

Artikel 2151

by Artikel 2151

Submission date: 26-Oct-2022 03:43PM (UTC+0700)

Submission ID: 1935787281

File name: 2151-Full_Paper_without_author_details_-7661-1-2-20221024.docx (66.37K)

Word count: 6556

Character count: 34837

THE ESSENCE OF LIVE SURVIVE FROM COVID-19: A PHENOMENOLOGY STUDY

Abstract:

Background: COVID-19 is a respiratory infection that has claimed the lives of many people. It caused many change in society live dimensions. Earlier, this disease is fearful and have changed many aspects of live dimensions. It impacted physically, emotionally, and most of all socially. The impact can be lightly or severely, depend on the severity of the diseases and the individual ability to cope with the disease. Although many died from this disease, many also survive.

Purpose: This study aims to explore the experiences of COVID-19 survivors. The results of this study can be used as actual information to all levels of society in understanding the COVID-19 phenomenon.

Methods: This study is a qualitative study with a phenomenological approach. The population is COVID-19 survivor with 14 participants that have been selected by snowballing technique.

Result: Survivors of COVID-19 experience physiological, psychological, social and spiritual impacts. The treatment received by the survivors is based on the symptoms experienced and fluid therapy to maintain fluid balance for patients who do not have an appetite, and as a course of injection drugs. Survivors receive support and comfort from doctors, nurses, family, friends, co-workers, bosses, and even from students. It was also found that the survivors admitted that suffering from COVID-19 they experienced a closer relationship with their family, more care and attention. It was also found that there was a last request if the survivor died. Survivor express the meaning of life felt by survivors of COVID-19 as a second chance that must be used as maximum as possible.

Conclusion: There were 19 categories were found and putted into six themes, namely the impact of exposure to COVID-19, treatment and remedies, support and comfort, interpersonal relationships, wills and the essence of life

Keywords: COVID-19, Essence of Life, Survive.

Introduction

Corona Virus Disease (COVID)-19 is an infectious disease that attacks the respiratory system acutely. This disease is an infectious disease that spreads very quickly. Since it was discovered in Wuhan at the end of December 2019, the spread of this disease has been very fast. In March 2020 the spread of this disease increased very rapidly. As of early June 2020, it has spread to 215 countries with 6,294,072 cases and 374, 405 deaths. The ten countries most affected by the spread of this virus from the highest ranking are the USA, Brazil, Russia, Spain, UK, Italy, India, France, Germany and Peru (Worldometer, 2020).

The spread of this virus occurs from person to person through the nose or mouth where splashes of saliva and mucus called droplets from someone infected with COVID-19 spurt when they cough, sneeze or talk. These droplets can be directly hit by other people in a close distance, for example less than one meter or these droplets fall to the ground, onto nearby objects, such as on a table or doorknob. When someone touches an object that contains this virus, transmission can occur if that person touches his nose, mouth or eyes (WHO, 2020).

The initial symptoms of COVID-19 are chills, and then fever, sore throat, cough and difficulty breathing also found. In severe cases there is pain when breathing, shortness of breath and even unable to breathe. Some of patient reported headaches, aches in bones and joints, and feeling weak and helpless. Patients with mild clinical symptoms say that COVID-19 is not something to be afraid of. However, for those who experience severe clinical symptoms say that experiencing COVID-19 is a frightening experience when it is difficult and painful to

breathe what is thought is death. This causes high anxiety and of course greatly affects the spirit of life and also the immune system.

COVID-19 has claimed many lives and has changed the life of the global community, both psychologically, spiritually, and also effect social live. Individuals infected with this virus must be isolated from their families or what is known as isolation. In the hospital, the patient is placed in a room that cannot be visited by his family. This makes the sufferer very afraid and lonely. Even when death comes, the family cannot carry out the funeral according to the customs and beliefs that should be. Funerals can only be watched from afar because the funeral protocol for COVID-19 sufferers has been regulated. This of course is very sad and hurts the family members who are left behind. Grief is often heart-wrenching where families are unable to attend the funeral of their family member who is infected with this disease. The community was hit by fear, especially throughout 2020. Although COVID-19 take many victims, fortunately, many of them also survived. They struggle to beat the damage to physical function caused by the viciousness of this virus. Surviving and recovering from COVID-19 is certainly an extraordinary experience, especially for sufferers who experience severe symptoms.

