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# Coping of Chinese Citizens Living in Spain during the COVID-19 Pandemic: Lessons for Personal Well-Being and Social Cohesion

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**Abstract:** Chinese citizens in China were the first affected by the COVID-19 outbreak. Nevertheless, the disease rapidly spread around the world, leading to the worst pandemic experienced in modern societies. Spain has become one of the countries more severely affected by it, while having a large Chinese community. This study aims to explore the perception of Chinese citizens living in Spain regarding the outbreak in their host country. Communicative interviews were conducted with ten Chinese men and women who had been living in Spain for at least five years. Results show cultural differences in the coping strategies of the Chinese as a response to the pandemic, which differ from those observed by the participants in their fellow Spanish citizens. These findings unveil the potential of integrating the cultural knowledge and coping strategies of migrant groups in the host communities in managing a pandemic, as well as the negative outcomes for social cohesion and well-being from new racism emerging in the context of COVID-19.

**Keywords:** COVID-19; coping strategies; well-being; cultural knowledge

## 1. Introduction

The COVID-19 pandemic has raised unprecedented challenges all over the world [1]. It has quickly impacted governments and public health systems, and significantly altered the lives of millions of people [2–4]. But besides the imminent health crisis that came with the spread of the virus, social issues affecting people's well-being have also emerged, including those related to coping with the crisis [5]. China and Spain are at different stages of the COVID-19 outbreak, and the cultural and personal coping strategies towards the COVID-19 emergency of citizens from both countries are also distinct. This study provides new insights on the cultural differences in the coping strategies reported by Chinese citizens living in Spain during the COVID-19 pandemic. Findings unveil the potential of including the cultural knowledge and strategies of migrant groups both for them and for the host community.

As Whitworth affirms, the World Health Organization (WHO) received a report of 29 pneumonia cases of unknown aetiology in Wuhan (Hubei, China) on 31 December 2019. One week later, it became clear that the initial cases were associated with a seafood market. The virus was quickly identified as a novel beta-coronavirus and the genetic sequence was shared on 12 January 2020 [6]. The Chinese authorities conducted active case finding and testing, contact tracing, and quarantining of cases and contacts. The public was advised to stay at home if sick to control the spread of the virus [6]. According to worldometer data, China has had a total of 22,270,866 cases infected by COVID-19 and 782 deaths since the onset of the pandemic [7]. On 23 January, the number of infected had risen to

581 globally, with 17 casualties [8]. Facing this situation, a nationwide quarantine was established and medical resources were mobilized from all over the country. The outbreak was declared a Public Health Emergency of International Concern (PHEIC) a month after its first detection [9], when the number of affected countries and regions (excluding China) reached 18, with 7818 infected citizens and 170 casualties. On 11 March, the WHO declared COVID-19 a pandemic [9]. This decision was made due to the disease's expanding geographic location and the increased number of affected people around the world, reaching 11,8319 infected and 4292 casualties [10].

The first case of COVID-19 in mainland Spain was detected on 24 February 2020. As a response, the Spanish Government called on the public to remain calm and trust its medical system and travel recommendations to avoid countries with a high number of cases were then issued for the first time. On 2 March, the Spanish Ministry of Health emphasized that there was no need for cancelling public events [11], while, that same day, the WHO called for top priority of containment of COVID-19 for all countries, urging them to take early aggressive measures to “stop transmission and save lives” [12]. Despite the calls from WHO and evidence of the impact of the disease in nearby countries, on 8 March more than 200,000 people marched across Spain on Women's Day, when the number of cases confirmed in the country was 430 [13]. Less than a week after that, 4231 cases and 120 casualties [14] were registered, which led the Spanish President to proclaim the State of alarm and issue measures for social confinement [15]. By 30 March, when the fieldwork for this paper was completed, confirmed cases of COVID-19 in Spain had reached 78,797, and the number of casualties had risen to 6528 [16]. That same day, WHO declared Europe the new epicenter of the COVID-19 pandemic. Diverse studies evidenced that China had slowed down the cases from the imposed lockdown of the population of Wuhan as well as the entire Hubei province [17], while Spain had become one of the countries where COVID-19 was taking a higher toll.

