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Experiences of patients with Covid-19 admitted to the hospitals amid information overload on pandemic: A Qualitative Study

By

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Abstract

Since there is a lot of uncertainty and ambiguity on how to control the COVID-19 virus epidemic, news media play a vital role in assisting people in trying to cope with the situation. However, there comes a point where the news may also just be "too much," which can have detrimental effects including deteriorating people's mental health and making them tune it out. Confusion and mental stress are symptoms of information overload. This study intends to describe the experiences of patients with Covid-19 admitted to hospital amid information overload from the media. This study uses the methodology of grounded theory to investigate the patients' experience with COVID -19 amid an overload of information on the pandemic spread out by the media. In this study, data from some 12 patients with COVID-19 with a history of hospitalization were recorded. The participants were those who had completed a quarantine period after discharge from the hospital. Based on interview transcript, several initial codes were extracted (open coding) and combine the codes with similar meanings for simplification (axial coding). Then, the initial codes were classified into subcategories and categories based on meaning and conceptual similarity. Data analysis led to the extraction of subcategories and main categories. The main categories were 'close to dying', 'concern for the family', 'stressful', 'psychic disorder', 'feeling optimistic', 'positive thinking, 'feeling helped' which were grouped into two categories negative and positive feeling and then conceptualized into a theme "mixed feeling or emotion".

Keywords : patients, COVID-19, hospitals, information overload, pandemic, qualitative study

Introduction

The World Health Organization named Covid-19 a global pandemic on March 11, 2020 (WHO, 2020). Due of widespread human-to-human transmission, lack of a specific treatment or vaccination, and the threat that the sickness Covid-19 poses to people's lives (Norouzadeh et al., 2021). The Covid-19 outbreak has brought about previously unheard-of socioeconomic issues. Due to the Covid-19 threat, numerous locations, cities, and even entire nations have been forced to seal their doors to travelers. (Bae & Chang, 2020).

Pandemics, in contrast to natural disasters, can have long-lasting effects and are very likely to repeat, even after the epidemic has passed. Pandemics also have a wider impact, including job losses, economic difficulties, and psychological instability, whereas other calamities typically cause material devastation (Bae & Chang, 2020). Governments in different nations have attempted a variety of actions to stop the virus from spreading, including expanding the number of medical facilities, performing various tests, enforcing social isolation and limitations, and putting in place health regulations.

Many communities had experienced bewilderment, dread, worry, and tiredness as a result of the Covid-19 pandemic. For instance, many South Koreans suffer from sadness, sometimes known as the "Corona blues," as a result of their prolonged seclusion from the outside world in order to reduce face-to-face contact (Bae and Chang, 2020).

To reduce the spread of the virus, the government continues to run advertisements urging individuals to follow and apply health protocols. Due to the Covid-19 epidemic, there has been a noticeable rise in video conferencing, online learning, and online shopping (Kim, 2020). Business actors are innovating by installing self-service counters, online purchases and payments, and kiosks without human supervision to reduce direct human contact (Bae & Chang, 2020).

Hospitals Overload

In June and July 2021, The case of Covid-19 in Indonesia skyrocketed to previously unheard-of levels, causing some hospitals to erect emergency tents to handle the influx of patients seeking care after possibly getting the virus. Midway through July, when a record number of new cases per day—over 56,000—was reported, the pandemic reached its height in the country (Satgas, 2021).

As relatives of Covid-19 patients reported having trouble locating beds and ICUs at referral hospitals, distressing photographs and videos of Greater Jakarta's overcrowded hospitals have been making the rounds on social media. One suspected coronavirus patient should be placed on the ground close to an emergency tent while another is being driven to the nearby hospitals in a pick-up truck. The majority of hospitals operated at full capacity, with a bed occupancy rate of over 90%; however, some hospitals in particular locations had already reached 100%, signifying a collapse of the hospital system.

In an effort to increase hospital capacity in the face of an increase in coronavirus cases, medical authorities moved medical emergency units to tents outside of hospitals. Health care professionals have also been affected by the virus wave, with many reporting positive results or even passing away. In late June, 981 healthcare professionals had passed away from COVID-19 (Aqil, 2021).