In connection with the information mentioned above, ⁴ this study aims to explore the experiences of COVID-19 sufferers while undergoing isolation either at home, in isolation centers or in hospitals. It is hoped that based on these experiences, important themes can be found that can be used by all levels of society in understanding what is experienced by COVID-19 sufferers from feeling symptoms to being declared cured of COVID-19. Accurate information can encourage people to be more confident in carrying out COVID-19 prevention and handling practices without being enveloped by anxiety, fear or panic. In addition, to help the community to be better prepared if waves of COVID-19 appear with different variants.

Materials and Methods

5

Design.

This study is a qualitative study with a phenomenological approach.

Participants and Setting

The population is COVID-19 survivors. Samples were selected through the following inclusion criteria: living in the territory of Indonesia and able to use Indonesian properly and correctly, men and women aged 18 years and over, tested positive for COVID-19 based on the results of nasopharyngeal swabs and PCR. Other criteria are experiencing symptoms ranging from mild to severe, undergoing the isolation process either independently at home or being treated in hospitals or COVID-19 control centers. The sample was selected with the snowballing sample and the number of samples depend on data saturation.

Ethical Consideration

Data collection began on December 2020 until October 2021 after receiving a letter of passing the ethical clearance with No.086/KEPK-FIK.UNAI/EC/VI/20 and the respondents have been given an explanation of the research objectives and each respondent is asked to sign inform consent.

Data Collection

Data collection is done through online interviews using the Zoom Meeting application with a duration between 30-45 minutes. Interviews were recorded after obtaining the consent of the respondents. The questions asked are open questions. The researcher asked respondents to explain their experience since they experienced the symptoms, being tested positive for COVID-19, undergoing isolation and treatment until they were declared cured

and negative for COVID-19. The data from the audio-visual recording is typed in the form of a "Word file".

Data Analysis

Narrative data were read and checked repeatedly and compared with the recorded results. For the next step, the coding process is carried out using the NVIVO software application. From the results of coding, it is continued with the process of categorization and determine the themes. Related categories are combined into a single theme.

Trustworthiness

The researcher ensures that all stages of qualitative data collection and data analysis have been carried out in accordance with the stages of qualitative research. To ensure trustworthiness, these principles have been done accordingly: 1) credibility is ensured by doing the triangulation process (data, medical team, and literature) that can be seen in figure 1, 2) transferability can be seen as study boundaries that was provided in methodology, 3) dependability also known as the operational detail of data collection that can be found in audio visual recording, 4) and confirmability is done by audit trail that was done by asking someone to check whether the data collection comply with the procedure (Creswell, 2016, Manen, 1984).

Results

Based on data saturation, sample selection was terminated until the 14th participant. There were 10 women and 4 men and their ages ranged from 24 to 60 years old. The study emerged six important themes, namely: the impact of exposure to COVID-19, treatment and remedies, support and comfort, interpersonal relationships, wills, and the essence of live.

These themes come from the results of coding that has been categorized. There are 19 categories found in this study. The description of themes and categories can be seen in figure 2. Based on the figure 2, themes complemented with the related categories and supported by the statements of the participants.

Theme 1: Impact of Exposure to COVID-1

There were four categories under the first theme, namely: physiology impact, psychology impact, social impact, spiritual impact.

Category 1: Physiologic Impact

The first impact is the physiological impact. Survivors of COVID-19 experience physiological impacts in the form of physical symptoms, both mild and even severe. Symptoms felt in the form of fever (participants 3,4,6,7,10,12,13,14) feverish body and chills (participants 9, 11, 12, 13, 14), headache (participants 4,7,8, 10,11,12,13,14) even all parts of the body (participants 7,9,12). Body shaking (participants 8,12), weak, powerless and unable to do anything (participants 3,8,10,12,14). The body aches, especially in the bones (Participant 4,12), headache feels like the world is spinning (participants 6,12). The following are quoted statements from participants:

I have a fever, headache and body aches all over [shaking his body] (participant 7).