This brief summary of the evolution of the disease in China and Spain shows how its development took different paths in both countries. While the Chinese government opted for strict measures early on, the Spanish government put them in place at a much later stage, which may have caused different perceptions of and behaviors towards COVID-19 among both populations. Research has shown that when there is no effective vaccine for a new infectious disease, its management largely depends on the preventive behavior of the population [18], which, in turn, relies on risk perception (i.e., subjective judgments regarding the probability of an undesirable event to occur) [19]. For people to voluntarily engage in precautionary actions, first they need to perceive the risk [18]. Indeed, some studies bring forward evidence on how a population's risk perception can significantly affect the spread of an epidemic in quantity by substantially slowing the epidemic spread or by determining different final epidemic sizes, as well as in quality, by altering the epidemic dynamics through human behavior [20,21]. In addition, the earlier a warning about the epidemic is released, the greater are the chances of reducing the peak prevalence, and of reaching the end of the epidemic. Similarly, Brewer et al. [22] studied the relation between risk perceptions and risk behavior and observed that higher risk perception can encourage people to engage in protective behavior against a disease. These findings are in line with those of Paek and Hove [19], who concluded in their study that if people are not confident that they can carry out recommended actions (self-efficacy) or if they doubt those actions can control the threat (response efficacy), they will not adopt the recommended behavior. In addition, it must be considered that even when information about a disease is released with the aims to raise awareness and increase the responsiveness or alertness of the population, some people choose not to take action as a coping strategy [23]. Recent studies have focused on responses to government measures to prevent the spread of COVID-19. They point out that, when both emotional intelligence and personality are in the same equation, with the latter being controlled, the force shows incremental variation and the influence of personality factors is reduced [24].

A study led by the University of Cambridge has been developed in ten different countries with the aim to know the perception of risk. Besides the personal experience with the virus, individualistic and prosocial values, trust in government, science, and medical professionals, staff knowledge of

government strategy, strategy, and personnel and collective efficacy researchers affirmed that there was a substantial variation across cultures [25]. Low risk perception can also be accompanied by an unrealistic sense of optimism or “optimism bias.” This refers to the subjective belief of an individual to underassess his or her chances of being at risk, in comparison to that of others [26]. During a pandemic, optimism may result in a lack of precautions and false feelings of security [18,21,27], as well as denial of a potential threat [28]. Hence, an optimism bias towards an infectious disease can not only be a threat to an individual’s health, but also endanger the health of those around him or her. Studies conducted during COVID-19 also support this evidence. The online survey conducted by Wise and colleagues [29] with 1591 Americans indicates that even though most respondents are aware of the risk caused by the disease to some extent, they typically underestimate their personal risk relative to that of others. This has been related with the spread of infodemia, or false news about COVID-19 and the policies to prevent it [30,31].

Both risk perception and unrealistic optimism play a key role on how people react and behave during a health emergency. This includes the strategies people use to cope with situations that cause them stress. Coping is defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” [32] (p. 141). It involves strategies which can generally be classified as problem-focused or emotional-focused. In problem-focused strategies, the goal is on managing the source of stress (e.g., finding solutions, seeking information, etc.), while in emotion-focused coping, the goal is on regulating the emotional response produced by a stressor (e.g., self-control or avoidance) [32].

Indeed, during an epidemic, people can respond with different coping strategies, including problem and emotion-focused strategies. Regarding the latter, a study [33] conducted with Americans during the 2009 H1N1 influenza pandemic found that about 16 to 25% of the participants in their study engaged in avoidance behaviors, such as avoiding places where many people were gathered, like sporting events, malls, or public transportation, and 20% reduced contact with people outside their household as much as possible. Moreover, in the pandemic’s first weeks, almost two thirds of American participants said that they or someone in their family had begun to wash their hands or clean them with sanitizer more frequently, and a majority (55%) had made preparations to stay at home in case themselves or a family member got sick. Regarding COVID-19, more novel research conducted in Germany [34] reveals that participants mostly used problem-focused coping strategies. In this vein, individuals in the study reported that they followed the advice of experts, carefully considered what they should do, and tried to behave calmly. In more detail, most of them reported that they washed their hands more often than usual, avoiding public places, events, and transportation.

As for emotional-focused strategies, the research of Marjanovic and colleagues [35] shows that the Canadian nurses participating in their study reported avoidance behavior due to emotional exhaustion during the SARS 2003 outbreak. This included minimizing direct contact with patients, missing work, and refusing patient assignments. In a similar vein, Lee-Baggley and colleagues [36] found an association between the Asian, American, and European participants in their study who felt threatened during the epidemic and their use of wishful thinking as coping strategy, affecting, in turn, their personal well-being and that of others. However, wishful thinking did not appear to facilitate them to use hand washing and using disinfectants to clean potentially contaminated surfaces as a coping strategy. This supports other research [37] that identified that individuals reporting wishful thinking during SARS and West Nile were no more or less likely to report engaging in recommended health precautions for either viral infection. Their results show the possibility that wishful thinking predicts more extreme and potentially dysfunctional behaviors, without promoting the recommended precautions necessary to effectively respond to threats to health. In addition, they point at the need to explore such psychological and behavioral reactions for their potential damaging consequences on social well-being. In this way, early studies in psychology are already being published about the current situation, which talk about traumatic stress symptoms or stigmatization, abandonment, and isolation, among others [38].

