these effects is obviously an area fit for QLR.

The CDC also made some recommendations for coping with these effects of stress caused by COVID-19 from the individual perspective, the perspectives of parents, high-risk people, community, quarantine, and responders. Maybe the most comprehensive list of recommendations to deal with the mental health burden caused by COVID-19 is the one by (Ornell, Schuch, Sordi, & Kessler, 2020). Their recommendations are geared specifically to actions to be done by the government, what each individual must do, care for special groups, and what must take place in hospitals and health care referral centers. Other studies have investigated different aspects of the pandemic that overlap

with mental health, although not their major focus (Shigemura, Ursano, Morganstein, Kurosawa, & Benedek; Wang et al., 2020).

While stress is evident and unavoidable for everyone, some have faced it more than others. For instance, the medical personnel have faced much more stress than most other people because every day, they have to face this invisible enemy that could claim their life any day. Some have overworked due to the high number of patients that these medical personnel hardly have enough rest or sleep. This has taken a toll on their own overall health and wellbeing. Additionally, seeing their patients die daily of this terrible pandemic must have taken a toll on these medical personnel' emotional health.

The Start of a New Era

Surely, COVID-19 somehow began a new era. Things may never be the same again, even after the pandemic is over. People may never experience their travel and social activities the same way again. Training and educational institutions have embraced online education much more significantly than ever before. Countries seem much more united in trying to prevent, fight, and cure COVID-19 than they have ever been united before.

In the area of social research, many changes have also happened. With higher education institutions on lockdown, surely, research is not going on as it should, maybe except in hardcore scientific research geared towards the timely production of COVID-19 cure and vaccines. For regular social sciences research, little physical contact is allowed in cities and communities with confirmed cases. For QLR, this means that qualitative researchers cannot conduct face-to-face interviews, observations, and they cannot collect documents, except those accessible online.

Additionally, most likely, fewer ERB committees are active. The same applies to research grants which may be on a certain level of hiatus, given that there are no people to review the applications, except those geared towards finding the cure and vaccines for COVID-19. In addition to being most likely stranded at home, stressed, or depressed, social scientists have limited access to resources they usually depend on in normal life.

Qualitative Research Opportunities

Despite all the challenges that COVID-19 has presented, there are many opportunities for QLR. First, as well known in the literature, QLR deals with complex issues (Creswell & Poth, 2018; Denzin & Lincoln, 2017; Flick, 2014). This pandemic has created a plethora of complex issues that people are living with. Therefore, there are several areas in society that can be dealt with through QLR. Some of these issues

include but are not limited to the effects of COVID-19 and how people have coped with it in the following areas: research funding opportunities, student advising, stress, fear, depression, economic crisis, daily survival, tourism, entertainment, education, church organizations, human behavior, communities, lives of different groups of people dealing directly with COVID-19 (such as the medical personnel, security guards, homeless people), recovery process, loss of a loved one to COVID-19, moral values, and many more.

Additionally, QLR naturally does not require too many participants (Lichtman, 2013; Merriam & Tisdell, 2016). This means that people can conduct QLR within their respective communities without needing too many participants. This fact makes it efficient and effective for qualitative researchers to recruit participants for their QLR study. They just have to select carefully the participants who can provide the most important and most needed data to address the problem under exploration, as expected in QLR (Creswell & Poth, 2018; Minayo & Costa, 2019; Wa-Mbaleka, 2019). Because QLR depends on few participants, it means that much money may not be needed to conduct research; which means research funding may not be a big problem for those who wish to conduct simple, small, or local QLR studies.

Furthermore, technology is now available to collect data without having to meet anyone physically. Social media have plenty of data that can be used as primary data (Creswell & Poth, 2018; Merriam & Tisdell, 2016) such as blogs, vlogs, YouTube videos, Facebook postings, Instagram pictures and tweets. Different social media now provide several teleconferencing and videoconferencing tools that can be used freely to conduct virtual interviews. When necessary, and with proper permission, they could even be used in QLR observations.

