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Quarantine Victors: Lived Experiences of Hospitalized COVID-19 Survivors

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ABSTRACT

The real-life experiences of the COVID-19 survivors during their admission to COVID facilities and their well-being during the COVID-19 phenomena are largely neglected. Given this, the study aimed to explore the experiences and grieving process of the COVID-19 survivors during and after their admission to the COVID facility. This study utilized the qualitative interpretative phenomenological design and used both the purposive and snowball sampling techniques to gather nine participants. A semi-structured interview guide developed by the researchers were used to gather data conducted online. Five themes and fifteen categories were extracted; the major themes were physiological experiences, psychological-emotional experiences, coping mechanisms, life after isolation, and stigma and discrimination. The findings revealed that the participants during the infection experienced both physiological and psychological-emotional experiences that varies based on the patient's health status and comorbidities. After the infection, the participants were relieved since they could return to their everyday lives and demonstrate a sense of growth to increase awareness to maintain a healthy physical body and observe precautionary measures. The strong association between the participants' experiences and the stages of grieving has been known to be valid and relevant in this context. This study recommends that COVID-19 patients be given a holistic approach throughout and after their illness recovery, as this can increase their responsiveness to treatment and their overall well-being.

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1. INTRODUCTION

The Coronavirus Disease-2019 (COVID-19) pandemic might be one of the most 'traumatic experiences' of the century, both for the public health and for health-care professionals. It was declared a global pandemic on the 11th of March 2020 by the World Health Organization (WHO) [1]. Despite all the protocols and precautions that are implemented in every nation, the whole world is witnessing the increasing rate of cases and deaths that is caused by the virus. The increasing rate of confirmed cases is now at 230,418,451 worldwide, and 2,434,753 in the Philippines as of September 24, 2021, and these figures are currently rising [2]. The typical or common signs and symptoms of COVID-19 infection are fever (83%-98%), cough (50%-82%), and fatigue (25%-44%), shortness of breath (19%-55%), and muscle soreness (11%-44%) [3]. There was only mild fever, mild exhaustion, or even no symptoms in some patients. In addition, mortality rates in COVID-19 patients with these co-morbidities are relatively high. The incidence of patients with COVID-19 is also age-related, and the death toll was concentrated among those aged 40 or over. In children and infants, studies have shown that the morbidity rate is lower than in adults [3].

A diagnosis of COVID-19 infection, by itself, leads to significant anxiety and distress in the individual. This might interfere with the challenges that the patient is battling for life. In reality, community members' mental wellbeing has been threatened due to fear of the disease, fear of death, disclosure of

misinformation and rumors, conflict with daily activities, travel and travel ban or restriction laws, decreased social connections (coworkers, acquaintances, and family), financial and occupational issues, and thousands of other consequences in this situation.

The real-life experiences of the COVID-19 survivors during and after their admission to COVID facilities and their well-being during the COVID-19 phenomena are largely neglected. There are few vlogs or YouTube videos of the COVID-19 survivors about their experiences (how they fought the infection, how well is the COVID facilities, how the nurses give them care, etc.) during their stay at the COVID facilities, yet the data is still insufficient.

Despite the close interaction of nurses with patients, helping to minimize patients' complaints is one of the key duties of nurses. As such, understanding patients' experiences and their thoughts about the disease is highly crucial. This study sought to describe the lived experiences of hospitalized COVID-19 survivors during and after the infection, and their grief experiences, and its implication to the well-being of COVID-19 patients and survivors to provide an intervention program that was developed towards effective holistic patient care.

2. RESEARCH METHOD

This study utilized the interpretative phenomenological design of research. This study utilized a mixture of purposeful and snowball sampling techniques that brought this study to a total of nine (9) hospitalized COVID-19 survivors in Dr. Paulino J. Garcia Memorial Research and Medical Center in Cabanatuan City, Nueva Ecija, Philippines, who manifested mild to critical symptoms of COVID-19 infection. The research instrument is a semi-structured interview guide developed by the researchers. The interview guide has twenty-four (24) questions. Moreover, the interview guide was divided into three (3) broad questions these include demographic profiling of the participants, experiences of COVID-19 survivors during and after their hospital admission, and the concluding question. Interviews can also be a follow-up to certain participants to questionnaires, e.g., to analyze their responses further. Data collection was obtained using a qualitative technique of an in-depth interview. Individual 30 minutes to 1-hour audio-recorded interviews were conducted on line via social media platforms such as Google Meet, Zoom Meeting, etc., transcribed verbatim, and analyzed following Colaizzi's methodological approach which includes seven steps, namely: acquiring a sense of cases transcript, extracting significant statements, formulation of meaning, organizing formulated meanings into clusters of themes, exhaustively describing the investigated phenomena, describing the fundamental structure of the phenomena, and returning and validating to the participants [2].

Before the study was conducted, the researcher secured strict ethical standards. There will no falsification in proposing, working, or revising this study. The researcher did not force the participants to participate and gave them the right to withdraw from the study any time without a fine. Furthermore, there's no physical, physiological, or emotional harm imposed. The privacy and security of the participants are appropriately assured. The confidentiality and anonymity of participants are maintained. Beneficence and non-maleficence are also observed.

3. RESULT AND DISCUSSIONS

3.1. Demographic Profile of the Participants

Table 1. Demographic Profile of Nine Participants

Participant Code	Age	Gender	Religion	Employment Status	Marital Status	Past Medical History and Co-morbidities	Severity
P1	28 years old	Female	INC	Unemployed/ Former nurse	Single	No past medical history and comorbidity	Mild Symptomatic
P2	38 years old	Male	Roman Catholic	Seaman	Married	No past medical history and comorbidity	Severe symptomatic
P3	34 years old	Female	Roman Catholic	Nurse	Married	Hypothyroidism	Mild Symptomatic
P4	36 years old	Male	Methodist	Nurse	Single	No past medical history and comorbidity	Mild Symptomatic

P5	28 years old	Male	Roman Catholic	Fire fighter/ Former nurse	Married	No past medical history and comorbidity	Mild Symptomatic
P6	28 years old	Male	Roman Catholic	Medical Student	Single	No past medical history and comorbidity	Mild Symptomatic
P7	30 years old	Male	Roman Catholic	Nurse	Married	Asthma, HPN	Mild Symptomatic
P8	42 years old	Male	Roman Catholic	Nursing Attendant	Single	CHF, HPN, Type II DM and post CVA	Severe Symptomatic
P9	40 years old	Female	INC	Unemployed	Married	Kidney Failure	Mild Symptomatic

Note. CHF indicates congested heart failure; HPN, hypertension; DM, diabetes mellitus; CVA, cerebrovascular accident; INC, Iglesia Ni Cristo.

a. Age

The sample population has a mean age of 33.78 years and a reported age range of 28-42, which indicates that majority of the participants belong to an age group classified as "young adults." According to the study in the Philippines by Nolasco (2020), the average age of 472,298 COVID-19 cases as of 29 December 2020 was 38.15 years [4]. Moreover, the study of Liao, J., et al. (2020) showed that young adult COVID-19 clients had a long incubation period, and fewer patients developed complications or worsening of symptoms [5].

It was cited in Cortis (2020), COVID-19 has higher incidents in younger individuals but higher mortality for older adults. Simultaneously, this study suggests possible higher occurrence (morbidity) of COVID-19 infections among the young adult age group [6].

b. Gender

The sample population consists of six (6) male and three (3) female participants. The majority of the participants are male, accounting for 66.6% of the population, while the female gender accounts for 33.3% of the population. According to the study in China by Li, L.Q. et al. (2020), males accounted for 60% of COVID-19 patients, higher than females [7].

Simultaneously, two male participants reported severe manifestation of COVID-19 symptoms. In the study of Capuano, A. et al. (2020), the mortality rate of Covid-19 appears to be greater in male patients than in females. Factors identified include the activity of the immune system and its modulation by sex hormones, coagulation pattern, and preexisting cardiovascular diseases, as well as effects deriving from smoking and drinking habits [8].