Empirical research has also provided evidence of cultural differences in coping strategies. For instance, Bailey and Dua [39] found that newly arrived Asian students in their research tended to use more collectivist coping strategies (e.g., seeking emotional social support and seeking instrumental social support) than the Anglo-Australian subjects in the study. In addition, the longer the Asian students remained in the Australian culture, the less they tended towards the use of a collectivist coping strategy. Their results not only indicate that coping strategies differ across Asian and Australian cultures, but also that culture can mediate the chosen coping strategy. These findings are also in line with the research conducted by Tweed and colleagues [40] with European Canadians, East Asian Canadians, and Japanese participants. Their results revealed that participants from Asian backgrounds tended to engage in more internally targeted control strategies (e.g. using self-control, waiting, accepting responsibility, and accepting the situation) to cope with stressful situations, while self-enhancement was the only internally targeted control strategy more prevalent among Western participants. Similarly, the study of de Zwart and colleagues [41] found differences in response to efficacy and self-efficacy between participants from China and participants from other countries in the sample (Denmark, Poland, Netherlands, Spain, Singapore). A recent study analyses cultural differences between China, Germany, Hungary, Japan, Malaysia, the Netherlands, the USA, and Vietnam in recognition of the error and ability to rectify and create shared strategies to deal with the workplace. The analysis is performed through the application by the Cultural Values Scale cultures. It states that individuals in high power distance countries, such as China, tend to accept that differences between individuals exist along the lines of wealth, presence, and power contrary to low power distance countries, such as the USA or Germany [42] (p. 196). In this line, another study focused on university teachers deepens these differences between China and Spain. It states that the Spanish teachers showed a comparatively greater preference for individualism ( $M = 4.5$ ) than the Chinese teachers ( $M = 5.19$ ) who demonstrated a collectivist orientation [43] (p.78). Compliance with the rules and respect for the community in China have allowed them to take the lead in building a community of shared futures to fight the epidemic. China has provided anti-epidemic material assistance to 82 other countries and international organizations, as Japan, Korea, Italia, France, Spain, and Serbia. Following recent studies, more importantly, China is willing to share its experience with the rest of the world [44] (pp. 16–17). In this vein, response efficacy and self-efficacy for SARS were higher in respondents from Asian countries compared to those from European countries. Another apparent difference between the response to SARS in the East and the West has been perceptions on the use and value of masks as a means of personal protection against the infection [45]. Recent studies added also the perspective of the increase of the prejudice or racism against Asian people predicting that the ongoing coronavirus pandemic can affect attitudes toward foreign nationalities [46]. Historically, epidemics have been linked to others coming from outside. The sentiment of the unknown, which is related to social and economic uncertainty, has created a feeling of fear of the citizenry that may in turn create racism or xenophobia with racialized and discriminatory responses [47].

Drawing on all the above, this article explores the perceptions of Chinese citizens living in Spain during the COVID-19 situation. Results show that while this population had acquired knowledge that led them to a more accurate risk perception of the situation, and thus, to more efficient coping strategies, their fellow Spanish citizens showed an unrealistic optimism that led them to inefficiently cope with the emergency before them. The findings support previous research on cultural differences in coping strategies between Western and Eastern citizens, both at individual and interpersonal levels. The study also advances this field of knowledge by showing such differences between two different cultural groups (Spanish and Chinese) living in the same territory (Spain) during the development of the COVID-19 pandemic. Finally, the results unveil how host societies can learn from the acquired experience and knowledge of migrant groups regarding efficient coping during a pandemic, starting from the prevention phase.

## 2. Materials and Methods

### 2.1. Study Design

The study has been designed following the Communicative Methodology of research (CM). This methodology allows for an in-depth understanding of social realities, based on the inclusion of all voices at all stages of research [48]. In this vein, researchers share the scientific evidence on the subject under study with the participants. These, in turn, contribute with their own understanding of the social reality under study. CM builds on Habermas' Theory of Communicative Action [49], according to which all humans are capable of transforming their social reality, based on their innate capacity to communicate and act through language. Indeed, this methodological approach has at its very core co-creation principles, and has been validated through research in a variety of fields ranging from minority studies [50] to institutionalized education [51], proving its potential in the achievement of social impact [52].

