

The essence of surviving COVID-19: A phenomenology study

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Abstract

Background: COVID-19 is a respiratory infection that has claimed the lives of many people. It caused many changes in society; it impacted physically, emotionally, and most of all socially. The impact can be light or severe, depending on the severity of the diseases and the individual ability to cope with the disease. Although many died from this disease, many also survived. **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 survivors with 14 participants that have been selected by snowballing technique.

Results: 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 a good appetite, and as a course of injection drugs. Survivors received support and comfort from doctors, nurses, family, friends, co-workers, superiors, 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. Survivors express the meaning of life felt by survivors of COVID-19 as a bitter experience, and a second chance that must be used to as full an extent as possible. There were also recommendations from the survivors.

Conclusion: There were 19 categories e found and put into six themes, namely the impact of exposure to COVID-19, treatment and remedies, support and comfort, interpersonal relationships, will 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 had 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, the 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 directly hit other people at 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 (World Health Organization, 2020).

According to Centre for Disease Control (CDC) stated that symptoms of COVID-19 are fever or chills, cough, shorthnes of breath or difficulty

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breathing. Patients reported fatigue, headaches, aches in muscle and body. Another symptoms were loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and also diarrhea (CDC, 2022).

COVID-19 has claimed many lives and has changed the life of the global community, both psychologically, spiritually, and also affect social life. Individuals infected with this virus must be isolated from their families. In the hospital, the patient is placed in a room that cannot be visited by their family. This makes the infected persons 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 a COVID-19 corpse has been regulated. This of course is very sad and hurts the family members. 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 has taken 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 survivors who experience severe symptoms.

People have often heard the quote that says that experience is a very valuable teacher. Experiences when interpreted correctly will result in something good that brings success. Likewise, with these experiences about COVID-19. If people are willing to read about the experiences of other people who have survived COVID-19 and interpret them well, they will have sufficient knowledge to prevent being infected with COVID-19. If infected, they can recognize symptoms quickly, get the test diagnostic early, so that they can be treated more quickly so that symptoms can be minimized so as not to cause severity, deformity and even death. Since the emergence of COVID-19, the government has encouraged scholars to conduct research related to this disease. There is a lot of information that can be obtained through social media, television, and journals both nationally and internationally, but rarely written as phenomenology study. This article in particular will provide scientifically factual information about the experiences of COVID-19 survivors.

In connection with the information mentioned above, this study aims to explore the experiences of COVID-19 survivors while undergoing isolation either at home, in isolation centers or in hospitals. It is hoped that, based on these experiences, essential 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

Design

This study is a qualitative study with a phenomenological approach.

Participants and Setting

The population was 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 were 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 sampling technique. The researcher asked the first informant to introduce his acquaintances who had experienced COVID-19. In this study there were informants who introduced one person and there were also those who introduced two people. The introduced person is taken as a sample if he meets predetermined criteria. In this way the researcher obtained a larger sample. The selection of samples was stopped at the fourteenth informant to enrich the data. Sample size for phenomenology may be different from one author to another. Creswell (2013) recommended between 3 to 10 samples are adequate for phenomenology, whereas Marshall, Cardon, Poddar, and Fontenot (2013) believed that 6 to 10 is enough, and Ellis (2016) stated that 6-20 will be sufficient.

Ethical Consideration

Data collection was from December 2020 until October 2021 after receiving a letter of passing ethical clearance with No.086/KEPK-FIK.UNAI/EC/VI/20 and the respondents were given an explanation of the research objectives, and the benefit by which the participants can share their valuable experience to the community. There is no risk that can occur in this study. After the understanding, each respondent was asked to sign informed consent. In the participant's information sheet, the participant was also given autonomy to choose to participate or not to participate, or if they chose to participate, participants were allowed to withdraw at any time. Most of all, the participant's identity is treated as confidential.

Data collection

Data collection was done through in-depth interviews with online platform using the Zoom meeting application. Duration of interviews was between 30-45 minutes. Interviews were recorded after obtaining the consent of the respondents.

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, and others)
Interpersonal relationship	Family's Ties Care Strength Resources
Wills	Last Wills
Life Essence	Bitterness Second Chance Recommendation

Personal data protection has been considered by blurring the participant's identity during the interview in Zoom meeting. The questions asked were open-ended questions. To initiate the interview, the researcher asked participants 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 were listened to and typed at the end of each interview. The transcriptions were done by another person to avoid bias. To ensure the accuracy and quality of the data, a third person was asked to listen to the audio-visual records and to recheck the transcriptions. Both audio-visual and transcriptions were saved in a secure password protected device.

Data analysis

Transcriptions were read and checked repeatedly and compared with the recorded results. Coding process was conducted using Hilal & Alabri (2013) step-by-step guideline for NVivo. All of the 14 transcriptions were dragged in to the NVivo software to start the coding process. The first transcription was coded based on the participant's statement. Different statements were sorted into nodes form. The same process was repeated for the second until the 14th transcription. New nodes were added as new code emerged in each transcription. Following the coding, thematic analysis was formed. The similar nodes were placed in one related theme.