Moreover, in all data sets, participant's gender and age were comparable. However, men's cases were more severe than women's.

c. Religion

All participants have been determined to possess a religious affiliation. Six (6) of the participants identify themselves as Roman Catholic, 1 Methodist, while the remaining 2 subscribe to Iglesia ni Cristo. The majority of the participants are Roman Catholic, accounting for 66.6% of the sample population. In a journal published by the Philippine Statistics Authority, entitled Philippines in Figures, the Christian faith is practiced by the vast majority of Filipino. At least 92% of the population is Christian, with the Roman Catholic accounting for approximately 81% and other denominations such as Iglesia ni Cristo, Seventh-day Adventist Church, United Church of Christ in the Philippines, Members Church of God International (MCGI), and Evangelicals accounting for approximately 11 percent [9].

Moreover, as such, COVID-19 patients probably exercise religious and spiritual activities when coping with the disease.

d. Employment Status

Eight (8) out of nine (9) participants were reportedly employed at the time of their infection, suggesting the vulnerability of employed persons to being infected due to their exposure in the workplace. Moreover, a significant proportion of the participants happen to be involved in the medical field, consisting of 3 nurses, one nursing attendant, two former nurses, and a medical student. This association reflects on the increased vulnerability of people in the medical field to being infected by the COVID-19 pandemic due to their increased exposure to such cases.

The Department of Health (2021) recorded 18,852 health care workers who tested positive for COVID-19. Of them, 18,639 (98.9%) have recovered, 96 (0.5%) have died, and 117 (0.6%) are still active cases, as of May 31, 2021 [10].

Simultaneously, a study by Nguyen, L.H. et al. (2020) stated that even with proper PPE, health-care workers who cared for COVID-19 patients were still at increased risk, emphasizing the need of not just assuring PPE quality and availability, but also other factors of proper utilization, such as proper donning and removal of PPE and clinical situation (practice location) [13].

Hence, by working in healthcare facilities, they have a potentially higher risk of contracting and spreading the infection.

e. Marital Status

The participants were asked to identify their marital status, which is defined as the "status of an individual about marriage" Philippine Statistics Authority (2021) [11]. Five (5) of the nine (9) participants identified to be married, accounting for 55.5% of the sample population.

In the study of Bo (2021), transmission between husband and wife was the most common means of transmission of COVID-19 in familial clusters [12]. The possibility of having transmitted to or having been infected by their spouses by means of physical contact, suggesting social and family-related factors increased the risk of household transmission of COVID-19 infection.

f. Past Medical History and Co-morbidities

Four (4) participants have reported past medical histories and comorbidity. One (1) participant with Hypothyroidism, one (1) participant with Asthma and Hypertension, one (1) the participant with a history of Congested Heart Failure and Type II DM with post CVA, and one (1) participant with Kidney Failure and with the rest having none, thus implying the susceptibility of both persons with or without medical histories to being infected by the COVID19 virus.

According to the study of Bajgain (2021), the most common comorbidity identified in COVID-19 positive patients worldwide were hypertension, followed by diabetes and other cardiovascular diseases. Bajgain (2021) also mentioned that having one or more comorbidities is associated with higher disease severity [13]. However, there was no clear relation discovered between having these risk factors and mortality.

g. Severity

The participants were asked about their COVID-19 classification of severity following the physical manifestations of COVID-19 they've experienced. Seven (7) participants have reported as mild symptomatic, with the remaining two (2) reporting as severe symptomatic. The majority of the participants were mild symptomatic.

In the journal published by the Department of Health, entitled Beat COVID-19 Today: A COVID-19 Philippine Situationer, as of May 31, 2021, DOH has reported active COVID-19 cases of 54,290, and the majority of the patients were mild symptomatic, accounting for 93.3% in the total cases while 983 (1.8%) patients are in severe condition [10].

However, physical manifestations experienced by the participants varied from mild to severe. Factors such as health status and comorbidities of the participants have been linked in the severity of symptoms of COVID-19 infection.

3.2 Lived experiences of hospitalized COVID-19 survivors during the infection and themes derived from therein

The experiences of the participants during the COVID-19 infection were summed up into three major themes: Major Theme 1: Physiological Experiences, Major Theme 2: Psychological-Emotional Experiences, and Major Theme 3: Coping Mechanisms. (Table 2).

Table 2. Themes and Sub-Themes from the Lived Experiences of Hospitalized COVID-19 Survivors During the Infection.

MAJOR THEME	SUB-THEME	CATEGORIES
1. Physiological Experiences	*1.1 Denial Stage*	Anticipated Truth
	1.2 Physical Manifestations	Fever
		Sore Throat
		Impaired Sense of Smell and Taste
		Colds
		Cough
		Dyspnea
		Loss of Appetite

		Fatigue Diarrhea Headache Chills
2. Psychological-Emotional Experiences	*2.1 Anger Stage*	Cause Awareness Social Stigma Family Responsibilities Worsening of the Symptoms
	2.2 Worries and Concerns	Environmental Stressors Financial Strains
	2.3 Bargaining Stage	Seeking help Fear of Death
	2.4 Fears	Fear of Transmitting the Disease Fear of Dying Alone
	2.5 Isolation	Loneliness Boredom
	2.6 Depression Stage	Negative emotional state
3. Coping Mechanisms	*3.1 Support System*	Religiosity Family Support Community Support
	3.2 Acceptance Stage	Meaning-making Rest
	3.3 Complementary Therapies	Nutritional Supplements Gargling Steam Inhalation
	3.4 Comfort Measures	Diversional Activities

Major Theme 1: Physiological Experiences

Major Theme 1: Physiological Experiences described the participants' physiologic experiences and denial stage of the grieving process during the infection and hospitalization consisting of two sub-themes: denial stage and physical manifestations.

Sub-theme 1.1: Denial Stage

The researchers asked the participants if they denied being tested positive for COVID-19 infection. The majority of the participants did not deny themselves the truth in lieu; they showed awareness that they are at risk of contracting a disease by stating,

Participant 5: "Actually, neutral, like it was normal. As a COVID or emergency room nurse, I already expected that one day there is a possibility that I will be infected."

"Actually, neutral na lang, parang normal na lang. Kasi as COVID, as emergency room nurse parang expected na rin naming na one day possible talagang mangyari, pwede talagang mahawahan nung sakit."

Participant 3: "No, I'm already expecting it because my husband tested positive and I'm a healthcare professional who works in a COVID ward…"

"Hindi naman kasi sa totoo lang, expected ko na kasi nagpositive yung husband ko saka healthcare professional ako. Kaya hindi ko talaga maikakaila kasi sa workplace ko at sa COVID ward pa ako…"

Although most of the participants did not undergo the denial stage, one of the participants experiences it after being tested positive in COVID-19 infection.

Participant 9: "Then I didn't believe that time, I thought it was a joke that I tested positive."

"Then hindi pa nga ako naniniwala nung una eh 'kala ko binibiro lang ako na positive ako."

This study suggests that healthcare workers infected with COVID-19 patients did not undergo the denial stage because they already anticipated the truth that they belong to a high-risk group in contracting COVID-19. Furthermore, in the background of the study, Smith (2020) stated that the grieving process is a highly individualized experience, that there is no right and wrong way to grieve [14]. They may not experience denial, but they may feel anger, bargaining, depression, or acceptance. Possibly, they won't experience stages in sequential order because an individual does not have to go through each step to heal.

Feelings are often profound in the denial stage; it is a defense mechanism and natural response to unimaginable news. It is one way to protect oneself from the hardship of upsetting reality [15]. However, an individual's mind processes the new reality over time due to the indication brought by the situation. Then, the participant moves to the next stage, anger, which will be discussed in Theme 2.

Sub-theme 1.2: Physical Manifestations

Patients that were infected by the COVID-19 present a wide variety of clinical manifestations that are ranging from the severity of the symptoms. Clinical manifestations can range from being mild to critical, and patients can present as either symptomatic or asymptomatic, but a majority of COVID-19 cases are symptomatic with a moderate case fatality rate [16]. The infection had infiltrated many of the patients' physiologic body systems. The participants demonstrated a wide range of physical manifestations.

The participants were asked what physical manifestation of COVID-19 infection they've experienced. The participant's most frequently reported physical manifestations were fever, sore throat, impaired sense of smell and taste, colds, cough, fatigue, and difficulty breathing or dyspnea. Other physical manifestations mentioned by COVID-19 survivors but with fewer mentions were as follows: loss of appetite, diarrhea, headache, and chills. These physiological experiences are consistent and associated with the clinical symptoms of the COVID-19 infection, as stated by Baj, J. (2020) [16].

Corroboratively, *Sub-theme 1: physical manifestations* are conveyed through the following statements of the participants.