### 2.2. Participants and Sample Description

Ten Chinese people residing in Spain for at least 5 years participated in the study. According to the qualitative approach of the study and to its aims, we were not looking for representativeness in the sample, neither were targeted for key informants. Participants were both men and women between 16 and 55 years of age. Their level of studies ranged from no education, to university degree and their professional occupations were diverse. The interviewees live in Barcelona, Madrid, and Alacant, Spain. All participants interacted with Spanish people because of their professional activity, but the main personal relationships of most of them are with Chinese communities. Table 1 summarizes the characteristics of the sample:

**Table 1.** Participants.

Pseudo	Gender	Age	Years in Spain	Professional Occupation	Level of Studies	Main Personal Relationships	City
P1	Man	16	10	Student	Secondary Education	Chinese	Barcelona
P2	Woman	50	14	Seller at a Bazaar	Baccalaureate	Spanish	Alacant
P3	Woman	49	19	Manager at a beauty parlour	No studies	Chinese	Barcelona
P4	Man	31	11	Cook at a Japanese restaurant	University degree	Chinese and Spanish	Barcelona
P5	Man	48	19	Worker at a storage unit	Secondary Education	Chinese	Barcelona
P6	Man	55	22	Cook at a Chinese restaurant	Baccalaureate	Chinese	Madrid
P7	Woman	25	13	Waitress at Chinese restaurant	Secondary Education	Chinese	Barcelona
P8	Woman	28	12	Accountant	University degree	Chinese	Barcelona
P9	Woman	27	5	Waitress	Baccalaureate	Chinese	Madrid
P10	Man	38	10	Hairdresser	Baccalaureate	Chinese	Alacant

### 2.3. Materials and Procedures

The current research complies with the European Commission's Ethics Review Procedure (2013), the Data Protection Directive 95/46/EC, the EU's Charter of Fundamental Rights (2000/C 364/01), and the Declaration of Helsinki [53]. The study was approved by CREA's Ethics Committee (Ref. 20200802).

The fieldwork for this study was completed in March 2020; at that time, Spain was in a state of emergency. To recruit the potential participants, the researchers elaborated on an advertisement and posted it on various Spanish Chinese Community Group in Wechat which is the most commonly



used social application for Chinese people. In the advertisement, criterion of participants, the purpose of the study, voluntary principle, and data protection principles are stated. The persons who were interested in participating in the study could contact one of the researchers who spoke their native language through the contact information on the advertisement. When the number of participants applied reached ten, the analysis of the interviews achieved data saturation and researchers terminated the recruitment of participants. Among these ten participants, five of them knew or had had some previous contact with one of the researchers, but had no personal relationship with her. In order to ensure the truthfulness and effectiveness of the information as much as possible, the interviewer fully informed the interviewee that the content of the study will not be used for other purposes except for research and the confidentiality principle.

The researcher who speaks their mother tongue fully informed them about the study, and then gave them a written “informed consent” form, containing all the details of the study. This included a brief scientific explanation of the matter under study, the aim of the research, and the method and procedures to be followed. The consent form also included a field informing participant of their right to withdraw from the study at any point and without having to provide an explanation, and another one ensuring the full anonymity of their participation. One of the participants was a minor, so according to current guidelines on ethics in social sciences and humanities, consent was obtained from his parents, and he was given an assent form to sign. Participants had time to fully read the information and consent form and were given the opportunity to ask any questions regarding the research and their participation. The researcher who contacted them gave any and all necessary explanations in their mother tongue clarifications when necessary. Due to the lock-down circumstances in the time of the data collection, the interviews were conducted online (using the Wechat platform). All participants agreed to their interview being audio-recorded.

Each subject participated in an individual communicative interview. At the beginning of the interview, the researcher gave a brief outline of the study which included the objectives of the research, of their dialogue, emphasized that participants are an active part of the study, and then gave a self-introduction. To establish rapport with participants, the interviewer took a high degree of relational and emotive involvement which are the factors of empathy strategy, especially when the participants shared their perception of any great emotional intensity. Meanwhile, the interviewer showed an open attitude in the interview and avoided to use jargon, technical language, or an authoritarian demeanour [54]. No questionnaire was designed by the researchers. Rather, the topic was introduced to the participants, and this shared their points of view and feelings in an open conversation in which the following themes were tackled: (1) perception about the COVID-19 situation in Spain, (2) perception about the behaviours and reactions of the Spanish citizens before this situation, (3) personal feelings before the current situation. Interviews had a duration ranging from 8 to 15 min. All of them were conducted in Chinese to facilitate participants to express themselves, and all of them were audio-recorded, as accepted through the consent form. Interviews were then transcribed in Chinese and translated to Spanish for their analysis.

#### *2.4. Data Analysis*

Following the principles of Communicative Methodology [48], the interviews were analysed as communicative acts. Both verbal and non-verbal language was considered, as well as the context generated by the reality under study. In this article, only verbal language has been taken into account. The categories were discussed among the researchers and the content of the interview was finally classified in the categories shown in Table 2.