I have a severe headache, the body is shaking, weak and unable to do activities (participant 8).

I have a fever and my body is very weak (participant 3).

The initial symptoms I felt were fever, extreme dizziness, it felt like the world was spinning (participant 6).

"The symptoms were fever, and pain in my bones and also vertigo (pressing her head). The fever goes up and down, the fever can go up to 38.6 degrees (participant 4).

All body aches from head to toe

[holding heads with both hands and pointing to the toes] (participant 9).

Survivors also experience symptoms of cough and shortness of breath ranging from mild to very severe. The severe symptom need has to rush to the hospital and treated in the Intensive Care Unit (ICU) and used a breathing apparatus. There were five participants experienced light cough (participant 8,10,11,13,14). This is one of the participant's comment, "it was just a light cough" (participant 8). The duration of cough was different from one to another. Most of them recovered within days but there were four participant who experience coughing more than two weeks. These are their statements, "my cough lasted for two weeks" participants 3. The following are the statement of another participants:

When I cough my chest feels like it's going to burst and my eyes want to pop out because it's hard to expel the phlegm. I feel that phlegm deep down in my chest and almost three weeks the cough was present (participant 12).

I feel heavy when I breathe. Every morning I usually run for 30 minutes without stopping, but at that time it was only 10 minutes that I was already gasping for air [imitating someone to inhale] and I was coughed about three weeks (participant 11).

There was one survivor who experienced severe symptom related to respiration. He has to rust into Intensive Care Unit from COVID-19 isolation center because shortness of breathing. The following is one of the participant's statement:

My breaths are getting short, it's very difficult to get air, uhmm [imitating some one who is short of breath] it's very difficult to get air into the lungs. A few days later my breath became short. I had difficulty breathing and I ended up being transferred to the ICU, need to be placed with the ventilator. I was in ICU more than three weeks (participant 6).

Other symptoms felt by survivors were form of disturbances in the digestive system ranging from not being able to smell foods (participant 9,11), no taste (9,11), nausea (participant 1), vomiting (participant 1), no appetite (participant 6,9,11,10,11,12), and weight loss (participant 10). The following are the statements of the participants: "I started to lose my sense of smell

and have no appetite (participant 11), "I was surprised that I didn't smell the foods and the food had no taste (participant 9), I've lost a lot of weight (participant 10).

Category 2: Psychological Impact

In addition to experiencing physiological impacts, the survivor claimed to experience psychological impacts. Once they receive a positive result for COVID-19, most of them react similarly. The survivors experienced psychological symptoms such as denial, shock, panic, stress, worry, and cry, and scare. One of the participants denied that she was infected by COVID-19. This is her statement, "I can't possibly be exposed to COVID-19. The results of the test may be wrong (participant 2). There were two of the participants panicked and here are their statements, "I was shocked and panicked, where did I get COVID-19 from" (participant 4), "as soon as the swab results came out and I was declared positive for COVID-19, I panicked and stressed. I thought that this is the end of my life (participant 1), I am very worried (participant 3). The following are the statements of the participants:

Because my symptoms are mild, I am suggested to do self-isolating at home. My husband took foods to my room, and just gave the food without looking at my face for fear of being infected. I was very sad and cried (participants 9)

When the health workers came wearing full COVID-19 uniform. I could not recognize and see their faces clearly. It was as if they had come to pick me up and take me to the grave. It was fearful and I cried (participant 11).

In the middle of the night I cough, and couldn't breathe. I felt suffocate, and I had to sit or even stand up to enable me to grasp the air. I was scared that if I died no one will see me because my husband, my son, and assistants were in their own rooms" (participant 12).