The majority of the participants reported they'd experienced fever, accounting for 77.7% of the sample population. The participants highlighted that fever is one of the initial manifestations of COVID-19 during the first week of onset of symptoms by stating,

Participant 4: "I experienced fever that only lasted for a night, and it was gone on the following day."

"Yung fever ko (one) night lang siya, following day wala na akong fever".

Participant 6: "I've had a high-grade fever, ranging 39 ºc for 6 days..."

"Well, nagkaroon ako ng high grade fever, ranging 39 ºc *for 6 days…"*

Participant 2: ""…and a fever that reached 38.1 ºc"

"…*Tyaka lagnat kasi umabot pa sa 38.1.".*

Fever was seen as the most prevalent physical manifestation of COVID-19 patients among the participants. In the study of Lovato (2020), the most common symptom of COVID-19 were fever, accounting for 85.6% of 1,556 hospitalized patients [17]. Likewise, according to a study in China by Guan (2020), fever was reported by 43.8% upon admission to hospital [18]. This study suggests and supports the findings of our study that fever is the most common clinical manifestation in COVID-19 patients.

Additionally, physical manifestation of sore throat was reported to be present in five (5) participants, accounting for 55.5% of the sample population as stated by,

Participant 1: "I do have experienced mild sore throat especially during morning."

"…meron lang akong mild sore throat pag umaga."

A sore throat is a frequent early symptom of other respiratory diseases, such as the common cold because respiratory viruses are inhaled, they first make their way into your nose and throat. Early on, they can reproduce there, causing throat soreness and irritation. As a result, this clinical presentation can be useful in distinguishing suspected COVID-19 cases.

In the study of Sun, et.al. (2020) and Lovato, et.al, (2020), they've mentioned that sore throat is rare in COVID-19 patients [17] [19]. However, this study suggests that sore throat as a clinical manifestation of COVID-19 is not rare as reported by Sun (2020) and Lovato (2020).

Another physical manifestation reported by four (4) participants includes impaired sense of smell and taste, and colds, accounting for 44.4% of the total participants.

Participant 4: "and then when I was there (in hospital) I started to lose my sense of taste and smell…"

"*… and then nung nandon na ako (sa ospital) nawalan na ko ng panlasa at pangamoy…"*

Participant 9: "It feels like I have colds and a congested nose."

"Kase ano parang may sipon akong konti na ayaw lumabas."

They've experienced loss or weakened sense of smell or taste along with colds. What appears to be unique with COVID-19 individuals is that they appear to have significant loss of smell, presumably independent of severe nasal congestion or inflammation. As cited in the study of Lovato, A. (2020), post-viral anosmia was one of the leading causes of loss of sense of smell in adults, responsible for up to 40% of cases of anosmia, and it should not be surprising if COVID-19 patients experience anosmia as well [17].

Furthermore, the difficulty of breathing or shortness of breath, and cough is one of the major mentions that was stated by the participants. Along with the other physical manifestations, three (3) participants reported that they've experienced cough and dyspnea or difficulty of breathing by stating,

Participant 4: "I experienced dry cough and colds."

"…naka-experience na ako ng ubo- dry cough at sipon."

Participant 8: "I experienced strange breathlessness, as in stange. It feels like I'm having an asthma attack. It feels like there is something inside my lungs. I feel like there is a phlegm every time I breathe. Then after three (3) days, I starter having difficulty in breathing."

"*Naranasan ko na yung kakaibang hingal, as in, kakaiba yun hingal. Parang hinihika ako. Nararamdaman ko na meron humahagod sa loob ng baga. Yung (kapag) humihginga tayo nararamdaman natin na parang may plema. Nung three days, nahihirapan na akong huminga."*

These respiratory symptoms were mild in some cases. Nonetheless, the major mention of some of the participants was respiratory symptoms, however, clinical manifestations of COVID-19 may occur with or without respiratory symptoms. Shortness of breath or difficulty of breathing was defined by Harvard Medical School (2021) as unexpectedly feeling out of breath, or winded [20]. In the study of Tsai (2021), shortness of breath or difficulty of breathing were present in 19-55% in COVID-19 patients [3]. Hence, it was found out that difficulty of breathing or shortness of breath were frequent with COVID-19 patients.

Another reported symptom among participants was gastrointestinal problems, such as lack of appetite, and diarrhea. For instance, two of the participants claimed,

Participant 3: "After one day, I lost my appetite to eat."

"Pero isang araw lang yun tapos nawalan din ako ng gana kumain"

Participant 9: "Then, I experienced LBM (Diarrhea)."

"…tapos 'yun nag ano lang ako, nag LBM (Diarrhea)."

In the study of Tariq (2020), it was found out that gastrointestinal symptoms were seen in up to one (1) in five (5) patients with COVID-19 infection [21]. This supports the findings of this study as gastrointestinal symptoms such as loss of appetite and diarrhea were present in two (2) out of nine (9) participants.

Other physical manifestation with a fewer mention includes headache and chills. Both were reported by one participant, as stated by,

Participant 9: "… and my head always aches."

"…Laging masakit ang ulo ko."

Participant 4: "I think I experienced all symptoms. Dry cough…, chills."

"Lahat ng signs and symptoms na-check lahat ata sakin yon. Dry cough,… chills."

Simultaneously, out of nine participants, **Participant 8**, was reported to have a reinfection of COVID-19 after 2 months of being recovered from the infection by stating,

Participant 8: "Exactly two (2) months after my recovery, I was reinfected."

"Saktong 2 months ng recovery ko, nareinfect uli ako."

As stated in the article published by the Centers for Disease Control and Prevention (CDC, 2021), there is limited data exist about reinfection with SARS-CoV-2 after recovery from COVID-19 infection. There are published reports that show reinfection is possible, but it is still unclear how long survivors of COVID-19 are protected against the reinfection with SARS-CoV-2 and how often the reinfection might occur [22].

Considering the age, comorbidities, and risk in the P8's workplace made him vulnerable to reinfection. In his first time contracting the virus, he was classified as severe symptomatic, but P8 still developed milder symptoms at his 2nd infection of COVID-19. This finding might support the study of West, J. et, al. (2021). They reported a case of reinfection of a UK doctor in October 2020, 178 days following the first infection of COVID-19. They concluded that the second infection was symptomatically milder, with a faster recovery [23]. However, these shreds of evidence of reinfection might be a foreseeable issue for public health.

Additionally, physiologic experiences of the participants were symptomatically managed during hospitalization, as stated by,

Participant 6: "I take medications like paracetamol for fever, Levofloxacin, Prednisone, Chloramphenicol, Solmux, and Azithromycin was given to me. Also the cough and colds reliever."

"Meron akong ilang meds, Paracetamol para sa aking fever, Levofloxacin, Prednisone, Chloramphenicol, Solmux saka Azitromycin yung naibigay sa'kin. Saka yung pangrelieve ng cough and colds."

The mainstay of clinical treatment consists of symptomatic management and oxygen therapy, with mechanical ventilation for patients with respiratory failure [24]. Participant 6 stated he received paracetamol for his high-grade fever, Solmux for cough, and Prednisone, certain antibiotics, specifically Levoflaxacin and

Chloramphenicol. Participant's physiologic experiences were managed medically depending on the symptoms. Some of the participants who experienced shortness of breath or difficulty of breathing and manifests signs of hypoxia underwent oxygen therapy.

Clinical characteristics of critically ill patients can vary from those of non-critically ill patients. The severity and type of physical manifestations encountered by survivors may vary for a wide variety of reasons. Moreover, the manifestation and the severity of COVID-19 symptoms still depend on the health status and comorbidities of the patients, which is why care strategies must be individual to each patient.

Major Theme 2: Psychological-Emotional Experiences

Major Theme 2: Psychological-Emotional Experiences described the participants' psychological and emotional experiences, and the anger, bargaining, and depression stage of the grieving process during the infection and hospitalization consisting of six sub-themes: anger stage, worries and concerns, bargaining stage, fears, isolation, and depression stage.

Patients are facing mental challenges that might be stressful, overwhelming, and cause strong emotions. Response to stimuli that causes stress is advantageous to develop a protective response to traumatic experiences like COVID-19 infection, moreover, intense stress causes mental impairment and distress to COVID-19 patients.