Patients with Covid-19

According to numerous accounts, Covid-19 individuals have mild to severe respiratory and nonrespiratory symptoms. The viral infection can cause mild to highly severe symptoms. Infection symptoms include weariness, fever, coughing, and breathing difficulties. These patients must be isolated because to the high danger of disease transmission, which may cause

them great emotional anguish (Singhal, 2020)

Similar to SARS and MERS, the Covid-19 pandemic has left many individuals suffering from severe physical and mental crises even after being discharged (Park et al., 2020). Patients have longer-lasting health issues even after leaving hospitals because they encounter greater health complications during outbreaks than other patients (Jeong et al., 2016). A study by Sahoo et al (2020) who conducted a narrative investigation on three Covid-19 patients revealed that these patients feel resentment, blame, and shame (Sahoo et al., 2020).

Rahmatinejad et al., (2020) demonstrated how COVID-19 sufferers deal with fear, stigma, and ambiguity while they battle their illness. These problems underscore the need to learn more about the aspects of COVID-19 patients' health, and one method to accomplish this is to understand these patients' subjective experiences (Shin et al., 2019). Expanding knowledge of how to better manage any future outbreaks and enhancing our readiness for comparable outbreaks could be accomplished by explaining and understanding the health issues experienced by COVID-19 patients both during and after the illness crisis (Banerjee, 2020). Therefore, this study aimed to describe the experiences of intensive care unit (ICU) patients with COVID-19.

Information Overload

Since there is a lot of uncertainty and ambiguity on how to control the Covid-19 virus epidemic, news media play a vital role in assisting people in trying to cope with the situation. According to the uncertainty reduction theory, people have a desire to learn more when they are unclear of a specific situation or environment (Boyle et al., 2004). However, there comes a point where the news may also just be "too much," which can have detrimental effects including deteriorating people's mental health and making them tune it out (Hemp, 2009).

The World Health Organization (WHO) raised worries about the hazards of the so-called "infodemic" in February 2020, before officially declaring the pandemic (WHO, 2020). This phrase was chosen to describe the overabundance of information, whether accurate and factual or inaccurate and confused, which makes it challenging to identify trustworthy sources. Then shortly after, the events confirmed it was accurate. The WHO was fully aware that information overload could hinder people's ability to understand the pandemic and stop it.

Alvin Toffler, a futurist novelist, coined the phrase "information overload" in his 1970 book Future Shock to highlight the relationship between too much information and cognitive and sensory overload (Toffler, 1970). Psychology defines "overload" as the condition in which the amount of information being processed exceeds the amount being input (Eppler & Mengis, 2010). People only have a finite amount of cognitive capacity to comprehend information in this way. Confusion and mental stress are symptoms of information overload, which is the inefficient processing of information. (Lang, 2006).

Based on the discussions above, this study formulate the research question as the followings: How are the experiences of patients with Covid-19 admitted to the hospitals amid information overload on pandemic?

Literature Review

There is considerable debate about how to review the literature in qualtitative research

especially grounded theory research. There are questions about the appropriateness of using the term as several researchers claiming to use and conduct qualitative content analysis might instead use terms such as interpretive analysis, hermeneutic analysis, ethnographic analysis, discourse analysis, grounded theory, critical analysis, or semiotic analysis (Williamson et al., 2018). The use of content analysis is unappropriate for this study since the research problem should not be specific enough to inform the type of communication appropriate to the investigation (e.g., a particular set of speeches by a political leader, printed news media in general or, comparisons across different media) as well as the appropriate unit for analysis within the chosen media (e.g., particular sections of a speech, entire newspaper edition, advertisements, segments of TV news) (Williamson et al., 2018).

This study uses the methodology of grounded theory since the primary data is not taken from the media content but interviews with several selected respondents. Notably, grounded theory typically discourages reviewing the literature before data are collected and analysed, so that researchers do not form preconceptions about the theory. However, it is likely researchers will need to review the literature to show they intend to address a gap in knowledge with their research (Deering & Williams, 2020).

Classic grounded theory generally prohibits preliminary literature reviews (McCallin, 2003), arguing that they might affect emergence. Emergence assumes what is important in the research area will materialise without presumptions, with the researcher open to what the data represent according to the participants (Glaser 1978). If the researcher is aware of existent concepts, found in the literature, these might contaminate the theory, distorting its social reality (Glaser and Strauss 1967). To reduce contamination in grounded theory, the researcher tends to conduct the 'preliminary' review when generating the theory, to compare it with current literature and test its application to the research field (Christiansen 2011).