Category 3: Social Impact

Exposure to COVID-19 also has a big impact in social life. Being positive for COVID-19, the sufferers must undergo isolation either independently at home, in isolation centers provided by hospitals or the government. Patients with mild symptoms are usually advised to self-isolate in their respective homes. Patients who experience severe symptoms are usually immediately isolated in the hospital. If the hospital is full, it will be directed to the COVID-19 control centers provided by the government. Participants responded that the isolation process was an unpleasant experience. They feel like they are being shunned, ostracized or abandoned. They feel distant from loved ones making this experience worse. The following are statements from participants about the isolation process they experienced, "When I was placed in the isolation room, I felt like I was stranded on an island" (participant 6), "not being able to meet the people we love causes loneliness"(participant 5), being in isolation is like being on another plane (participant 11), after a few days of isolation I felt stuffy, the room was hot and lacked ventilation (participant 3). The following are responses from another two participants

Because there is no isolation room at the hospital, I was sent home to do self-isolation. My family was ostracized by the local community when they are informed that I was infected of COVID-19. Being ostracized is more painful than suffering from COVID-19 itself (participant 7).

The isolation room is completely closed. Only me in one room. I can't interact directly with anyone, even with medical team. The nurse instructed me to take my temperature by cellphone, my food is placed in front of my door. There is no physical present enter the isolation room (participant 2).

Because five of us (me, my husband, my son, my elderly mother and her care giver) in the family have been affected, so we did self-isolation together at home. My husband and my son were negative first. They always stepped aside and avoided me. They afraid of being infected again (participant 12).

Category 4: Spiritual Impact

One of the positive impacts of being exposed to COVID-19 is the spiritual growth of sufferers.

Suffering from COVID-19 changes the spiritual level. They experienced spiritual growth

includes more prayers and belief in God's healing. Participants also said that they surrendered themselves completely to God. They asked for God's help, and gave thanks when they were declared cured. The following are the statements of the participants: "After being positive for COVID-19, I became more diligent in praying than before and I was sure that I would be recovered" (participant 3), "when I was very weak and helpless, I prayed, calling the name of God. Ask Him for help. I said if God wants, I will be healed" (participant 10), "I surrender all to God, I believe I will be healed" (participant 7), "I feel that God does exist, He is like touching my body. While in the hospital more than half of my time was spent for pray" (participant 11), "Faith over fear. God gave the opportunity to pass the test" (participant 6), "God will surely heal, we always say this to reassure each one of us" (participants 12,13,14).

Theme 2: Treatment and Remedies.

All survivors said that they did not receive specific treatment for COVID-19 because there was no specific drug to treat COVID-19. Treatment is given only to reduce the symptoms they are experiencing. There were five categories under the treatment and remedies theme, namely: medications, oxygen, fluids, supplements and vitamins, alternatives and others remedies.

Category 5: Medications

There were analgesic, coughing medications, analgesic, antibiotic, sedative and nebulizer were given under the medication category. Here some example of participants statement: "I was given anti pyretic" (participants 4, 6,10,12,13,14), "For Coughing, I was given cough medicine" (participants 3,6,10, 11,12,13,14), "I only take headache medicine" (participant 8), "I was given antibiotics to treat a lung infection, I was given a sedative in the ICU because

I panicked and so I could sleep" (participant 6, "I was given a nebulizer because of shortness of breath and there was little fluid in the lungs (participant 6).

Category 6: Oxygen therapy

To undergo with the shortness of breathes, the survivors were given oxygen therapy. Here their statements: "I was given oxygen" (participants 4), "because of shortness of breathing I was given oxygen" (6), " I asked for oxygen" (participant 11).

Category 7: Fluid Therapy

Fluid therapy were given to maintain the fluid balance and the line for medication. The following are the explanation from participants regarding the fluid therapy: "During the isolation, they gave me infusion" (participant 4), the nurses injected the antibiotic through infusion line" (participant 6), "because I lose appetite and can't eat, I was infused" (participant 11).