Sub-theme 2.1: Anger Stage

An immense value in developing awareness is becoming aware of the things we already aware of. Through that, an individual develops understanding and seeks its true meaning. However, with greater awareness comes greater responsibility [25].

In accordance to the stages of grieving, the researchers asked the participants if they blame themselves or other people for having COVID-19 infection. Most of the participants did not blame anyone, as the participants anticipate their risk of contracting COVID-19 infection by stating,

Participant 5: "No, there's no one to blame and no one wishes that."

"*Hindi, wala ka namang pwedeng sisihin dahil wala namang may gusto non".*

Although most of the participants did not blame themselves or gusto other people, some of the participants feel anger after being tested positive in COVID-19 infection as stated by,

Participant 1: "I know that I took precautions to protect myself but still got infected…"

"*…parang nag-ingat naman ako, naging maingat naman ako pero bakit ako parin yung nagka-COVID...".*

Participant 8: "I cried, because why me? God why me?

"*Naiyak ako kasi naisip ko bakit ako?… God bakit ako?"*

Anger is a normal response in a catastrophic event that helps an individual in the healing process. The more you feel it, the more it will begin to dissipate. The truth is anger has no limit. It includes family, friends, doctors, you, and even God [26]. One of the participants shows anger towards her co-workers while the other participants convey towards God.

Simultaneously, the anger phase is not usually experienced by COVID-19 patients. Although anger might vary on different circumstances experienced by the patients. Underneath anger is pain, it is natural to feel deserted and abandoned. It will become a bridge over the open sea, a connection from participants to them. It is something to hold onto, a stage of coping where connection made from the strength of anger feels better than nothing.

Sub-theme 2.2: Worries and Concerns

Worries are feeling or showing concern or anxiety about what is happening or might happen. Moreover, concern is something that causes worry or is regarded as important. Supported by the following transcripts, Sub-theme 2.1: worries and concerns is described below:

People's psychosocial interactions can be harmed by stigmatization, prejudice, and misconceptions. Three (3) participants expresses worries and concerns about social stigma that this pandemic has caused, as stated by,

Participant 9: "Then after they knew that I tested positive, I just came in front of the hospital but they don't come near me. I feel like they are avoiding me but I understand them because they do not want to get infected with COVID."

"*Tapos nung nalaman nilang positive ako, nagpunta lang ako sa harap ng hospital tapos ayaw nila akong lapitan. Syempre umiiwas sila maraming mga taong ayaw lumapit para bang basta iba yung feeling mo na maiiwasan ka nila pero maiintindihan mo din naman sila. Syempre ayaw nilang magkaroon ng COVID*".

Participant 6: "Then I am worried that they will discriminate me."

"…tapos nag-aalala ako baka ma discriminate ba, ganon."

Discrimination towards the participant's family become their initial worries and concern. As **Participant 1** stated,

Participant 1: "… I was scared for my family because discrimination is trending during that time. It feels like all of my neighbors is disgusted on you."

"…*Natatakot ako for my family ko kasi nagkakausuhan ngayon yung discrimination non sa mga nagkaka-COVID. Parang buong kapitbahay mo pandidirihan ka.".*

Social stigma has caused misjudgment towards themselves and their families and it is one of the major concerns and worries that was accounted for by the participants. Most of the participants show worries and concern about the stigmatization that the COVID-19 pandemic has caused. This study suggests perceived discrimination was present on COVID-19 patients and their family which may be a suspected case due to close contact. Moreover, in this setting, Bhanot (2021) proves the presence of stigmatization not just with the COVID-19 patients but also with their families that were considered as suspected cases [27].

It was stated in the study of Bhanot (2021) that COVID-19 patients are accused of being ignorant and irresponsible, and hence are held accountable for contracting the virus. Furthermore, this perceived and experienced discrimination might heighten their anxiety and may cause a negative effect on their health status. The evolutionary viewpoint of stigmatization seeks to describe such negative treatments against COVID-19 affected individuals [27].

Simultaneously, another major worries and concerns of the participants are their responsibilities in their family. Along with the fear of death, **Participant 2** and his wife, **Participant 3**, expressed worries towards their family's future.

Participant 2: "I am scared if something unexpected happened to me. What will happen to my family?"

"Natakot ako pano kung may mangyari sakin na hindi inaasahan. Ano na ang mangyayari sa pamilya ko?"

Participant 3: "I can't help but think about the future of my children, especially my husband, if he or I dies."

"… di ko maiwasan isipin yung future ng mga anak ko lalo yung asawa ko kung mawawala siya o ako."

The family responsibility of the COVID-19 patients towards their children is one of their major worries and concerns. In response to this, this might have changed in the anxiety level of the patients. This finding supports the study of Fountoulakis (2021), it was found out that family responsibility is one of the factors identified in developing depression [28]. Furthermore, this finding supports the study of Burstyn (2021) that family responsibility is one of the major worries among COVID-19 patients [29].

Corroboratively, the disease progression of COVID-19 varies from mild to critical. Undeniably, COVID-19 infection progresses if the symptoms were not timely managed. Moreover, worries of the participants in terms of worsening of the symptoms is exemplified by two participants by stating,

Participant 9: "The scary thing is that when your COVID (Symptoms) get worse, that's the scare thing because there is a tendency that (*thinks*) your body can no hold."

"*Ang nakakatakot kase doon pag yung masaydong lumalala yung COVID (Symptoms) mo 'yun ang nakakatakot kase may tendency na hindi ka na talaga (*thinks*) hindi na makakaya ng katawan…"*

Meanwhile, **Participant 9** expressed concern towards financial strains by stating,

Participant 9: "Of course we don't have income, it's hard for us especially I'm a dialysis patient and I have two children, and we need to, of course, budget our money."

"*Ano syempre wala kaming income, mahirap sa amin lalo na dialysis patient ka may dalawa akong anak ayun lang mahirap talaga syempre tipid tipid sa lahat walang income, ganon*…"

Furthermore, some of the important factors in the occurrence of psychological stress in the participants could be linked to worries and concerns about the social stigma that circulates in the whole society, disease's worsening symptoms, the future of their families, as well as sources of income for individuals and families. In this regard, Mertens, G. (2020) found that the predictors associated with the anxiety regarding the Coronavirus include health anxiety, and risks for loved ones [30]. Simultaneously, Burstyn (2021) concluded that without acknowledgement to the worries of COVID-19 patient increases their risk in developing depression [29].

Sub-theme 2.3: Bargaining Stage

Spirituality has been a foundation of all population groups. It is an essential component of quality of life, health, and well-being in both general population and those suffering from illnesses. An individual relationship with the transcendent or sacred has a significant impact on an individual especially when they are at their grieving stages [31].

The researchers asked participants how being positive for COVID-19 infection affects their faith. The participants consensually responded that their faith strengthened at a time of hardship, as stated by,

Participant 8: "That was the time that I realized my shortcomings together with asking for forgiveness and promise that I will be better in order to survive."

"*Pero parang dun mo malalaman yun pagkukulang mo kasama dun yun paghingi ng kapatawaran and then magpropromise ka na gagawin mo yun mas higit pa gumaling ka lang ganon."*

"If only…" or "What if…" become the statements of survivors lost in the labyrinth. Bargaining is the stage of the grieving process in which an individual confesses not to do particular things anymore to take away what has been done or making an agreement with a higher power. It essentially brings optimism or the illusion of hope to a dire situation and perceives an option of a positive outcome [32].

The statement demonstrates that spiritual beliefs and practices, and trusting transcendent or sacred will help to alleviate the dire situations of COVID-19 survivors. Strengthened faith is not just for the relief of sufferings but also the source that allows participants to positively transform their experience into a lesson as it serves as a light of hope towards healing.

Sub-theme 2.4: Fears

Fear is an adaptive response in the presence of danger [30]. Fear, on the other hand, may become persistent and stressful when the danger is uncertain and constant, as in the recent coronavirus virus (COVID-19) pandemic.

The participants identified fears were: fear of death, fear of transmitting the disease, and fear of dying alone. The participants' greatest fear is death, and is demonstrated by five participants as stated,

Participant 8: "I'm scared, it feels like you will die anytime."

"*Ano, nakakatakot, feeling mo ba eh, feeling mo anytime mawawala ka na ganon."*

Furthermore, the majority of the participants exemplified that they feared death. This study suggests that most of the COVID-19 patients are the greatest fear is death and this might play a causal role in elevating stress and anxiety toward the patient's condition. In this regard, Menzies (2020) found that fear of death among COVID-19 patients is linked to several mental health conditions [33].