For qualitative researchers who wish to conduct their research, there are already well established medical and government guidelines in most countries of the world to prevent COVID-19 as well as guidelines to prevent and deal with the related stress. Additionally, the Crisis Recovery Stages model proposed below is another way that qualitative researchers could manage their life and time effectively to be productive in the production of research during this pandemic. Researchers have access to strategies needed to be productive despite this pandemic. This offers them an opportunity that they should take advantage of.

Possible Qualitative Research Orientations

As much as it causes so much fear in humans, COVID-19 has generated many different opportunities that lead to different QLR orientations. Some orientations deal with conducting QLR in general. This is because QLR cannot be conducted without new thinking. Other orientations deal with QLR topics themselves. Here, we propose orientations that qualitative researchers can consider.

First, the most obvious orientation is how this pandemic has affected people. For this orientation, researchers would be interested in exploring specific aspects of people that have been affected with COVID-19. By understand the different effects of this pandemic, practical solutions can be generated. Without even understanding the problem, no effective solution may be generated. If solutions are proposed for an ill-defined problem, those solutions may not be as effective as they would be if the problem was clearly defined.

The second orientation is the one focused on coping mechanisms. People have had to struggle but also find ways to cope with the challenges COVID-19 threw at them. Different people, different communities, different organizations, and different countries have coped differently. Systematically exploring the coping mechanisms can help create new coping mechanism frameworks for this pandemic and other similar disasters. The COVID-19 coping mechanisms from one context may be applied to other contexts if the two contexts share some similarities.

Third, we have stated that QLR may not be conducted exactly as it used to be done before the pandemic hit. This is especially true with the ongoing pandemic. Qualitative researchers may wish to focus on generating new QLR methods that fit well for the pandemic period. These may come from deep thought from qualitative researchers or from their actual recent QLR experience. Generating such methods would help many other researchers to be efficient and effective in their QLR undertaking during this pandemic.

The fourth orientation can consider the weaknesses of existing QLR procedures, principles, methods, designs, and frameworks. For sure, certain weaknesses will or have become evident as qualitative researchers try to conduct QLR during and about COVID-19. By exploring those weaknesses, qualitative researchers can propose changes or revisions to existing QLR procedures, principles, methods, designs, and frameworks to fit better the current reality of this pandemic.

The availability and integration of Information and Communication Technologies (ICTs) in the course of a Qualitative Research (QLR) project is vast and quite comprehensive. In most cases, ICTs are technically accessible and, in some, they can be exploited via the web without requiring installation. In addition, more and more tools promote and allow to explore collaborative work. In the context of QLR, they allow the involvement of other researchers in the different phases of a project (data organization, interpretive and descriptive coding, inferencing from data, validation procedures, among others), enabling work in multidisciplinary and international groups. Economically, when compared with other areas of knowledge that involve / impose considerable investment, in Social and Human Sciences, a space where most studies that use QLR are carried out, investment in tools is quite low.

The last orientation has to do with new QLR ethics guidelines and policies to be used in pandemics like COVID-19. The pandemic comes with new reality that did not exist before. Ethical challenges that did not exist before can be expected. It is important for qualitative researchers to come up with innovative ethical standards and guidelines to lead QLR during and after the pandemic. Researchers should basically not conduct QLR without taking this new reality into consideration. Cultures have been affected by this pandemic. Many people have had to deal with difficult moral decisions caused by this disease. Because of its complexity, COVID-19 does not present a black-and-white situation to deal with ethics in QLR.

Each qualitative researcher is therefore encouraged to choose which orientation to take. While all the orientations are important, maybe the ones directly pertaining to the effects of COVID-19 and people's coping mechanisms should be the focus of the majority of researchers. This is because each university can do significant work on the other orientations. However, for COVID-19 effects and people's coping mechanisms, there is just too much to do in different communities, organizations, cities, and countries. The work in the first two orientations will go probably for years, long after the pandemic is gone. According to Creswell and Poth (2018), "Qualitative researchers try to develop a complex picture of the problem or issue under study. This involves reporting multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges" (p. 83). This is another reason why the effort on the first two orientations will take years.