Category 8: Supplements and Vitamins

There are kind of supplement and vitamins consumed by the survivors. Here are the explanations from the participants:" During self-isolation, I took 1000 mg Vitamin C and Vit. D given by the doctor (participants 3, 4, 9, 10, 11, 12, 13, 14).

Category 9: Alternative therapy and Remedies

Based on the recommendations from the family members, and friends, survivor agreed to use alternatives therapies and remedies. There was a participant who inhale the hot steam from boiling water and the result was helpful. This is the participant statement, "I breathe hot air from the thermos that my wife sent, this makes it easier for me to breathe" (participant

6). Another participant drank a lot of water, especially orange and lemon juice, and also took nutritious food for the energy. The statement is like this, "I drink a lot of warm water, orange or lemon juice, and have to eat nutritious food to give me energy" (participant 8). According to the participant, to overcome low appetite, she provided plain food and broth from boiled chicken and this is her statement, "plain rice porridge and warm soup from chicken broth that has been boiled for a long time are the only things that we can take (12,13,14). According to participants, based on their family recommendations, they consumed coconut water. There are 4 participants who consumed young coconut water during the exposure to COVID-19 (participants 10,12,13,14). This is one of the participant statements. "I drink young coconut water daily because it is recommended by families who have had COVID-19 previously" (participants 10,12,13,14). Participants 10, and 12 add eucalyptus oil in to boiling water and inhale the hot steam. Regarding to them, the remedies helped them to breathe easily. This is one of the statements, "I add eucalyptus oil to the water that I boil and then inhale it repeatedly 3 times a day. The result was very relaxing and make me easy to breathe" (participants 10). One of the participants said that she took a good rest and increase the hours of sleep. This is her statement, "just rest, and sleep more" (participant 3).

Theme 3: Support and Comfort

There were 3 categories under this theme, ¹² support from the health care team, family, and others

¹³ Category 10: Support from the Health Care Team

In a state of isolation where COVID-19 sufferers feel fear, worry, anxious, and stress, they received the emotional support that came from health workers, both from the doctors and nurses. The emotional support provided a sense of comfort and enthusiasm to survive and follow the care and treatment program. Some respondents conveyed the words that doctors and nurses often told them. These words gave them strength and spirit to stay strong and fight for live. The following is their confessions: "Don't stress and panic, COVID-19 can be cured" (participant 1), "Let's keep positive thinking, because it can increase the body's immunity. Make yourself happy so that the immunity doesn't go down" (participant 2), "drink warm water as often as possible, keep your throat moist" (participant 3), "trying to make yourself happy and happy huh. Keep in touch with family" (participant 4), "You have to be sure. COVID-19 can be cured, you need to fight for live, think positively. When we think positively, we get excited and our immune system increases" (participant 6), "PUSKESMAS (community health centre) officers always monitor my health status and provide motivation to recover" (participant 7), "communications between families, doctors, nurses and patients are very positive, making me sure that I will recover" (participant 10).

Category 11: Support from the Family

In addition to nurses and doctors, of course, families play an important role in providing support, encouragement, and a sense of comfort to their family members who are exposed to COVID-19.

"My brother's words make me excited and think positive." (participant 4)

"I owe my life to my wife who has watched and monitored my condition during the isolation process at the hospital. This gives me strength and motivation to stay." (participant 1)

"My wife always tries to convince me that I can survive and recover. He also sent a water heater so I could breathe in the hot steam. It makes it easier for me to breathe." (participant 6)

"I had no appetite while in the hospital until I lost weight. But after being allowed to go home, my wife cooked my favorite foods and my appetite was improved." (participant 5)

"I am very grateful for the support and encouragement given by my wife, close family, friends, colleagues, even from my subordinates. It gives strength and motivation to survive." (participant 2)

"With the support of my family, I am sure I will recover." (participant 4)

"My family always monitors my nutritional intake and provides vitamins and herbal ingredients". (participant 8)

Category 12. Support from Other

Likewise from the health care team and family, survivor also received support and comfort from friends, co-workers, superiors and subordinates. The encouragement received can be in the form of video calls, texts, even sending videos that provide important information about COVID-19 and funny videos that entertain sufferers. The following is the respondent's statement about the support they receive from family, friends, co-workers, superiors and also subordinates in the office, even from students at school. Following are their statements:

"I am thankful to my co-worker, boss and also my subordinates. They called me and ask my condition and gave me emotional support" (participant 7).