Congruently, fears in terms of transmitting the disease in their families are described by three participants as stated,

Participant 5: "Maybe I am afraid for my family, but having fear of getting infected with COVID-19 infection was usual."

"Siguro for my family, natakot ako na mahawahan ko sila…".

Participants are concerned about the situation and are always worried that they will create problems with their families as well. This study suggests that fear of transmitting the disease to their family is commonly present in COVID-19 patients. In the setting of the study, this supports the findings of Huffman (2020) that the majority of the COVID-19 patients have identified that fear of transmitting the virus to their family is a significant stressor [34].

Meanwhile, fear of dying alone is reported by **Participant 8** as stated,

Participant 8: ".. it's scarier because if you die of COVID-19 infection, you'll die alone without even seeing your family in the hospital."

"*…mas nakakatakot dahil kung mamamatay ka sa COVID, mamamatay ka magisa. So pag pumasok ka sa ospital at namatay ka, hindi mo sila nakasama (yung pamilya mo)… ikaw lang mag-isa.".*

Due to the need to be isolated, along with the fear of death, participants exemplified the fear of dying alone. The phrase "dying alone" refers to "dealing with death while living alone or dying in a place where significant people are unable to be there". This study suggests that fear of dying alone contributes to the stress perceived by COVID-19 patients. This supports the findings of Nelson (2020) that there is a negative relationship between lonely dying and anxiety [35].

Sub-theme 2.5: Isolation

Infectious Diseases (IATF-EID) National Action Plan with strategies "Detect, Isolate, and Treat" and the development of minimum public health standards shall form the backbone of response to the COVID-19 outbreak [36]. Isolation and quarantine are likely to have a negative effect on patient's mental health. Being isolated in a hospital room might cause anxiety and exhaustion and it can be traumatic to a COVID-19 patient.

The majority of the participants identified that they've experienced feeling of being alone or loneliness in the period of the hospitalization, and is expressed by five participants as stated by,

Participant 7: "…when I first entered, I was alone, so, it was difficult."

"*…nung unang pinasok kasi ako mag-isa lang ako kaya mahirap…"*

Participant 4: "I'm slightly emotional because I can't see my family and my mother is worried"

"Medyo emotional kahit konti kasi nga syempre yung family ko hindi ko na nakikita and syempre yung mommy ko worried na sa akin."

This study suggests that loneliness that was brought by quarantine is present in most of the hospitalized COVID-19 patients and this might elevate the stress levels of the patients. As cited in the study of Hwang, T.J. (2020), being lonely has several adverse impacts on mental health. Patients who have a weak support system during hospitalization have higher anxiety levels [37]. Likewise, in the study of Etçioğlu (2021), it was found out that patients who have poor support systems reported a high level of loneliness and anxiety [38].

Another issue raised by the two participants was their boredom toward isolation in hospital. The verbatim are as follows:

Participant 3: "It is really boring because I cannot do anything."

"Talaga nga lang boring at kasi wala kang magawa…"

Participant 9: "I am bored. Boring and stressful."

"Aba'y nakaka-boring. Nakakaboring (na) nakaka-stress..."

In the present study, most of the participants suffered inevitable psychological or mental strains during their hospitalization due to COVID-19 infection, with fears being the most common. The participant's psychological and emotional experiences are more notable than their physiological experiences. The fear of death and transmitting the disease to their own family, loneliness during their isolation, and social stigmatization were the most common psychological-emotional experiences reported by the participants. Some of the most significant factors that were identified affecting the psychological wellbeing of people infected with the virus were anxiety, worries and concerns, family responsibilities, mortality due to the disease, and the feeling of being alone that was experienced by many of them. Moreover, loneliness and isolation were found to be interacting, and are all too common among the participants. Isolation and quarantine impede family support, which can exacerbate the traumatic psychological experiences of COVID-19 survivors if not addressed promptly.

Early recognition of mental distress and mental health problems, as well as the providing of effective therapies to patients, can be appropriately recommended and helpful in facilitating the coping mechanism regarding COVID-19 infection. Therefore, reducing risk evaluation through psychological intervention and therapeutic communication will benefit COVID-19 patients' mental health wellbeing. To minimize the burden on COVID-19 victims' and survivors' mental wellbeing, health care providers must be prepared to provide appropriate mental support.

Sub-theme 2.6: Depression Stage

The alarming impact of COVID-19 infection on survivors' mental health has been observed because infection-triggered immune system disturbance may result in psychiatric sequelae. It includes depression caused by the virus's immune response or by psychological stressors such as potentially fatal illness, fear, isolation, or imminent death [39].

During hospitalization of the participants, they experience several of emotions such as melancholy, fear, loneliness, depressive thoughts and feelings towards their dire situation

Participant 1: "… I was depressed during that time. You will be depressed, that was the hardest part."

"*…Depressed na depress ako during that time… Made-depressed ka, kaya yun yung pinaka mahirap na part…*".

In the stages of grieving, the depression stage was found to be experienced by the majority of the participants. High rates of psychological disturbances were observed in COVID-19 survivors when they tell their experience during their hospitalization. COVID-19 infection is considered stressful and a crisis in patient's lives. The participants suffer from considerable negative emotions because they tend to have low psychological tolerance capacity due to the current condition. In this regard, Kong (2020) found that 34.72 % and 28.47 % of COVID-19 patients exhibited anxiety or depression symptoms [40].

Major Theme 3: Coping Mechanisms

Major Theme 3: Coping Mechanisms described the participants' coping responses towards their COVID-19 experiences and acceptance stage of the grieving process during the infection and hospitalization consisting of four sub-themes: support system, acceptance stage, complementary therapies, comfort measures.

Participating on the treatment regimen for COVID-19 is one of the key factors in order to cope up with the patient is experiencing. However, to deal with the challenges of this virus, the participants used various coping mechanisms to alleviate their situation. The participants' coping mechanisms to the traumatic experience of COVID-19 were also identified.

Sub-theme 3.1: Support System

COVID-19 patients have a different support system that helped them to cope up with the different psychological distress that they've experienced. Identified support systems by the participants were religiosity, family, and community support.

The majority of the participants use religiosity as their coping in most time of their hospitalization to reduce their worries and concerns. Religious practices and values are included in this category. Praying and reading verses from the Bible were two of the most significant practices mentioned by the participants is demonstrated by seven participants as stated,

> **Participant 3:** "By just praying and praying which made me stronger each day. No matter how hard it was for me, all I can do was pray."
> *"Dasal lang ako nang dasal kasi yun talaga nagpapatibay sa akin araw araw. Kahit gano kahirap, dasal lang talaga."*
> **Participant 4:** "My faith helps me a lot. I always read the quotation in the bible and it gives me strength."
> *"Yung nakakatulong sa akin ay syempe yung faith ko. Kasi lagi akong nagbabasa ng quotation sa bible ganon kasi yun yung nagpapalakas ng loob ko…"*

They described their religious coping increased their positive outlook in life and gave them hope for recovery. Along with their own religious affiliation, the participants revealed their faith in God and how their prayers to him were amplified during their illness. In the study of Cornah (2006), it was reported the positive effect of religiosity on in order to alleviate depression, anxiety, and stress [41]. Likewise, Koenig (2012) reported that religious activities could help in reducing psychological distress in critically ill patients [42].

Despite the hinders of isolation and quarantine, all-round support from the participant's family and friends alleviates their stress and become their source of motivation and hope in those time of uncertainties, and is exemplified by majority of the participants, as stated by,

> **Participant 8:** "It was with the help of the people who love and support me. It is a big help that their support strengthens you and then your loved ones who do everything they can to help you."
> *"Tulong narin ng mga taong nagmamahal at sumusuporta sa akin. Malaking tulong yung suporta na pinapalakas yun loob mo at saka yun mahal mo sa buhay na ginagawa lahat ng paraan para matulungan ka."*

Particpant 2 and **3** were together in the isolation room during their hospitalization, Likewise, **Paticipant 9** is quarantined with her non-infected husband to give her care and support despite the risk of getting infected. Corroborating this point, **Participant 9** stated,

> **Participant 9:** "… It was a big help that you have someone in the room, when you are with your husband, somehow, you will have fun."
> "…*Tyaka malaking bagay din yung may kasama ka sa kwarto, yung kasama mo yung asawa mo kahit papaano nalilibang ka."*

Therefore, one of the most important and effective factors in patients' recovery was the support and care of families such as spouses who assisted in alleviating their symptoms and mental strains. These acts provide both physical and mental care.