**Table 2.** Categories of analysis.

(a) Chinese citizen's perception of the COVID-19 crisis in Spain	Accounts from Chinese citizens residing in Spain of the current social situation resulting from the COVID-19 health emergency
(b) Coping strategies used by Chinese citizens in response to the COVID-19 crisis	Accounts from Chinese citizens of how they coped with the health emergency
(c) Chinese citizens' perceptions of the coping strategies of Spanish citizens in response to the COVID-19 crisis	Accounts from Chinese citizens of their perceptions before the coping strategies of Spanish citizens regarding the COVID-19 health emergency
(d) Emotional well-being of the Chinese citizens in Spain	Accounts from Chinese citizens of their own emotional well-being during the COVID-19 health emergency situation in Spain

Each interview was analysed in depth, following a line-by-line technique, without a specific software. The team of researchers have different backgrounds and perspectives on the topic and fully discussed the analysis and interpretations. Before publication, the analysis and results of the research were shared with the participants with the aim to discuss and ensure their validity, as well as their conformity with their publication.

### 3. Results

The content of the interviews was classified into the four aforementioned categories: (a) Chinese citizen's perception of the COVID-19 crisis in Spain; (b) Coping strategies used by Chinese citizens in response to the COVID-19 crisis; (c) Chinese citizens' perceptions of the coping strategies of Spanish citizens in response to the COVID-19 crisis, and (d) Emotional well-being of the Chinese citizens in Spain. The following subsections develop in detail these aspects:

#### 3.1. "Spain and Other European Countries Should Not Have Had This Situation": How Chinese Citizens in Spain Perceive the COVID-19 Emergency in Their Host Country

During the interviews, participants shared their own perception of how the COVID-19 crisis had developed in Spain. Participants share the view that the Spanish administration did not take the outbreak seriously enough. They believe that the outbreak scaled-up because of the lack of adequate measures taken by the government. More precisely, some participants, such as P3, mention a specific event that they believe should have been cancelled:

"If everyone's home, the emergency can be cut off quickly. But if one person leaves the house today and two leave tomorrow, the emergency will last forever. At that time, tens of thousands of people marched in a demonstration on March 8, which was terrible. It sounds to me like, at that time, there were only a few dozen infected cases. After the demonstration, the number of people infected in Spain increased rapidly." (P3)

The testimony of P3 shows how she feels that prevention was not carefully considered, and that cancelling mass events, such as the Women's Day demonstration, would have been more sensible in light of the global health emergency. In a similar vein, some participants express how they believe COVID-19 is a nation-wide, if not worldwide, problem, and thus, the government should have taken action to protect the population. An example of this is the statement of P6, mentioning that Spain should not have gotten to the current situation, since all countries had the experience of China to learn from:

"I think Spain and other European countries should not have had this situation. Because China gave them an example two months ago, the leaders of other countries should have prepared and protected their citizens against the coronavirus and taken it seriously [ ... ]

The government is also ignorant [ . . . ] The Spanish government does not give top priority to the safety and lives of its citizens.” (P6)

The testimony of P6 exemplifies how some participants do not feel safe before the COVID-19 outbreak in Spain. Moreover, the lack of a determined governmental intervention towards the protection of citizens is seen as a characteristic shared by Western countries. Indeed, they assess that the measures taken by the Spanish government at the time of their interview are still too flexible, and that an effective response to overcome the current situation demands harsher measures. From this perspective, they feel that there is a big difference in the extension and depth of the measures implemented by China and Spain to tackle the pandemic:

“First, government policy here is not at all strict. Look at China’s policy: closing a city is really closing it, closing the shops is really closing. They all quickly solved this problem together.” (P3)

Participants like P3 show no confidence on the government, the measures applied to overcome the health emergency, or the capacity to enforce them. They perceive an overall incapacity of the Spanish government to effectively manage the situation, and they have low expectations on the current measures leading the country to get through the outbreak.