"Every time I feel worried and panicked, my breathing gets heavier and I have difficulty in breathing. Luckily my students always send me funny and entertaining videos that make me laugh and this lessens my worries." (participant 11)

"I am very grateful to the health workers who are struggling to provide care to the sufferers. Never blame them or anyone else." (participant 6)

Theme 4 Interpersonal Relationship

In theme 4, there are three categories were found. It includes family's ties, care, and strength resources.

Category 13. Family' Ties

During treatment and isolation, the sufferers always communicate well with their families. Either via WhatsApp chat, telephone or video call. There are several respondents who say that being exposed to COVID-19, family relations were getting better. They have more time to talk rather than before infected of COVID-19. Participant who self-isolation at home committed to do household activities and tasks together. The following is their confessions: "during COVID-19 our family is closer and dearer to each other." (participant 5), "my sister is more attentive and always calms me down" (participant 4)

Category 14: Love and Care

COVID-19 survivors admitted that they receive a very good care and attention from their spouse and family member. This is what they way that they care to the family member who were infected COVID-19: "once I tested positive for COVID-19 then I had to do self-isolation. My husband took good care of me for 14 days." (participant 5), "because I am self-isolating, I live at home with my family, but all my activities are done in my room. I don't want other family members to be exposed. I really care and concern about them" (participant 7). One participant expressed that during the exposure to COVID-19 he received a large amount of

love. This is his statement: " exposure to COVID-19, I received an extraordinary love from many people" (participant 6).

Category 15: Strength Sources

Family members were the main strength sources. Survivors admitted that they strengthen each other especially the family who were infected in the same time and isolated together at home, "even though our rooms are separated, we chat with each other, asking whether they need help. We strengthen each other." (participant 12,13,14). The following also the participants statement:

"My husband always strengthens me. He became more attentive to me. He always contacted me on video calls, prayed, and sent me abundant food that made me feel cared for and felt that they wanted me alive. My mother never missed calling me every day at night. He hung up the phone when I was asleep, I was strengthened" (participant 11).

Theme 5: Wills

Only one category was found under the wills theme. It was the last request.

Category 16: The Last Request

There was one respondent who was very worried after she experienced shortness of breath and began to have difficulty in breathing. He felt that he would end up in death. This worry worse because her two young children at home while her husband worked from place to place. She asked her brother temporarily take care of her sons. He was very worried that his sons had no one to take care of and became neglected if she died. She expressed the last request to her husband. The following is her statement:

I have told my husband, if death comes to me, please hand over the children to your brother. He and his wife were the one I belief will taking good care of them. If you want to go anywhere or want to get married again, it's okay for me as long as you leave our children to your brother and sister-in-law (participant 11).

Theme 6: The Live Essence.

There are three categories under this theme, namely: bitterness, second chance, and recommendation.

Category 17: Bitterness

Participants interpret the experience of suffering from COVID-19 in different ways. Respondents said that suffering from COVID-19 was a bitter experience, and a heavy blow. Here is their statement: "I need to emphasize that suffering from COVID-19 is a bitter experience." (participant 6), "experiencing COVID-19 was a heavy blow for me, what I remember is death." (participant 11).

Category 18. Second Chance

Although some of the participant expressed bitterness, most of the participants responded positively. Participants said that being exposed to COVID-19 and being declared cured was a very valuable experience. It was like getting a second chance to live and even said it was like rising from the dead. The following are their statement: "this experience is invaluable. I have a second chance at life." (participant 1), "recovered from COVID-19, I felt like I had risen from the dead" (participant 8), "recovering from COVID-19 means I am given a second chance" (participant 7), when I experienced COVID-19, I understand why people scared of it. And I was able to get through it" (participant 11).