Simultaneously, Lilympaki (2016) revealed that patients with high levels of anxiety and depression reported having less support from their family and friends [43]. Moreover, the study of Yang (2020), revealed that COVID-19 patients with better social support reported improvements in their psychological symptoms [44]. Hence, having a good support system along with the duration of infection might have a positive impact on COVID patient's mental health.

Sub-theme 3.2: Acceptance Stage

Making meaning in negative experiences would help an individual to cope with COVID-19 infection. It refers to how individuals understand, construe, and make sense of life events. If an individual experiencing a stressful event in their life, they tend to appraise and strive optimism beyond the situation simultaneously its implication. Although variables exist accumulated findings indicated that this mechanism is beneficial for psychological adjustment [44].

In the stages of grieving, the acceptance phase starts from the moment that COVID-19 patients take action or cope up with their different experiences. In line with this psychological adjustment, if an individual is not in a stage of acceptance then they are fighting or avoiding reality. It doesn't mean that not experiencing distress, and emotions, an individual already condone the situation. Acceptance is when an individual is oriented to reality, understands what he's fighting against with and validates his desire to fight because some things are out of control [45].

Unquestionably, participants are optimistic to find a way to alleviate their stress caused by their situation.

Participant 7: "You need to build yourself, because when you are built you can already handle the pain. My child, wife, and siblings were there when I build myself."

"*Eh, kailangan mo kasi buuin yung sarili mo, kasi kapag buo yung sarili mo, kakayanin mo na yung sakit, tapos sa anak, sa asawa ko, mga kapatid ko, nabuo ko yung sarili ko, ayun, binuo ko sarili ko andun sila."*

These two statements were the researcher's groundwork which the participants are taking possession of themselves and their actions. They began to accept responsibility and willing to change their behavior in response to the needs of others. Moreover, support coming from other people helps participants to increase strength and resiliency towards COVID-19 infection. Efforts will be paid off and acceptance may simply mean further good days than bad ones.

Sub-theme 3.3: Complementary Therapies

Complementary therapies are defined by the Cancer Research UK (2018) as a group of diverse medical and health care systems, practices, and products that you can use alongside your conventional medical treatment [46]. Besides the symptomatic management that was used for COVID-19 patients, most of the participants identified a variety of household treatment strategies that they'd used in at least alleviating COVID-19 symptoms This sub-theme includes the use of nutritional supplements, gargling, resting, drinking of herbal tea, and use of steam inhalation. Consuming nutritional supplements such as vitamins and herbal tea were common complementary intervention that participants did for supporting their physiology functions as stated, by the following participants:

Participant 1: "…Then I also drink lemon tea."

"*...Tapos ano lang tea ganon, lemon tea."*

Participant 9: "…I take vitamins."

"...'Yon tapos nag vitamins ako".

Several studies have shown the therapeutic effects of nutritional supplements. However, these dietary supplements will not prevent or cure the infection, and consuming them without the physician's prescription might increase the potentials for further health problems. As cited in the study of Adams (2020), patients and providers should not rely on dietary supplements to prevent or cure COVID-19 [47]. Hence, a balanced healthy diet with an abundance of fruits and vegetables, and essential nutrients such as vitamins and minerals are proven in contributing to the normal physiologic functions of the immune system.

Congruently, rest and sleep have been mentioned as a complementary intervention to improve the participant's situation, as stated by,

Participant 9: "… when I feel sleepy, I will sleep immediately. That's what I'm doing."

"... tapos natutulog ako, pag ka inaantok ako matutulog agad ako ganon ginagawa ko."

Meanwhile, one participant has identified that rest helps them to alleviate systemic symptoms such as fever by stating,

Participant 3: "I managed my symptoms by taking Paracetamol for my fever and to rest."

"*Namanage ko naman symptoms ko sa pag inom ng paracetamol para sa lagnat at pahinga".*

Likewise, decreasing physical activities in terms of minimizing the workload of physiologic body system, is expressed by **Participant 5**, stating,

Participant 5: "Physically, we are not allowed to strain our lungs and heart so physical activity was limited."

"*Tapos physical araw-araw, binawal kasi kami na pagurin yung lungs naming tyaka yung kaya limit talaga yung physical activity, bawal mag pagod"*

As stated in the study of Rogers (2008), adequate rest facilitates to mitigate the effects of fatigue [48]. Despite the environmental stressors experienced in the COVID ward, it is important for patient to have an adequate rest for this enhances both physical and mental health of the patient.

Furthermore, the participants took variety of complementary intervention such as gargling and steam inhalation in order to alleviate their symptoms. The verbatim are as follows:

Participant 2: "I gargled Bactidol"

"*Nag gargle ako ng Bactidol."*

Participant 9: "I do *suob* then I will gurgle salt in lukewarm water, that's what I'm doing"

"nag aano ako tawag dito alam mo yung suob tapos nag mumumog ako ng tubig na may asin na maligamgam 'yun yung ginagawa ko."

Hence, Badakhsh (2021) revealed that use of different complementary interventions significantly improved both physical and mental symptoms in COVID-19 patients [49].

Sub-theme 3.4: Comfort Measures

The pandemic introduced a variety of stressors that affects public health. It was cited in the study of Jurblum (2020), boredom is a stress-producing cognitive hypostimulation state with neurophysiological implications. Studies have shown changes in physiological markers that have been correlated with isolation-induced stress [50]. In a previous study, Wasil (2021) found that distractions were the most frequently classified common strategy to cope with stress which is 43% [51]. The diversional activities include tangible stress relief like watching tv, eating food, trying to stay productive, using social media, reading books, and listening to music.

The researchers asked the participants to enumerate their comfort measures while they are staying in the hospital. Most of the participants used tangible stress relief to adjust to their new environment.
Diversional activities in terms of watching and online gaming to alleviate their isolation exhaustions. The verbatim are as follows:

Participant 1: "During my first week of confinement, I was just crying but later on I learned how to adjust and I just did clean my room. And of course, we now have advanced technology, I watch in Youtube and Netflix, like that. I feed myself (with) positive thought."

'Siguro po nung mga first week, puro iyak lang ako pero nung mga sumunod na araw na syempre naka adjust na ko ang ginagawa ko lang non naglilinis ako ganon. Nililinis ko yung room ko. Tapos syempre advance technology na tayo ngayon, may youtube na, mag nenetflix ka ganon. I feed myself positive thoughts…"

Participant 8: "I watched funny videos, I do not feel stress because It is a big help to divert your feelings."

"Ang ginawa ko nanood ako ng mga nakakatuwa, hindi ako nasstress kasi malaking tulong yun para madivert mo yun nararamdaman mo."

Participant 6: "… I made myself busy with facebook, and games like ML, COC and Netflix"

"… tapos I made myself busy facebook, mga games, ML, COC at Netflix."

In the study of Jurblum (2020), it was cited that these kinds of diversional activities are categorized as non-goal directed activities [50]. However, these are helpful distraction strategies but doesn't give as much meaning to the experience.

Meanwhile, one participant uses music and dancing as a diversional activity to pass time during isolation by stating,

Participant 9: "…when I do not have anything to do, I will just play rock and I will dance to relax myself."

"*…tapos kapag wala akong ginagawa nagpapatugtog ako ng rock tapos nag sasayaw ako para lang marelax 'yung sarili ko ganon."*

Different kinds of distractions or diversional activities that most of the participants used to alleviate their exhaustion and boredom. In addition, Jurblum (2020), have found that these kinds of coping mechanisms have been found to have a psychological benefit by reducing the physiological stress marker of the patient [50]. Most of the participants exhibit well-adapted coping strategies in the context of a long-duration of isolation. These participants are consciously deferring thoughts or emotions by directing attention to something less threatening/more constructive.

3.3 Lived experiences of hospitalized COVID-19 survivors after the infection and themes derived from therein

The experiences of the participants after the COVID-19 infection were summed up into two major themes: Major Theme 4: Life after isolation, and Major Theme 5: Stigma and Discrimination. (Table 3).