Glaser (2005) suggested that when the researcher is analysing how the data link to create codes, the literature reviewed should be outside the field of study, to ensure conceptualisation remains original. However, the researcher should be aware that preconceptions may impair the theoretical sensitivity needed to generate an accurate theory (Heath & Cowley, 2004).

In contrast, another approach suggests a preliminary literature review helps to contextualise the phenomenon that a study will investigate, aided by the researcher having some familiarity with what will be explored (Corbin and Strauss 2015). For example, the researcher's motivation to conduct the study could be closely tied to witnessing a thought-provoking social situation. However, despite different views from grounded theorists, a preliminary literature review is likely required before commencing a study (Deering & Williams, 2020).

Previous Studies

Patient transfers from intensive care units to general wards were examined using a phenomenological approach (Lee & Park, 2021). Participants were 15 adult patients who spent more than 48 hours in a university hospital's medical or surgical ICU before being moved to a normal ward. Individual in-depth interviews were used to gather data from January to December 2017 three to five days after their transfer to the general ward. Data were then analyzed using Colaizzi's phenomenological data analysis method, phenomenological reduction, intersubjective reduction, and hermeneutic circle. Eight topics and four theme

clusters emerged from the data analysis in relation to the particular experiences of domestic ICU patients being transferred to the general ward. The four main themes of the patients' transfer experiences were "hope amid despair," "gratitude for being alive," "recovery from suffering," and "seeking a return to normality."

Patients' experiences with early mobilization, rehabilitation, and recovery following critical illness were investigated using grounded theory (Corner et al., 2019). In order to achieve thematic saturation, data analysis used a four-stage constant comparison technique: open coding, axial coding, selective coding, and model construction. To establish trustworthiness, peer debriefing and triangulation through a patient support group were used. 15 individuals were interviewed (with four relatives in attendance). Early rehabilitation was challenging and difficult to remember because it was marked by episodic memory loss, hallucinations, weakness, and exhaustion. In the early years of the ICU, participants yearned for a paternalistic style of care.

To comprehend how elderly patients felt about the caliber of the medical care they received in the hospital and for 30 days following discharge, a qualitative study was carried out (Lilleheie et al., 2020). They performed semistructured one-on-one interviews with older patients using a phenomenological viewpoint to investigate their subjective experiences. After being released from the hospital, two interviews with 18 patients (ranging in age from 82 to 100) were conducted. The transcriptions of the interviews were examined thematically. Meetings with the health service were difficult and demanding for the patients. They described seeking to restore a feeling of safety and purpose to daily life by weighing their own demands against those of others. The hospital stay and the person behind the diagnosis, poor communication and coordination, life after discharge, the relationship with their next of kin, and organizational and structural causes were the five main themes that emerged from the interviews.

Methodology

This research uses grounded theory to investigate the patients' experience with Covid-19 amid an overload of information on the pandemic spread out by the media. Grounded theory studies are not conducted to test hypotheses but to generate theories that directly capture and explain processes, actions or interactions involving real-life social phenomena (Holton & Walsh, 2020). Thus, they tend to investigate unexposed or insufficiently reported social situations (Charmaz, 1995). Grounded theory is an inductive technique of interpreting recorded data about a social phenomenon to build theories about that phenomenon. The technique was developed for the first time by Glaser and Strauss (1967) in their method of constant comparative analysis of grounded theory research, and further refined by Strauss and Corbin (1990) to further illustrate specific coding techniques.

To ensure that the theory is based solely on observed evidence, the grounded theory approach requires that researchers suspend any preexisting theoretical expectations or biases before data analysis, and let the data dictate the formulation of the theory. Three coding techniques were conducted for analyzing text data: open, axial, and selective (Corbin & Strauss, 2012).

1) Open coding is a process aimed at identifying concepts or key ideas that are hidden within textual data, which are potentially related to the phenomenon of interest. The researcher

examines the raw textual data line by line to identify discrete events, incidents, ideas, actions, perceptions, and interactions of relevance that are coded as concepts.