"God is very good, my family was saved from death, especially my 92 years old mother. we all survived and healed" (participant 12)

Category 19: Recommendation

Based on the experiences felt by most of the participant, they said that no need to be panicked. It was not as scary as it was imagined. The most important is to know the symptoms earlier. When some one experience the symptoms such as fever, coughing, headache or feel unwell, it is better to ask for help from the doctor or other health care team. Ask for COVID-19 SWAB. The earlier the diagnose the faster the intervention can be made. The following are the participants expression: "this experience was not what other people feared saying what if i got infected and died?" (participant 5), "everyone can be infected, focus on getting better and don't panic." (participant 4), "let's not avoid humans but avoid this virus as much as possible by following the health protocol." (participant 10), "hot water steam was helping to dilatate my air way. It is recommended" (participant 6), "stay calm, and do deep breathing exercise often. This will make you more relax and able to have a good rest and sleep. Relax and sleep well speed the recovery" (participant 12).

Discussion

Patients with COVID-19 experience symptoms of a respiratory tract infection. Symptoms range from mild to severe. This is in accordance with what was stated by previous researchers that the common symptoms felt by patients infected with COVID-19 are fever, fatigue, and myalgia. Typical symptoms of breathing are dry cough, shortness of breath, sore throat, and even coughing up blood. In severe cases also accompanied by chest pain. ³ In severe cases, the patient may develop acute respiratory distress syndrome. This happens because fluid fills the lungs and things like this can be fatal if not treated immediately using mechanical respiration in the ICU (Huang et al, 2020; (Lapostolle et al., 2020; Lingeswaran et al., 2020, Nurhanisah, 2005). 2021).

Survivors of COVID-19 also experience some disorders in the digestive system such as diarrhea, nausea and vomiting. This is similar to that found by Kumar et al. (2020), patients with COVID-19 experience abdominal pain, diarrhea, nausea and/or vomiting. The neurological system found confusion and headaches. These headaches are often caused by fever and shortness of breath. This was also conveyed by Wu, Chen, Chan (2020) that the symptoms that most often appeared were fever, cough, and shortness of breath or dyspnea. Nisa (2021) added that people with COVID-19 also experience an olfactory disorder called Anosmia. The exact cause of anosmia is not yet known, but it is possible that there is inflammation in the nasal cavity when the virus is in this area. Anosmia symptoms usually appear 2-14 days after exposure to COVID-19.

According to the respondents, the therapy they received while exposed to COVID-19 was treatment to reduce the symptoms they experienced. Such as cough medicine, fever-reducing medicine, vitamins and intravenous fluids to meet fluid needs when the patient does not have an appetite due to disturbances in the digestive system. This is in line with other scientific findings. According to Rusdi (2021), there is currently no cure for this virus. The only drug that is recommended is Remdesivir. In addition, corticosteroids are recommended for patients who experience severe symptoms who use a breathing apparatus or ventilator. Corticosteroids are useful for reducing the inflammatory response in the lungs. In addition, the provision of vitamins is also recommended as a supportive therapy. Among them are Vitamin C, D, and Zinc, Vitamin C functions as an antioxidant that binds to free radicals. In addition, vitamin C has an anti-inflammatory function and can affect immune cells. Although it is not known with certainty the use of vitamin D in the treatment of COVID-19, it is believed that vitamin D deficiency is associated with pneumonia. Use of Zinc in COVID-19.

The emotional support received by COVID-19 survivors came from health workers, family, friends, colleagues, and even from students. This gives strength and enthusiasm for COVID-19 sufferers to survive. Humans are social creatures who need other people to survive. The results showed that emotional support positively affects one's well-being. ¹¹ While social disorders partially mediate the relationship between emotional support and well-being (Shaheen, Baro, & Amed, 2021). Many studies have been conducted to study the relationship of emotional and social support to physical and mental health and its impact on disease healing. Social support increases motivation to recover (Bau, 2019), and also increases adherence to treatment (Muna & Spleha, 2018). The COVID-19 survivors in this study also experienced better relationships with family members. This is something that often happens. When a family member is sick, other family members choose to pay attention and this makes the family bond closer.