So, in this stage, each theme contains one or more categories or sub-themes. The next step was to link each category or sub-theme within the theme with the participant's statement. If the statements among participants were similar, then author selected the most complete statement to be quoted.

Trustworthiness

The researcher ensured 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, the credibility, transferability, dependability, and confirmability (Cresswell, 2016; Manen 1984) were ensured. The credibility of the data from 14 participants was confirmed with one of the medical team, and also previous studies and other sources of literature. This triangulation process can be seen in Figure 1. The collected data are also available and auditable at any time when needed. To ensure the confirmability, the researcher has asked another researcher to check that data collection and analysis were in accordance with methodology.

Results

Based on data saturation, sample selection was terminated at the 14th participant. There were 10 women and four 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

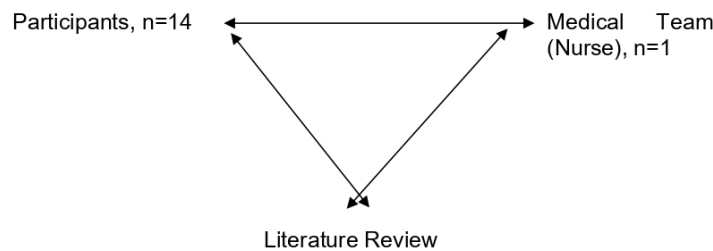


Figure 1. Triangulation Process to Ensure Credibility of the Data

comfort, interpersonal relationships, will, and the essence of life. 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 [Table 1](#). Based on [Table 1](#), themes were complemented with the related categories and supported by the statements of the participants.

Theme 1: Impact of Exposure to COVID-19

There were four categories under the first theme, namely: physiological impact, psychological impact, social impact, spiritual impact.

Category 1: Physiological Impact

The first impact is the physiological impact. Survivors of COVID-19 experience physiological impacts in the form of physical symptoms, both mild and severe. Symptoms felt are 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 (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 (participant 9).

Survivors also experience symptoms of cough and shortness of breath ranging from mild to very severe. Severe symptoms need to be rushed to the hospital and treated in the Intensive Care Unit (ICU) and a breathing apparatus used. There were five participants who experienced light cough

(participants 8, 10, 11, 13, 14). This is one of the participant's comments: *"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 participants who experienced coughing for more than two weeks. This is their statement: *"my cough lasted for two weeks"* participant 3. The following are the statements of other 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 and I was coughed about three weeks (participant 11).

There was one survivor who experienced severe symptom related to respiration. He had to be rushed into Intensive Care Unit from the COVID-19 isolation center because of his shortness of breathing. The following is one of their statements:

My breaths are getting short, it's very difficult to get air, uhmm 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 (participants 9, 11), no taste (9, 11), nausea (participant 1), vomiting (participant 1), no appetite (participants 6, 9, 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 survivors claimed to experience psychological impacts. Once they received a positive result for COVID-19, most of them reacted similarly. The survivors experienced psychological symptoms such as denial, shock, panic, stress, worry, sadness, crying, and scared. 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 who 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 (participant 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 on social life. Being positive for COVID-19, the sufferers must undergo isolation either independently at home, or 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, they will be directed to the COVID-19 control centers provided by the government. Participants responded that the isolation process was an unpleasant experience. They felt like they were being shunned, ostracized or abandoned. They felt 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 planet"* (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 the 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 presence allowed to 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 were 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 including 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 prayer"* (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 was given only to reduce the symptoms they were experiencing. There were five categories under the treatment and remedies theme, namely: medications, oxygen, fluids, supplements and vitamins, alternatives and other remedies.

Category 5: Medications

There were analgesic, coughing medications, analgesic, antibiotic, sedative and nebulizer given under the medication category. Here are some examples of participants' statements: *"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 a little fluid in the lungs"* (participant 6).

Category 6: Oxygen Therapy

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

Category 7: Fluid Therapy

Fluid therapy was 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 the infusion line"* (participant 6); *"because I lost appetite and couldn't eat, I was infused"* (participant 11).

Category 8: Supplements and Vitamins

These are kinds 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 Vitamin 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, survivors agreed to use alternative therapies and remedies. There was a participant who inhaled the hot steam from boiling water and the result was helpful. This is the participant's 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 energy. Their statement is: *"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 four participants who consumed young coconut water during the exposure to COVID-19 (participants 10, 12, 13, 14). This is one of the 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 added eucalyptus oil in to boiling water and inhaled the hot steam, this 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 three times a day. The result was very relaxing and made me easy to breathe"* (participant 10). One of the participants said that she took a good rest and increased the hours of sleep: *"just rest, and sleep*

more" (participant 3).