2) The second phase of grounded theory is axial coding , where the categories and subcategories are assembled into causal relationships or hypotheses that can tentatively explain the phenomenon of interest. Although distinct from open coding, axial coding can be performed simultaneously with open coding. The relationships between categories may be clearly evident in the data or may be more subtle and implicit.

3) The third and final phase of grounded theory is selective coding , which involves identifying a central category or a core variable and systematically and logically relating this central category to other categories. The central category can evolve from existing categories or can be a higher order category that subsumes previously coded categories. New data is selectively sampled to validate the central category and its relationships to other categories.

After a grounded theory is generated, it must be refined for internal consistency and logic. Researchers must ensure that the central construct has the stated characteristics and dimensions, and if not, the data analysis may be repeated. Researcher must then ensure that the characteristics and dimensions of all categories show variation.

Data Collection

An extensive semi-structured face-to-face interviews were conducted to collect the data. The interviews took place between March and May 2022. The interviewer followed the National Covid-19 Committee's standards for all preventative methods (Satgas). The researcher introduced himself and the study's goals before starting the interviews. At the participants' desire, interviews were held at their residences. The presence of the patient's relatives throughout the interview was one of the potential complicating factors. In order to avoid the patient being distracted during the interview, the interviewer advised the patient's relatives to keep as quiet as possible or focus on their own activities.

Each interview is expected to last for 30 to 50 minutes. Questions were (a) “Would you please tell me about your illness?” (b) “What happened when you were hospitalized?” and (c) “What experiences have you had with Covid-19?” Probing questions were also used to elicit further details or clarification during the interviews (19). Interview guide questions are developed and are revised after several pilot interviews. All interviews were audiotaped and are transcribed verbatim on the same day.

Data Analysis

Each interview's transcription is followed by an analysis of the text. Each interview's text was read aloud numerous times, each time from word to word, phrase to sentence, and paragraph to paragraph. A number of interviews were first conducted, followed by coding, and the collected codes were then initially categorized. Interviews, the coding procedure, and classified data were all examined once again by an outside reviewer to ensure that the retrieved data was accurate. The interviews and coding continued until the data was completed after an external reviewer verified the accuracy of the data retrieved.

After the fourteenth interview, the categories appeared to be full in terms of their characteristics and dimensions. To make sure no new information or conceptual codes arose, two further interviews were undertaken. The study team and the external reviewer decided if data saturation had been achieved by ongoing examination and data gathering. The research team analyzed the retrieved codes in the final stage after attaining data saturation, deleted any duplicate codes, and inductively recovered the categories and subcategories from the initial raw data. At this point, the external reviewer looked through the classified data to ensure its

accuracy, and the data were changed in accordance with their recommendations.

Result And Discussion

In this study, data from some 12 patients with COVID-19 with a history of hospitalization were recorded (Table 1). The participants were those who had completed a quarantine period after discharge from the hospital and interviews were conducted after the end of the quarantine period. Based on interview transcript, several initial codes were extracted (open coding). Then, the initial codes were classified into subcategories based on meaning and conceptual similarity. In this stage, coders combine the codes with similar meanings for simplification (axial coding). So, data analysis led to the extraction of subcategories and main categories. The main subcategories were 'psychic disorder', 'stresful', 'close to die', 'concern for the family', 'stressful', 'feeling optimistic', 'positive thinking', and 'feeling helped' which were grouped into two main categories negative and positive feeling and then conceptualized into a theme called "mixed feeling or emotion" (Table 2).

Psychic Disorder

Sup (52), one of the Covid-19 patients, admitted to experiencing shortness of breath and nausea while still being treated at the hospital, but, apart from the pain, psychological disorders were another thing that was no less excruciating, especially from various reports he had read through various media. "You can't meet your family because you have to be alone. This is what I find most disturbing," he said. He tried to do weird things, so he didn't get stressed. "So, I dance alone. The important thing is to feel happy so you don't get stressed. Stress can worsen the condition, "he said.

Another patient, Mar (50), said he felt a severe psychological disorder because, in the midst of his weakened physical condition, there was no family or relative to accompany him. "In my opinion, there are patients who died whose main cause was psychological," he said. He felt for himself the impact of psychological disorders. He was confirmed positive by his wife. "If you stay calm, God willing, you will recover," he added.