### 3.2. “We Tried to Warn Them”: Coping Strategies Implemented by Chinese Citizens in Spain in Response to the COVID-19 Outbreak in Their Host Country

Before the COVID-19 emergency situation in Spain, Chinese citizens residing in the country coped with the crisis by taking control and carrying out problem-focused strategies aimed to improve the situation. In this vein, one of the undertaken actions shared by most participants was sharing information with their fellow Spanish citizens, with the aim to warn them about the upcoming risks of COVID-19. Most participants share through their narratives how they explained to Spanish people that COVID-19 was not like the common flu, with its effects being much more serious. This can be seen in the account of P3:

“The Spanish don’t listen, I warned them it wasn’t just a simple flu, but they didn’t believe it, what can we do?” (P3)

This excerpt is an example of how participants tried to warn their fellow Spanish citizens. Moreover, beyond letting them know about the characteristics of COVID-19, they encouraged them to take preventive measures. In this vein, participants explain how they purposely talked to friends and clients about the gravity of the situation and the need to take precautions, in an attempt to raise awareness about the risks. P6, who works at a restaurant, explains how from the very beginning they talked to their customers about the health emergency:

“Before the emergence of the coronavirus in Spain, when we talked to our customers, we informed them about the protection measures used in China. [ . . . ] Some customers came to the restaurant to ask, and we told them.” (P6)

Similarly, all participants shared their concern around the measures taken by the government and the Spanish population and felt the need to share the coping strategies that Chinese citizens were following. These included actively taking precautions, such as buying more food, avoiding crowded spaces, buying sanitizing gel, or wearing masks. P2 talks about this measure:

“The outbreak of coronavirus began in Spain, and the Chinese workers in our store began to wear masks, and we told our Spanish colleagues that it is better to wear masks, [ . . . ] and we provided them with free masks. [ . . . ] In our store, we also posted an ad in Spanish at that time, and we recommend that everyone wear masks.” (P2)



The testimony of P2 reflects how participants actively coped with the crisis by enforcing effective measures to minimize contagion and contribute to the prevention of the negative outcomes of the pandemic. Participants explain how severe the experience in their home country was, and how this pushed them to reach their fellow Spanish citizens, so they could effectively prevent the forthcoming situation and not have to endure the same consequences that Chinese citizens endured in China.

### 3.3. *"They're Not Listening": Chinese Citizens' Perceptions of the Coping Strategies of Spanish Citizens in Response to the COVID-19 Crisis in Spain*

Besides their efforts to actively cope with the crisis by sharing their knowledge on COVID-19 with Spanish citizens, all participants feel that in most cases their advice was not considered or was even dismissed. In this vein, they share the feeling that Spanish people coped with the situation by avoiding the problem. To their view, Spanish citizens did not believe COVID-19 to really be a threat, and that most repeated what was being said in TV: "it's like the flu." In this sense, the account of P4 exemplifies the reaction of Spanish people before the advice of Chinese citizens:

"I feel that they thought that this disease is happening in China or Asia, it has nothing to do with them. [ ... ] They didn't think it would affect them, they thought it was someone else's business. Even when Spain had just exploded, they were still blindly optimistic. [ ... ] They felt that what the Chinese do is exaggerated. Some people believed that this is just a flu, a disease that can be treated by just taking a medicine, like Ibuprofen." (P4)

This excerpt shows how Spanish citizens did not take the virus seriously. Indeed, P4 highlights how the Spanish citizens with whom he had contact were "blindly optimistic." Similarly, many participants share the feeling that Spanish citizens have underestimated the impact of the virus from the beginning, even though they had the evidence of what had happened in China, or what was happening in Italy. Some, as seen in P4's account, share the view that their Spanish fellow citizens felt that the Chinese were exaggerating and being over-anxious. Participants also share how these attitudes in some cases led to mocking or even racist attitudes:

"They shook their heads when they saw the Chinese with masks [ ... ] I don't know what they think. And they didn't believe it. [ ... ] They were laughing at us [ ... ] They were the ones who had no conscience about the coronavirus, and we told them already, but they laughed at us and didn't take it seriously." (P5)

P5 testimony exemplifies how Chinese participants did not only feel they were not being heard, but also underestimated. This attitude was explained by some participants by a lack of collectivism in European societies in general, and in the Spanish case in particular. They believe Western societies to be driven by a feeling of individualism, that puts individual rights before collective interests:

"Asia has collectivism and Europe has individualism [ ... ] The coronavirus outbreak was not only a slow response from the government, but also the result of years of European claims of "freedom" .... [ ... ] Collectivism pays more attention to the feelings of others. What the Chinese think is that we are in the crowd, we don't cause problems for others, and we want to prevent others from catching it, so we wear masks. Europeans and Americans pay too much attention to themselves." (P4)

The unconcerned and avoidant attitude shown by some Spanish citizens is seen by some participants as careless. They feel that Spaniards are in general focused on their individual demands and needs, and they lack a collectivist mentality. This issue appears in the interviews connected to practices such as wearing masks, or behaviours such as going out in a moment in which citizens are asked to stay home. Particularly, some participants stress the attitude towards older people:

“They felt that only old people can get infected, and they believed that what is going to happen will always happen [ . . . ] At that moment they felt it was a little cold. They told me that even though the hospital will be full if it continues to spread, as I am young, I don’t have to worry about that.” (P8)

As shown in this excerpt, some participants were concerned about the fact that some Spanish people were not considering the life of older people to be important and would avoid taking measures that could help to protect them. Nevertheless, participants also shared some good remarks about the coping strategies of their Spanish fellow citizens. This positive perception is linked to a change of mentality by some people, seen as accepting responsibility and taking action, including a willingness to follow the preventive measures.