Table 3. Themes and Sub-Themes from the Lived Experiences of Hospitalized COVID-19 Survivors After the Infection

MAJOR THEME	SUB-THEME	CATEGORIES
4. Life After Isolation	*4.1 Break free from Isolation*	Relief Reunited
	4.2 Growth	Awareness Self-betterment
5. Stigma and Discrimination	*5.1 Unpleasant Experiences*	Prejudice Rejection Self-Isolation

Major Theme 4: Life After Isolation

Major Theme 4: Life after hospitalization described that the treatment for COVID-19 requires not only being away from people but also away from usual daily activities. Therefore, after the hospitalization, the survivors will experience the end of being isolated from others and finally together with their family. It consists of one sub-theme: Break free from Isolation.

Different people experience different ways of recoveries [52]. However, one of the experiences of the COVID-19 patients in isolation where it is a public health practice to protect the public from the exposure of the virus. It denotes the degree of social disconnection that encompasses a variety of challenges.

After being hospitalized, survivors may face new challenges such as cognitive impairments and may not be ready to pick up where they left off. It is natural for them to feel sad, stressed, and confused but some of the survivors were finally relieved because their battle against COVID-19 is over.

Sub-theme 4.1. Break free from Isolation

Initially, in the stages of grieving, the participants were asked if they still feel grief after surviving the disease. In accordance, Smith (2020) stated that grieving is a highly individualized experience, that there is no right and wrong way to grieve [14]. It was found out that all of the participants didn't go back nor experienced any stages in the grieving process after surviving the disease.

Furthermore, in the journal published by the World Health Organization (2020), a life story about a 32-year-old nurse who contracted COVID-19 at his workplace states that he used his experience to uplift the spirits of others and it made him stronger after giving him the scare of his life [53]. Moreover, it's not the case for all other survivors. In addition to the known life-threatening effects of the disease on the human body, the lack of human interactions for being isolated also proved to be another problem, therefore, the end of it brings joy to people.

The researchers asked the participants to describe their feelings when they were finally tested negative for COVID-19.

Participant 1: "...I'm so happy because I can go home after one month. I will see my family."

"...sobrang saya kasi uuwi na ko after one month. Makikita ko na yung pamilya ko."

The majority of them felt happiness as they can go back to their normal lives again, which includes a reunion with their families, after hospitalization. As the survivors had to cope with the restrictions of the infection, breaking free from it is an event that needs to commemorate. In the study of Gordon (2021), it was stated that being happy that cultivates your positive attitude can build resilience to cope with issues or problems [54]. Therefore, it was found out that being feelings of happiness after hospitalization is the COVID-19 survivor's way to move forward despite all the challenges that they've experienced.

Survivors who were just once hoping to prevail over the virus had finally caused relief and they can finally go back to their normal lives, knowing that their bodies didn't give in to the disease.

Participant 3: "Happy because I can go home. I will see my family and I can go back to work. I'm happy."

"Masaya siyempre kasi uuwi na ako. Makikita ko na pamilya ko at makakabalik na din sa work... Pero ayon masaya ako..."

In lined with this, Caliwan (2020) stated that beyond the numbers, stories of survivors proved that through the proactive and prompt response of authorities, especially in terms of isolating and treating patients, no formidable enemy such as the COVID-19 can dampen one's strong desire to live and face a better tomorrow [55].

Sub-theme 4.2. Growth

Growth has been implied that survivors need to improve their health since the beginning of the pandemic. So, it is natural that after experienced being a COVID-19 patient, they want to improve their ways of life.

Survival is just the start of what can be a consequence for those people who have fought COVID-19 [56]. Although negative impacts were a possibility to the lives of those who'd survived, it's also worth noting that positivity such as another chance in life shouldn't be overlooked after battling the disease. Regardless of what had happened to them, some survivors and even those who have not yet fully recovered, considered sharing information about their experiences that can help the people and the field of research.

The bottom line after recovery is, they should not let their guard down. To avoid infection, everyone should continue taking precautions whether they previously had the illness or not. The COVID-19 hospitalization experiences of the participants resulted in a sense of growth that they have become more cautious and it has changed their perspective to be stronger in all aspects of life.

The participants were asked about the changes in their well-being after surviving the disease. Seven out of nine participants identified changes in other aspects of their life after hospitalization, as stated by,

Participant 4: "Changes? So, we are more vigilant when it comes in the observance of the minimum health standard protocol at our workplace and as well in our house."
"Mga pagbabago? So, mas lalo kaming naging vigilant when comes in the observance of the minimum health standard protocol sa workplace namin and as well sa bahay namin."

After suffering from the disease and a series of unfortunate events, awareness about the things they should and shouldn't be doing was raised. According to Englund (2021), people need to keep their body healthy and must not skip preventive visits to a healthcare provider. The disease will grow life-threatening if people miss early signs of disease [57].

Changes in their physical health was reported by most of the participants, by stating,

Participant 6: "I noticed that I lose weight because I can't eat I don't have appetite for intake of food. In terms of my breathing since I'm vaping, I'm experiencing tachypnea."
"Pakiramdam ko pumayat ako kasi hindi ako makakain, wala akong appetite. Sa paghinga ko, nag ve-vape kasi ako, mas mabilis ako hingalin kumpara dati."

According to CDC (2021), the symptoms of COVID-19 can last weeks or months after being infected with the virus. It can happen to anyone even it was mild or had no symptoms and clinicians throughout the globe referred to these long-term COVID-19 effects as "Long-Haul COVID-19" or "Long-Term COVID-19" [58]. Most of the participants experienced prolonged symptoms of COVID-19 after hospitalization. In a systematic review of Salamanna (2021), it was stated that there is a substantial proportion of COVID-19 survivors continue to experience symptoms long past the time that they survived the crisis that COVID-19 infection has caused[58].

Some participants focused on the changes about their physical health while others identified changes in spiritual aspect of their lives. Stating that their experiences strengthened their divine faith in able to survive if yet another adversary comes to their lives.

Participant 1: "…my faith became stronger. I always pray and that makes my family much firm and stronger."
"...Mas lumakas talaga yung pananampalataya ko. Lagi narin akong nagdarasal at mas naging matatag kami ng pamilya ko."
Participant 3: *"*But spiritually, this uplifted me and made me experience the grace of the Lord."
"...Pero spiritually, naa-uplift ako at na-experience ang grace ng Lord…"

This suggests that the majority of the COVID-19 survivors have strengthened their spiritual aspect of their lives after hospitalization. In the study published by the Pew Research Center (2021), it was found out that one of many aspects of life that have been touched by the pandemic are family relationships and religion. Factors identified affecting by many situations like lockdowns, economic turmoil, and the consequences of falling ill [59]. Their relationship with their family and God has strengthened because of the initial waves of infections and deaths.

Although growth was evident in the majority of the participants, some survivors were still being affected by the physical consequences even after the infection and there are also some who didn't feel the changes in their lives.

Major Theme 5: Stigma and Discrimination

Major Theme 5: Stigma and Discrimination described the survivors' experiences about the social stigma that COVID-19 pandemic has caused. Major Theme 5 consists of one sub-theme: Unpleasant Experiences.

The spread of COVID-19 has raised concerns for everyone, creating a dramatic shift in their activity of daily living. It causes othering, where it is a social process intended to exclude those deemed to be a source of disease and a threat to efficient social living in society. This phenomenon can also happen after a person has survived COVID-19 or been released from hospitalization. People who experience stigma may also experience discrimination in the form of people avoiding or rejecting them, physical or verbal abuse, and getting denied [60].

Sub-theme 6.1. Unpleasant Experiences

The famous adage "better safe than sorry", was the underlying logic behind the stigmatizing behaviors in the current context. It explains that the fear of something uncertain and unknown accounts for the negative attitude aimed towards people who are infected, suspected, and those who are thought to be responsible for the spread of the virus [27].

The researchers asked the participants if they experienced discrimination and stigmatization. The participants undergo unpleasant phenomena but they did not want to blame other people despite being stigmatized and discriminated, as stated by,

Participant 5: "…although it was no big deal that is considered discrimination for me. It seems like being tested positive for COVID-19 infection comes along with your name."
"…Although sa akin hindi naman big deal kasi naiintindihan ko naman sila pero that's considered discrimination na para sa akin… Parang kasamana ng pangalan mo yung nag positive sa COVID."