Table 1: Respondents demographic characteristics

Participant number	Initial	Gender	Age (Years)	Treatment time	Hospital Stays (days)	Disease severity	employment status	Comorbidities
1	Sup	Male	52	Jan, 2021	10	non-ICU	Lawyer	none
2	Mar	Male	50	Feb, 2021	14	non-ICU	civil servant	none
3	Mel	Female	16	Apr, 2020	14	non-ICU	student	none
4	Sun	Female	53	May, 2020	27	non-ICU	employe	none
5	Ran	Female	42	Jan, 2021	14	non-ICU	housewife	deabetic
6	And	Male	36	Des, 2020	17	ICU	student	none
7	Ray	Male	47	Mar, 2020		ICU	employe	Diabetic
8	Ang	Male	22	Aug, 2020	14	ICU	student	Blood pressure
9	Bow	Male	51	May, 2021		non-ICU	civil servant	none
10	San	Female	31	May, 2020	14	non-ICU	civil servant	none
11	Yah	Male	50	Aug, 2021	14	ICU	employe	diabetic
12	Fit	Male	34	Aug, 2020	14	non-ICU	employe	none

Stresful

Mel (16) said: "At first I was stressed, but the support from my family kept me motivated." Coincidentally, my room was bordered by transparent glass, so my mother and I could still communicate with each other, even though not directly. At the beginning of the

treatment, I cried. My mother then created a WhatsApp group to support fellow patients. In that group, we try not to let anyone complain. We try to make conversations in a cheerful atmosphere so we don't get stressed. " According to him, while in the isolation room, he spent time watching movies, playing games on his cell phone, dancing salsa, and taking lots of rest.

According to Mel, he avoids news related to Covid-19 because it will only cause concern that can lower the body's resistance or immunity. "Positive thinking, because if you think negatively, your immunity will drop. Don't follow news that has no definite source, whether it is true or not, "he added.

Close to die

And (36) shared his story through his Twitter account. Incessant news about Covid-19 encouraged him to be diligent in exercising to increase his immunity. "I workout 6 times a week and also abstain from cigarettes. I don't have any advanced respiratory problem conditions. I thought I was in best health condition. Then, I was hospitalized for Covid-19 for 17 days…The first week of fever every day. Coughing is getting worse, coughing up a little blood. Breathing is getting faster, I can't even take a deep breath. Put on an oxygen tube because the saturation is getting worse below 90%," he wrote

Table 2. The Process of Abstracting Data.

Initial codes (Open coding)	Subcategory (Axial coding)	Category (Selective coding)	Theme
Afraid to die alone	Close to die	Negative feeling	Mixed feeling or emotion
watching others die			
Media report on pandemic			
Afraid to leave the familty	Concern for the family		
Having small chidlren			
Concern of contaminating others			
Feeling very sad	Stresful		
News avoidance			
Tremendous inner turmoil			
Unusual behavior	Psychic Disorder		
No family accompanying			
Support from family	Feeling optimistic	Positive feeling	
Support from friends			
Cognition and thought reconstruction	Positive Thinking		
God helps			
Support from doctors	Feeling helped		
Support from nurses			

"I was transferred to the ICU because of shortness of breath and saturation was below 90 percent," he said. At this stage, he admits that he experienced tremendous inner turmoil

because he did not expect his condition to be that bad. However, And overcomes his worries by diverting the bad thoughts with positive things to boost his body's immunity. "So, I was so close to die but I don't want to die anytime soon. Trying to digest the situation, finally decided to fight trying to be optimistic and crazy to entertain myself so that the body's immune system doesn't drop any further," And wrote.

Ray, 47, said when he was told he would be transferred to the ICU: "My mind went completely blank, I was nervous and scared. I thought, only when someone is in critical condition should he go to the ICU. What will happen to me? my wife again? …Just before I was taken to the ICU, I immediately texted my wife to let her know I love her and I love our son," he recalled.

Ang (22) said he lost consciousness for 35 hours in the ICU. A ventilator inserted into his throat prevented him from speaking. He felt like he had lost his voice. In fact, the ventilator made him lose the ability to spit. Ang also had to surrender to feeling the pain because he had to use tools such as a pump to salivate every two hours. All these conditions made him doubt his ability to survive. He could not move, even lay down or just move the pillow had to ask a nurse for help.