#### 3.4. *“I’m Worried; Spain Is Our Second Country”: Emotional Well-Being of Chinese Citizens in Spain during the COVID-19 Outbreak in Their Host Country*

The governmental measures and the perceived coping strategies in the Spanish population affected the emotional well-being of participants in different ways. In light of the situation, most participants share feelings of despair, hopelessness, and resignation. They do not see a positive outcome to the health emergency, while they also feel that there is nothing else they can do:

“Looking at the attitude of the Spanish now, I feel desperate. Almost 60,000 people are now infected in Spain, but there are still people walking around outside without masks, and they don’t seem to be worried. I really don’t know what they think. I really feel hopeless.” (P1)

The testimony of P1 reflects how they feel helpless before the current situation, and this makes them lose hope. Some feel it is too late for the measures now implemented and think that Spain will need help to overcome the emergency. This fact also leads some of them to report sadness, consternation, and deceit. They feel that human lives are not valued enough and that people that need help will be left behind:

“I saw some older people disconnected from the respirators, because you have to give these respirators to young people, I feel sad and very disappointed . . . Are rights more important or is life more important? Which right do we speak of when human life is gone? When people die, they have no rights. Neither freedom.” (P2)

P2 reflects on how the human right to life is neglected in favour of individual freedoms that become meaningless before death. This situation makes other participants to report fear and worry. They feel that there are no boundaries to this disease and careless, and selfish people will cause a lot of suffering to others. Some remark that Spain is their second country and that they do care for what happens there. Hence, some participants feel that Spain does not deserve to receive help from China:

“I do not think that China should donate so much material to other countries for free. [ . . . ] Europeans do not usually thank anyone. For example, China now donates masks to many countries, but people in these countries still insult China.” (P2)

This feeling of frustration is very much linked to the perceived inaction and a proud attitude in the Spanish people around them, as well as racist attacks, both negatively affecting their emotional well-being. Thus, some feel that a country which does not show appreciation should not receive help. Nevertheless, before the current situation, other participants feel more hopeful. This is for instance the case of P10, who believes that the measures taken by the Spanish government are now slightly better. As P10 reflects “There’s a future.”

#### 4. Discussion

This study aims to explore the perception of Chinese citizens living in Spain regarding the COVID-19 pandemic in their host country. The results found in this research show differences in the coping strategies of the Chinese participants when compared to those observed by the same participants in their fellow Spanish citizens.

Overall, Chinese participants in the study show a higher risk perception than their fellow Spanish citizens. In line with other studies, this can account for their higher preventive behaviour [18], including their willingness to share their knowledge with others. Moreover, their behaviour supports other research which stresses that an adequate risk perception can contribute to tackling the spread of the epidemic, both quantitatively and qualitatively [20,21,25]. On the contrary, the attitudes displayed by the Spanish citizens, as reported by the Chinese participants, show that the former felt overconfident and repeatedly downplayed the threat. Both behaviours are in line with studies examining optimism bias and low risk perception [18,28,34]. In addition, one can also see, in line with Kiss and colleagues [23], how some Spanish citizens turned a blind eye on the information they were given by the Chinese participants regarding the risks of COVID-19.

As in other research, cross-cultural differences have been identified in the coping strategies used by each group [47]. In this vein, the results show how Chinese participants in the study report mostly using problem-focused strategies, centred on handling the threat. Strategies such as avoiding public spaces, maximizing hygiene measures, or making preparations to protect their families are in line with those reported by participants in Gerhold [34] and SteelFisher and colleagues [33]. Indeed, the Chinese participants in this study report taking a proactive approach, which can be explained by the self-efficacy already identified in Chinese participants in other studies regarding their capacity to prevent and manage epidemic outbreaks [41], as well as by their sense of responsibility and self-control [24,40]. The feelings some of the participants share about a positive outcome of the situation can also reflect their self-efficacy, as well as the response efficacy of an intervention by the Chinese government, as shown in other studies [41]. Moreover, Chinese citizens in the current study also tried to raise awareness among their fellow Spanish citizens, which would be in line with studies reporting collectivist coping strategies in Asian participants [39].