Conducting Qualitative Research During the Pandemic

To conduct QLR during this pandemic, there are many different factors to consider. In this paper, we discuss a few of them. First, the researcher must think about how the university must support the effort, for those who are in higher education institutions. Second, the researcher must think about safe, ethical, efficient, and effective data collection. Last, the researcher must think about advocacy in the QLR study.

University's Responsibility

Many universities have switched online ever since many countries imposed lockdowns in major cities. This has led many universities to focus more on transitioning education online; thus, focusing mainly on infrastructure, online course design, and some faculty training programs (Arora & Srinivasan, 2020). Research has probably not received as much support to integrate the reality of the pandemic as teaching has. The university must consider the responsibilities presented in this section.

First the university needs to consider running virtual ERB meetings. The fact that many universities have somehow transitioned to online education, it means research work should not be left behind. ERB committees should continue to function. Second, it is the job of the university to adapt existing research and ethics guidelines to the reality of COVID-19. Such an endeavor would empower researchers to function ethically within the new normal of life. Third, universities should encourage more QLR to general ways to reach significantly-affected communities and poor communities that have no or limited resources to meet their basic needs. Fourth, universities must offer virtual capability-building trainings on QLR so that more people can contribute to addressing social problems that the pandemic has caused. Last, while quantitative research heavily dominates most universities, this may be the time for universities to promote and support more QLR to deal with the complexity of the effects of this pandemic.

For the sake of qualitative researchers in institutions where no revised ethical guideline is provided, five options can be considered. The first and best option is really for ERB committees to use videoconferencing tools to continue their work from distance. Second, some countries have independent ERB organizations. In such cases, researchers and/or universities can partner with such organizations. Third, other countries have government ERB organizations. If such organizations are functioning at distance, this could be another potential option. However, in many countries, this department may be counted as a nonessential service. In that case, it is closed down during the lockdown. Fourth, qualitative researchers can use data in the public domain that do not necessitate ERB approval. Last, the researchers could write opinion papers, like this one, on QLR and COVID-19 that can be beneficial to other qualitative researchers and scholars around the world.

Using Qualitative Research for Advocacy

In general, QLR is known more for giving voice to those who have none or have less voice (Merriam & Tisdell, 2016). For sure, there are many victims of the pandemic who have no voice. Qualitative researchers are therefore expected to advocate for those without a voice. In QLR, “the pursuit of social justice within a transformative paradigm challenges prevailing forms of inequality, poverty, human oppression, and injustice” (Denzin & Lincoln, 2017, p. 29). Qualitative researchers should be driven by the spirit of seeing social change and social justice in social issues that they are trying to address.

Therefore, we recommend the following to qualitative researchers. First, they need to get the voices of affected and minority groups heard. Second, they need to link support groups to those who need help the most. Third, they must have a clear agenda to address COVID-19 social issues. Fourth, they must always propose practical

recommendations at the end of their QLR endeavor. Last, they must generate practical frameworks or models for social change.

Crisis Recovery Stages

Just like any other human, qualitative researchers have to go through the crisis and its different stages before they can start function effectively in the new normal. After careful observation and thought about how people went through the crisis recovery, we came up with a model called Crisis Recovery Stages model. While it may evolve in the future, this is a model that can help qualitative researchers, and maybe other professionals. Table 3 synthesizes the model and how it applies to COVID-19.

Table 3: Crisis Recovery Stages

	General Manifestations		General Manifestations
Stage 1: Fear Stage	Fear Frustration Stress Anxiety Sickness Sleeplessness Close crisis monitoring Panic Paranoia	Stage 3: Adjustment Stage	Development of some medium-range plans Start of new routines Selective crisis monitoring Managed fear Rare panic feelings Temporary health plans Focus on positivity
Stage 2: Acceptance Stage	Acceptance of crisis as a fact of life Start of adjustment Frequent crisis monitoring Development of daily coping mechanisms Intermittent panic	Stage 4: Productive Stage	Development of productivity plan Active life with new normal Consolidated productive routines Selective crisis monitoring Fearlessness Determination Long-term planning Strong health plan Focus on positivity