Feeling optimistic

Bowo (51) a civil servant told that on November 24, 2020 he was rushed to a hospital in the city of Jogja because his condition was getting worse, and he was immediately admitted to the ER. Doctors and nurses quickly took action to help. After the medical data was collected, it was concluded that Bowo had to be hospitalized. At 19.30 he was transferred to the isolation ward and officially underwent isolation at the hospital. So far, Bowo has only received information from various media about what, why and how to undergo isolation in the hospital, but now he is experiencing it himself. “At first I thought I was afraid, but now I'm in the middle of a whirlpool of fear. I immediately jumped in, wallowed and grappled with the source of the fear. But surprisingly the fear that originally enveloped it disappeared. All that remains is the thought of being healed because of the attentive service of the doctors and nurses.” With strict procedures, they do not hesitate to greet, touch and if necessary hold them to insert drugs, insert or fix intravenous needles, give injections, measure blood pressure and saturation to help clean themselves. “I was accompanied by an amazing medical team at the hospital. This is one of the factors, that in my mind there are no other thoughts, except getting well.”

Another respondent named Santi (31) said that when she first tested positive for Covid-19, she felt hopeless because she had been feeling healthy and had never been in a hospital. “At that time I was in shock, and I asked myself, God, why should I. I'm still young," said Santi in tears. It's just that, continued Santi, the doctor treated and served him well and attentively. “Always cared for and supported. Come on, cheer up Santi, you have to be healthy," said Santi. The treatment he had in the hospital had changed his mindset that if he was sick, don't be afraid to be treated. "The point is never afraid to be treated," he said.

Positive Thinking

Yahya (50), a lecturer in Malang, East Java, managed to recover from COVID after going through a cytokine storm with only 60 percent oxygen saturation in his blood. With the saturation condition so low, he felt like he was drowning and almost out of breath. He also couldn't move, couldn't take food and drink, because he felt that his spine had all been broken. When experiencing this critical period, the thing he felt the most was a mental disturbance, he even dreamed of his

child dying or dreamed of scary things. But he admitted that there was one thing that calmed him down, namely the realization that death is not determined by illness. “I reconstructed cognition and thought that age is not determined by health or illness. For me, a sincere attitude of acceptance is very important because it helps relaxation, maintain positive thoughts, and the recovery process becomes enthusiastic. That's what made me willing to accept this illness," he said. He said the positive thought factor also influenced the healing process.

Good medical service

Fitrah Akbar (34) underwent very intensive treatment at a hospital in Surabaya for 19 days, from 29 July to 16 August 2020. On 27 July 2020 he felt his condition was getting worse because he had run out of a lot of oxygen in his body. His body was very weak and it was difficult to breathe. He is admitted to the ER with a very low oxygen saturation of about 70 to 80 percent. Additional oxygen was immediately used. After receiving help in the ER, he was put in an isolation room. Patients are not allowed to go out at all. Fitrah added, while being treated at the hospital, his health condition continued to improve. This is of course thanks to the hard work of the health workers who took care of him and of course the belief that he can fight the virus that almost killed his life.

Discussion

The research findings imply that patients who have recovered from COVID-19 have a mix of bad and good feeling. They frequently view the end of a severe illness as a turning point in their efforts to increase spiritual consciousness, resilience, or efforts to adopt healthier lifestyles. It depicts the patient's journey out of the disease's black area, the difficulties experienced while hospitalization, or isolation, and into the light of life.

Negative feeling in COVID-19 survivors include close to die, concern for the family, stressful and psychic disorder while positive feeling include optimistic, positive thinking and feeling helped. Many people have died due to COVID -19, both medical personnel and the general public. The media coverage of the thousands of lives that have not been saved from Covid-19 has caused tremendous fear.