On the contrary, participants perceive that Spanish citizens were more likely not to confront the problem or to engage in wishful thinking, which would be consistent with the coping strategies identified in other research on epidemics [36,37]. Furthermore, previous research [37] has shown an association between wishful thinking and potentially dysfunctional behaviour, including a lack of adherence to the recommended precautions to stop the spread of the disease. An example of such differences, as perceived by the Chinese participants, can be seen in the fact that Spanish people did not value the use of masks as a means of personal protection against the infection. This would be in line with other studies exploring the differences between Eastern and Western countries in their response to epidemics [45].

Besides, participants show a lack of confidence in the government to handle the crisis. This is particularly important because doubting the efficacy of those actions to control the threat decreases their likelihood to adopt the recommended behaviour [19,29]. In addition, they perceive that such management is related to cultures that value individual rights more, which, as participants believe, is more present in Western societies [39,43]. Despite not being explicitly said, this is also related to the strongest state of China versus a state with less citizen control [55]. The lack of governmental intervention, as well as the inaction of their Spanish fellow citizens led to situations of distress for some participants. In this vein, through their accounts they manifest feelings such as hopelessness, fear, sadness or worry, all of which have a negative impact on well-being. This is in line with the study of Qiu and colleagues [56], who found that the initial stress generated in the Chinese population during COVID-19 started decreasing after the implementation of effective measures by the government to control the outbreak. Accordingly, since at the time of the interviews the health emergency continued to worsen in Spain, that can account for a majority of negative feelings among the Chinese participants.

All in all, these results also show how the knowledge acquired by Chinese citizens from other epidemics, as well as from COVID-19, could have played a significant role in the prevention of the health crisis in Spain. If people can acquire awareness from outbreaks in other regions before the start of the local epidemic, the number of infections and the final size of an epidemic can be reduced [57]. Even an individual that did not receive centralized information, observation, or mouth-to-mouth information from others can also reduce their susceptibility to a disease [58]. Thus, social exchanges of information and efficient coping strategies can bring forward key knowledge for prevention of management in the event of a health emergency. However, not only did this not happen but also hate attacks against Asian individuals increased in this context, threatening social well-being [37] and coexistence between the host and the home communities.

#### 4.1. Limitations

The current study reflects the testimonies of Chinese citizens living in Spain during the COVID-19 pandemic. In this vein, all accounts of the behaviour, reactions, and coping strategies of Spanish citizens are based on the perception of the Chinese participants. Thus, a limitation of the study is that the voices of Spanish citizens were not included in the research.

In addition, the data collection of the current study was undertaken when WHO stated that Europe had become the new epicentre of the pandemic, making it a relevant moment to identify the perceptions of the targeted population. Nevertheless, it must be taken into account that the health emergency crisis has developed since then and still is, so results must be considered within the context in which they were obtained.

#### 4.2. Further Research

In order to answer the limitations identified, further studies can incorporate the view of the host community in order to contrast their own perceptions with those of the migrant group. Because the research was conducted at a very precise moment of the pandemic, further research could explore how the coping strategies and feelings identified in the present study have evolved once the pandemic is under control.

Furthermore, the present study points at the potential of incorporating the knowledge of the migrant groups in their host communities as a strategy towards both the prevention and management of epidemics, and the enhancement of citizen well-being and social cohesion. In this vein, future research should explore how such cultural and social exchanges of knowledge can be fostered, as well as the results of their implementation.

Authors should discuss the results and how they can be interpreted in the perspective of previous studies and of the working hypotheses. The findings and their implications should be discussed in the broadest context possible. Future research directions may also be highlighted.

### 5. Conclusions

This article explores the perceptions of Chinese citizens living in Spain during the COVID-19 pandemic. Results support previous research on cultural differences in coping strategies between Western and Eastern citizens, both at individual and interpersonal levels. In this vein, Chinese participants show that they had already acquired knowledge that led them to a more accurate risk perception of the situation, and thus, to more efficient coping strategies. This included taking action to inform those around them so they could implement the recommendations as well to mitigate the spread of the virus. Nevertheless, according to the participants, the Spanish ignored those recommendations about COVID-19 that the Chinese shared with them and missed an opportunity that could have contributed to the reduction of the spread of COVID-19 and the magnitude of the crisis.

In addition, the results unveil the potential of integrating the cultural knowledge and coping strategies of migrant groups in the host communities in managing a pandemic. In this vein, creating mechanisms to foster such cultural exchanges is a measure that could be effective in managing a

pandemic, already from the prevention stage. Moreover, such an inclusive approach could have a positive impact on personal well-being and social cohesion. Regarding the former, it could prevent the perception of not being heard generated and of inefficiency, which in turn affected the personal well-being of the Chinese participants. As for the latter, positive cultural exchanges could contribute to evidencing the value of migrant populations for the host communities, while preventing attacks and discrimination.

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