Most of the informants said that during their isolation and treatment they experienced an increase in their spirituality. Become more praying than before. Surrender their lives to God and believe that God will heal them. According to previous research, sufferers assume that what they feel is a trial ² by God and a test of one's faith. Sufferers tend to believe that illness is a lesson from God to make them appreciate the life that has been freely given to them. Thus, they use prayer in the hope of healing their illness, because there is a tendency to see everything spiritually and leave it in God's hands for better results (Witmer, Boccaro, Henderson, 2011). Hidayat (2009) said that, "spiritual belief is a source of strength that provides motivation for patients to recover". Although the effect of this belief is not easy to evaluate, it can be observed by health workers where the individual can handle the severe

physical distress they experience. In addition, surviving COVID-19, even though it is not fun, has given an important message about what is meant by a second chance, namely by filling life with more meaningful things. Surviving COVID-19 has given meaning to the importance of praying and believing in God. God's help is very real. When you have faith that miracles exist, the spirit of life increases.

Conclusion

COVID-19 causes physical, psychological, social and spiritual impacts on survivors. The impacts were experienced differently by each survivor, depending on the severity of the symptoms. COVID-19 can be cured. It is encouraged to identify symptoms, carry out the diagnostic test and carry out basic treatment of existing symptoms so that symptoms do not become more severe. Although there is concern and anxiety for COVID-19 sufferers, they are confident that they will recover. This situation makes them pray more, ask for help from God and surrender themselves to God. In addition, the support provided by health workers, family, colleagues, superiors, subordinates, even from students provides strength and comfort for COVID-19 sufferers. This makes them enthusiastic and persistent in undergoing treatment. Therefore, the community must place this pandemic situation not as a scourge or stigmatize but use this situation as an important and valuable experience to always be ready to face the challenges of an uncertain future and most importantly quickly make the necessary adaptations so that the impact of the problem experienced does not become heavy. The important experiences that have been described by COVID-19 survivors can be an illustration of how the community must respond positively. Take important steps to prevent it by actively participating in following and practicing the protocols that have been

given by the government through task force for the acceleration of the COVID-19 countermeasure both personally, with families and groups closest to their respective places of residence.

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Appendices

Table

Table 1. The Themes and Categories Description

Themes	Categories
Impact of Exposure to COVID-19	Physiology Impacts
	Psychology Impacts
	Social Impacts
	Spiritual Impact
Therapy and Remedies	Medication
	Infusion Therapy
	Oxygen Therapy
	Supplements and Vitamins
	Alternatives Therapy
Support and Comfort	Support from Health Care Team
	Support from the family
	Support from others (friends, co-worker, students, etc)
Interpersonal relationship	Family's Ties
	Care
	Strength Resources
Wills	Last Wills
Life Essence	Bitterness
	Second Chance
	Recommendation

Figures

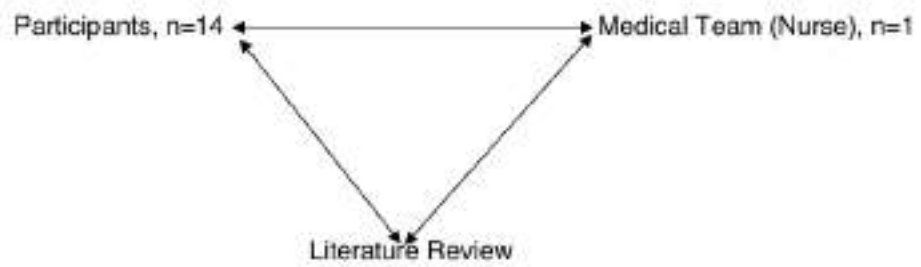


Figure 1, Triangulation Process to Ensure Credibility of the Data

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