Participants reveal their dread of dying by monitoring how other patients' deaths are reported in the media, how their clinical conditions worsen, how many COVID-19 patients die each year around the world, and how being apart from family members affects them. Studies in this area demonstrate that any patients in the acute stage of the illness have a fear of passing away as a result of the deterioration of their clinical state (Banzett et al., 2020). Fear is an adaptive reaction to a potentially dangerous circumstance and one of the key components of psychological trauma (Slobounov, 2008). Fear of dying and a worsening of the symptoms, according to Jesmi et al., is one of the most significant mental stresses experienced by COVID-19 patients (Jesmi et al., 2021). Additionally, according to Moradi et al, COVID-19 patients constantly worry about their impending deaths, relapses, and unforeseen complications (Moradi et al., 2020).

While battling COVID -19, patients have to go through difficult times. Besides themselves being exposed to the virus, family members were also infected which caused them to be treated, isolated and many later died. Patients who are positive for COVID -19 cannot do anything. If a family member gets sick or dies they cannot visit or attend a funeral. They experienced an extraordinary event that was very heart-wrenching. However, this study shows that some respondents continue to try to strengthen themselves and their families.

Many patients continue to strengthen and encourage themselves and their families in the midst of deep sorrow. They use existing communication channels such as WhatsApp groups to reinforce each other. They try to maintain mental and psychological conditions while still complying with all health procedures requested by the health team such as self-isolation, maintaining food consumption and taking medicine and vitamins.

Many COVID patients initially could not accept the fact that they had been infected with the assumption that they had led a healthy lifestyle such as not smoking, obeying health protocols, always wearing a medical mask, and keeping a distance. Many of those experiencing mental breakdown accept the fact that they have to be infected and imagine imminent death. In many cases, support from family, closest people and health workers such as doctors and nurses can lead to optimism.

The survivors of COVID -19 are going through their suffering by strengthening their mental, immune and surrendering to God. Those who survived the pandemic felt as if they had been given a second life and they took the initiative to remind the public about the dangers of Covid and the importance of complying with health protocols. In COVID-19 patients, striving for recovery shows optimism and hope for the future. Another study found that COVID-19 quarantined individuals experience a variety of mental problems, including boredom, loneliness, rage, melancholy, anxiety, denial, and despair, are consistent with this study (Kar et al., 2020). Progressive muscular relaxation and deep breathing have been observed to lower anxiety and enhance sleep quality in COVID-19 patients, according to Liu et al (Liu et al., 2020).

The COVID-19 has an effect on respondents' emotional, spiritual, and physical health behaviors, they say. Patients with COVID-19 who recover from the illness adopt new habits, including good ones and lifestyle modifications, according to research by Shaban et al (Shaban et al., 2020). Participants' spiritual awakening on this topic is an example of transcendence and God-centered spirituality, which entails discovering the purpose of God as a source of strength in their trying circumstances. In agreement with these findings, Jesmi et al. demonstrated that COVID-19 patients employed religious coping mechanisms, such as religious practices and beliefs, to lessen their anxiety and tension (Jesmi et al., 2021). These patients may benefit from having their coping methods strengthened and trained in accordance with their culture. Kimani et al research's in Kenya revealed that some heart failure patients have faith in God's ability to heal and manage sickness (Kimani et al., 2016).

Participants' statements in this study demonstrate that the emotional support and care given by the family, medical professional, and volunteers significantly impacted the participants' recovery. McCabe discovered that having family around shortens hospital stays and speeds up recovery (McCabe, 2014). Cabrini et al. further claim that during the COVID-19 pandemic, medical professionals were honored as national heroes (Cabrini et al., 2020).

Conclusion

The final theme of this study is "mixed feelings," which describes how patients transition from painful and negative experiences (being on the verge of death, family worries, stressful situations, and psychic disorders) to positive and appreciative ones (feeling hopeful, thinking positively, and feeling helped) while understanding and appreciating God's blessings. The findings of this study may be used to develop care models and to identify the requirements

of COVID-19 patients, such as those for psychological, social, and spiritual assistance. Hospitals will be able to design suitable preventative care by having a thorough awareness of the unpleasant experiences that patients with COVID-19 have had. This is crucial because if the difficult obstacles faced by patients during ICU admission are not addressed, it could have a negative psychological and social impact on the patient or family. Doctors and nurses may be encouraged to continue their care and work to maintain and improve the patient's attitude and view of sickness and life by the fact that COVID-19 patients exhibit positive experiences including spiritual awakening, adaptability to life changes, and appreciation of others.

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