Theme 3: Support and Comfort

There were three categories under this theme, support from the healthcare team, family, and others

Category 10: Support from the Healthcare Team

In a state of isolation where COVID-19 sufferers feel fear, worry, anxious, and stress, they received emotional support 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 life. The following are their statements: *"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); *"try 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 life, think positively. When we think positively, we get excited and our immune system increases"* (participant 6); *"PUSKESMAS (community health center) 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, 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. She 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 Others

Likewise from the healthcare team and family, survivors 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 are the respondents' statements about the support they received from family, friends, co-workers, superiors and also subordinates in the office, even from students at school. *"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 found: family's ties, care, and strength resources.

Category 13. Family' Ties

During treatment and isolation, the survivors always communicated well with their families. Either via WhatsApp chat, telephone, or video call. There are several respondents who say that by being exposed to COVID-19, family relations were getting better. They have more time to talk rather than before being infected with COVID-19. Participants who self-isolated at home committed to do household activities and tasks together. The following are their statements: *"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 the way that they care for a family member infected with 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: *"from 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 strengthened each other, especially the family who were infected at the same time and isolated together at home: *"even though our rooms are separated, we chatted with each other, asking whether they needed help. We strengthened each other"* (participants 12,13,14). The following are also the participants' statements:

"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. She felt that she would end up in death. This worry was worse because her two young children were at home while her husband worked from place to place. She asked her brother temporarily to take care of her sons. She was very worried that her sons had no one to take care of them and would become 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 will take 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 Life Essence.

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

Category 17: Bitterness

Participants interpreted 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 are their statements: *"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 participants expressed bitterness, most 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 statements: *"this experience is invaluable."*

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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-year-old mother. We all survived and healed" (participant 12).

Category 19: Recommendation

Based on the experiences felt by most of the participants, they said that there was no need to be panicked as recommended also by healthcare. It was not as scary as it was imagined. The most important thing is to know the symptoms earlier. When someone experiences symptoms such as fever, coughing, headache or feeling unwell, it is better to ask for help from the doctor or other healthcare team members. Ask for COVID-19 SWAB. The earlier the diagnosis, the faster the intervention can be made. The following are the participants' statements: *"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 dilate my air way. It is recommended"* (participant 6); *"stay calm, and do deep breathing exercise often. This will make you more relaxed and able to have a good rest and sleep. Relax and sleep well to 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 these are also accompanied by chest pain. 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, 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), that patients with COVID-19 experience abdominal pain, diarrhea, nausea and/or vomiting. The neurological system suffers confusion and headaches. These headaches are often caused by fever and shortness of breath. This was also conveyed by Wu, Chen, and Chan (2020),

that the symptoms that most often appeared were fever, cough, and shortness of breath or dyspnea. 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. World wide the prevalence of olfactory dysfunction was calculated to be 44.1 % (Butowt, & Bartheld 2021). How the virus effect olfactory still in ongoing investigation. Recently Bryche et.al (2020) explained that "virus localized exclusively to sustentacular cells and caused a massive degeneration of the olfactory epithelium and a widespread loss of the sustentacular cells, along with the olfactory cilia". Anosmia symptoms usually appear 2-14 days after exposure to COVID-19 and study revealed the median time time to recover from anosmia is 7 days (Lee, Min, Lee, & Kim, 2020).

Knowing that they are infected by COVID-19, some of the survivors experienced stress. This result is similar with a recent study that found participants felt psychological changes such as stress, shock and fear during the time they tested positive for COVID-19 (Kusuma, Soeharto, & Windarwati, 2022). It's not only ordinary people who are stressed because they are infected with COVID19, even health workers are (Rochanah & Nurbaety, 2021). Stress is a common reaction to different types of pressures, but it can damage health if it interferes with daily activities (APA, 2022). No matter how mild the stress situation, it needs to be overcome to reduce the negative impact. Many coping mechanism can be utilized (Angelica & Tambunan, 2021). One strategy to reduce stress related to COVID-19 is to get more information and to be updated with COVID-19 itself (Prasetyo, Setyamardina, Rahayu, & Huriyah, 2021). It has been found that stress and anxiety are related with knowledge level. The higher the knowledge, the lower the stress or anxiety level (Sitohang & Simbolon, 2021).

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. Zinc is also used in COVID-19 treatment.

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 while social disorders partially mediate the relationship between emotional support and well-being (Shaheen, Bano, & 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 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. They prayed more than before, surrendered their lives to God and believes that God will heal them. According to previous research, sufferers assume that what they feel is a trial 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). Spirituality promotes individuals to cope better with life disruptions and allows them to view life more positively (Rathakrishnan, Singh., Yahaya, Kamaluddin, & Aziz, 2022). Spiritual fulfilment is related to the motivation and high belief as to the healing effort and improving patient health (Wahyuni, 2014). 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 a bitter experience, 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, and 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 to 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. They should take important steps to prevent it by actively participating in following and practicing the protocols that have been given by the government through the task force for the acceleration of the COVID-19 countermeasures both personally, with families and groups closest to their respective places of residence.

Declaration of Interest

There is no conflict of interest found in this study

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