In Stages 1 and 2, there is basically no productivity. The individual is focused solely on survival. The focus is on the lower levels of Maslow’s theory of hierarchy of needs (Maslow, 1943). In these stages, people get sick just because of fear and stress caused by the new crisis that is clearly out of their imagination or control. They feel helpless. Checking on the news regularly, if they are able to check the news, make things even worse for them. In Stage 3, things start to normalize. People feel and start convincing themselves that life must continue. It is only in Stage 4 that self-actualization can be achieved. That is where the qualitative researcher needs to get to be able to start

producing research and research papers. In Stage 4, people have developed effective and efficient coping mechanisms, even if they may be applicable for just a few months or a few years, based on the seriousness of the crisis; in this case, COVID-19.

Anyone reading this paper during COVID-19 would certainly be able to identify which stage they are at. Some go through the stages quite faster than others. Additionally, the position one holds may also lead to different speed through these stages. For instance, top management leaders may have to recover quicker than low-level employees because the survival of the organization depends on fairly faster recovery of the top-management leaders. Additionally, highly-educated and well-paid employees may tend to recover more quickly than others because they have access to resources that can help them recover quickly.

Practical Strategies to Deal with COVID-19 Stress and Fear

The CDC (2020) came up with a number of practical strategies to deal with stress and fear caused by COVID-19. Among them, four seem to be practical to more than just the COVID-19 situation. First, people need to keep busy. For instance, qualitative researchers need to conduct or write about QLR. Second, it is important to spend less time on the news and social media because, not only do they take up a lot of time from people but they can also be a source of stress and misinformation. Third, even if in the case of COVID-19 people were isolated, whenever possible, people should find ways to use technology to socialize with others without necessarily using physical contact. This can help cope effectively. Last, when in a crisis, it is important to abide by the official guidelines and the government authorities who are enforcing those guidelines for everyone's sake. In the case of COVID-19, specific guidelines were produced by the WHO to be observed in order to "flatten the curve" of the pandemic. Ignoring them is not only a danger to oneself but also to the whole community where one lives.

Additionally, it is important for qualitative researchers to learn to manage time effectively. The first stages of the Crisis Recovery Stages model are filled with wasted time. This is because people are the least productive during that time. During COVID-19, many people have wasted a lot of time on social media and news. Time spent on social media and news in the first two stages leads to demotivation. This lack of motivation prevents the individual to reach self-actualization, which in this case, prevents qualitative researchers from producing any QLR studies or papers.

Different time management strategies are proposed here for qualitative researchers. First, qualitative researchers are encouraged to avoid wasting time on social media and news on COVID-19 because this can lead to stress, fear, and even depression. Second, qualitative researchers are encouraged to move efficiently and effectively through the Crisis Recovery Stages. Additionally, they are encouraged to focus on research

production, research paper writing, and even research collaboration because virtual collaboration is possible. Furthermore, they need to work on daily and weekly schedules and routines and try to keep up with them. Last, they should develop daily, weekly, and/or monthly goals for self-actualization plans.

Conclusion

If anyone were offered a choice to live a pandemic-free life, most would easily go for it. However, in the case of COVID-19, it has become a reality, “the new normal”. People must learn to live with it until it’s done. Whether we believe it or not at this point, COVID-19 will eventually come to an end. For qualitative researchers, COVID-19 has not blocked QLR completely. In fact, although it has certainly created some challenges for qualitative researchers, this pandemic has opened up a number of QLR opportunities.

This paper has presented different opportunities and orientations for qualitative researchers of what they can do during and about this pandemic. Those who are asked to stay home or work from home may find this pandemic as an opportunity to be more productive than pre-pandemic time. After all, people are no longer having to deal with traffic and long face-to-face meetings that used to waste much of their time. This saved time can be used productively in conducting and publishing on QLR. COVID-19 has ushered in a new era for QLR and for life in general. We must embrace this new reality with new thinking about QLR and advocating for those who are the most affected and those without a voice.

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