It was stated by the World Health Organization (2020), that in the current COVID-19 outbreak it has provoked discriminatory and social stigma behaviors, it is entirely plausible that society is confused, fearful, and anxious that fueling the harmful behaviors towards COVID-19 survivors [61]. This study suggests that COVID-19 social stigma is still present and still experienced by the COVID-19 survivors even after surviving the disease. In this regard, Dar (2020) reported that 98% of COVID-19 survivors have experienced at least one social stigma after hospitalization [62].

Undeniably, the ongoing situation of COVID-19 has an impact on the survivors that creates psychosocial consequences that persist longer than the infection itself. Besides, the direct experiences are prejudice, rejection, and self-isolation.

The stigma and discrimination around COVID-19 stem from the fact that numerous people are unaware of the aforementioned virus thus, they tend to distance themselves among COVID-19 survivors. However, the survivors understand the prejudice against them because people are just being careful.
The preceding exposition establishes the deep fissures that lie beneath the collective and manifest in crises such as the COVID-19 pandemic that impedes the process of effective disease management and prevention and has debilitating consequences for the COVID-19 survivors overall well-being [27].

3.4 Implication of this study to well-being of the COVID-19 patient and survivor

This study basically explored the lived experiences of COVID-19 survivors during and after the period of illness.

The experiences of the COVID-19 participants will not just provide a basis of knowledge to healthcare workers, but the findings of the study will provide an intervention program for the well-being of COVID-19 patients and survivors.

In the stages of grieving, most of the participants did not undergo the denial stage because they anticipated that they are at high risk of contracting the virus. This finding suggests that providing facts and information to the general public will positively impact their grief responses.

Simultaneously, the clinical characteristics of critically ill patients can vary from those of non-critically ill patients. The severity and type of physical manifestations encountered by survivors may differ for a wide variety of reasons. Moreover, the manifestation and the severity of COVID-19 symptoms still depend on the health status and comorbidities of the patients, which is why care strategies must be individual to each patient.

In this study, one participant reported COVID-19 reinfection. It was found out that the second infection was symptomatically milder, with a faster recovery; this provides further insight into the virus's pathogenesis in terms of the severity of physical manifestations on the second exposure to the virus. It was found out that proper utilization of transmission protocols should still be implemented for COVID-19 survivors. Due to various myths and misconceptions regarding COVID-19, more public information is necessary to minimize the spread and optimize transmission protocols using face masks, proper hand hygiene, and social distancing in all individuals, including those that have previously survived the disease.

During the treatment process, it was found out that the majority of the COVID-19 survivors' psychological experiences were more prominent than their physiological experiences. Anger, bargaining, and depression phase of the grieving process were present during the psychological/emotional experiences of the COVID-19 patients. In line with this, fears, loneliness, and anxiety are all factors identified that contribute to a patient's psychological/emotional experiences that may increase the risk for mental health problems. Therefore, early identification of mental stress and mental wellbeing issues, as well as the provision of suitable treatments and creating a therapeutic environment, may be advised appropriately and beneficial in promoting the coping process amid COVID-19 infection. The findings further highlight the crucial need for patients to receive psychological support.

In stages of grieving, the acceptance phase started when COVID-19 patients utilized coping mechanisms. Alongside the symptomatic management for COVID-19 patients, it is found that patients who have a strong support system, use of complementary therapies, and comfort measures during their hospitalization reported improvements in their holistic well-being and response treatment regimen. This study suggests that providing the COVID-19 patients a strong support system with their trusted family and friends, allowing them to use innovative solutions to give a sense of comfort might have a positive impact on their well-being and response to the treatment.

The experiences of the participants when it comes to the physical manifestation of COVID-19 vary from the severity of the symptoms. Furthermore, participants used various complementary therapies to deal

with the physiologic experiences during the recovery period from the illness. With this finding, immediate and proper health education to patients should be given about the utilization of such complementary therapy to avoid further health problems.

It was found out that social stigma and discrimination were reported by the majority of the participants persists even after recovery from the illness. Therefore, the government community education programs, such as media information aids to minimize stigma and educate the public about the existence of COVID-19 and how people can help safeguard themselves from infection are necessary.

Therefore, community efforts must be given to overcome this crisis. Working collaboratively with other professional disciplines such as medical doctors, nurses, psychiatrist, psychologists, social workers, public servants, pharmacist, the occupational and recreational therapist should work and provide unique input from all disciplines in managing COVID-19 patients and survivors. Supervisions from the different professional fields should modify a more holistic healthcare approach towards the well-being of COVID-19 patients and survivors.

4. CONSLUSION

The study on lived experiences of hospitalized COVID-19 survivors has found out five theme findings, namely: physiological experiences; psychological-emotional experiences; coping mechanisms; life after hospitalization; and stigma and discrimination. It was found that the strong association between COVID-19 experiences by the survivors and the stages of grieving, as theorized by Kubler-Ross (1969), has been revealed to be valid and relevant in this context. It was seen that patients infected with COVID-19 begin to experienced grieve at the moment of diagnosis. Although all of them did not undergo stages in a sequential order yet COVID-19 infection undeniably affects the survivor's life. In the first stage of grieving, most COVID-19 patients did not undergo the denial stage. One of the associated factors was the survivor's employment status, which increases their vulnerability of contracting COVID-19 infection. COVID-19 patients do not typically undergo the anger phase since they are aware of the cause of the infection. Although patients' levels of anger may vary depending on the situation they are confronted with. In the bargaining stage, COVID-19 patients showed helplessness and vulnerability to regain control. They underwent bargaining with transcendent or sacred. Moreover, the course of the traumatic event brought diverse challenges to the patients who led to different negative emotional states which is known as depression stage such as melancholy, fear, loneliness, and depressive thoughts and feelings. In the last stage of grieving, the acceptance phase starts from the moment that COVID-19 patients take action or cope up with their different experiences. It was found out that taking responsibility and change of behaviors is one of their ways to accept their dire situation.

Based on the findings, patients infected with COVID-19 faced various challenges, including physical manifestations that varied from mild to critical, based on the patients' health status and comorbidities and individualization of care strategies should be utilized for each patient. The psychological-emotional experiences of many COVID-19 patients were more notable than their physiological experience during the recovery period. The most common psychological-emotional experiences of patients were fear of death and spreading the disease to their own family, feeling of loneliness during their isolation. Social stigmatization, as these might play a causal role in elevating stress and anxiety of the patients. These experiences might be linked to developing several mental health conditions. COVID-19 patients who have a sound support system during illness have a positive impact on their mental health. It is recommended that psychotherapy such as therapeutic nurse-patient relationship, milieu management, and psychopharmacology should be included in the management for COVID-19 patient. Strong support from the patient's family and friends is an influential and vital factor in the patient's recovery. Simultaneously, religiosity has been identified by the survivors as an effective coping mechanism in supporting their psychological-emotional experiences. Using innovative solutions, such as finding other ways to provide a sense of comfort for COVID-19 patients to interact with trusted friends and family while undergoing treatment and isolation, would be beneficial. Therapeutic communication for all healthcare workers, primarily nurses, is highly encouraged, along with the standard precaution.

During the recovery phase, COVID-19 patients used various coping mechanisms to alleviate both physiological and psychological experiences of the patients. Consumption of nutritional supplements such as vitamins and herbal tea is the most common complementary intervention used by the patients to support their physiological functioning. The use of diversional activities was found to have a positive effect in alleviating their exhaustion and boredom during isolation. Furthermore, surviving COVID-19 infection allowed room for self-betterment, which includes being more cautious and aware of maintaining a healthy life and also strengthening of divine faith to prepare them both spiritually and mentally. The harsh consequence continues even after surviving the COVID-19 infection in the form of prejudice. Hence, the discrimination against the survivors was viewed as positive and negative points. The positive point of view was that the prejudice was

acceptable. Moreover, the opposing perspective of being discriminated against and stigmatized was seen as being completely unreasonable. Improvement of protocols in terms of public information and awareness to urgently address the stigma and discrimination towards COVID-19 patients and survivors. Health education on the nature, misconceptions, and facts about COVID-19 should be given to the general public.

Therefore, the findings of this study suggest that there is a pressing need to modify a more holistic healthcare approach to COVID-19 patients during and after the infection, as this can improve their responsiveness to treatment and enhance their well-being. In this time of phenomenon, this study was limited to a small number of participants. Furthermore, this study suggests further quantification of the results, including physical manifestations, psychological effects of COVID-19 and COVID-19 stages of grieving with a large number of respondents.

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