PATIENT’S RESILIENT EFFORTS IN THE RAMPAGE OF CORONAVIRUS EXPERIENCES OF COVID-19 PATIENTS: A QUALITATIVE STUDY

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SUMMARY

Background: Being infected with the new Covid-19 disease in addition to physical risks, leads to difficult and different psychological experiences due to the nature and specific features of the disease. Successful patient management requires a comprehensive understanding of patients’ experiences. This study was conducted to explain the experiences of patients with Covid-19 using content analysis approach.

Material/Methods: This is a qualitative study with a conventional content analysis approach. Purposeful sampling was performed in 10 January to 25 April 2021 with the participation of 10 patients with Covid-19 referred to convalescent home No. 1 in Zahedan southeast of Iran. Semi-structured interview was used to collect data, which was analyzed according to the steps proposed by Graneheim and Lundman method.

Results: Data analysis resulted in the formation of a main theme; “patient’s resilient efforts in the rampage of coronavirus”, as well as three categories and 7 subcategories. The main categories included; the basis for spread of coronavirus, breaking free from fears under the protection of spirituality, and mutual support between patient and family.

Conclusions: It seems that patients with Covid-19 were trying to resist the coronavirus by resorting to spirituality and family support, so the “patients’ resilient efforts in the rampage of coronavirus” was identified as the main theme of this study.

Key words: Experiences, SARS-CoV-2, Covid-19, Patients, Content Analysis
INTRODUCTION

Corona viruses are important pathogens in humans and animals (Aknin et al., 2021). It has recently been shown that a new member of coronavirus family SARS-CoV-2 and contraction of COVID-19 can lead to acute respiratory syndrome in humans or even death (Aknin et al., 2021; Sencio et al., 2020). The first infected patient with Covid-19 was reported on December 12, 2019 in Wuhan, China (Lillie et al., 2020). Since then, this virus has spread rapidly to other countries in various ways such as travel, and now Covid-19 has become a global pandemic, affecting all countries of the world (Du Toit, 2020) (4). Low pathogenesis and high transmissibility are two unique features of this new virus that distinguish it from other members of the coronavirus family such as SARS-CoV and MERS-CoV (Cascella, Rajnik, Aleem, Dulebohn, & Di Napoli, 2022), and make it a major public health emergency in the world (Wang, Chen, Lu, Chen, & Zhang, 2020).

Iran is also among the top 10 countries in the world in terms of high infection rate (Jiang et al., 2020). In Iran, as in other countries, since the virus has spread to different regions and its infection and mortality are inevitable, its complete cleansing has become a primary goal for the health system (Nemati, Ebrahimi, & Nemati, 2020). At present, the treatment of Covid patients is symptomatic and there is no specific antiviral treatment or vaccination program for it. As a result, the only possible action is to take precautionary measures. Therefore, many countries have introduced public health protocols to control the spread of coronavirus, such as social distancing, hand washing, and home quarantine (Mahdavi et al., 2020). Breathing exercises have also been suggested to protect against the virus (Ogolodom et al., 2020). On the other hand, due to the high prevalence of Covid-19, the main focus of medical staff and specialists is on the treatment of the disease and there is less opportunity to address the psychological conditions of Covid patients. However, since the course and prognosis of this disease in various people is unknown and there is not enough information about its nature, it can, like other life-threatening diseases, reduce life expectancy and lead to important psychological conditions such as fear of death, anxiety, depression, and stress in affected people, which affect the treatment and recovery process (Shu-Ching, Yeur-Hur, & Shiow-Luan, 2020). CAVA et al, in their study concluded that despite individual differences between the samples, the important themes extracted from the interviews included; feelings of insecurity and uncertainty about life, feelings of isolation and problems coping with psychological pressures and stresses. Lin et al., also found that patients with Covid-19 admitted to hospital felt tired, uncomfortable and stressed, and complained about lack of family support and emotional turmoil (Rahmatinejad, Yazdi, Khosravi, & Shahisadrabadi, 2020). Therefore, understanding these experiences is very important for nurses who support patients during treatment and recovery process. Nurses should learn this knowledge and do their best to help patients and their families have access to adaptive methods. Given the profound effects of Covid-19 on patients and their families, and in order to provide appropriate care and support for them,
it is very important to know and understand the experiences of people affected by this disease. Since successful patient management requires a comprehensive understanding of patients' experiences (Kim et al., 2020), and considering that quantitative research methods do not have the necessary capacity and ability to address such issues, we decided to conduct a more in-depth study using a qualitative approach that leads to the description of phenomenon by the participants' experiences. This study, by providing a clear picture of human experiences, can be used a guide for implementing therapeutic strategies for the treatment team. Therefore, the purpose of this study was to explain the experiences of patients with Covid-19 using content analysis method.

**MATERIAL AND METHODS**

In this qualitative study with conventional content analysis approach, 10 male and female patients referred to convalescent home No. 1 in Zahedan who, while wishing to participate in the study voluntarily, had rich experience in dealing with Covid 19 were selected by purposeful method. The purpose and method of study were fully explained to the participants and they were assured that their identities will not be revealed during the research and publication of the findings. Also, to maintain the anonymity of individuals, a specific number was assigned to each individual and quotes were reported based on these numbers. The participants were also assured that they could withdraw from the study at any stage of the research. In addition, the necessary permits for conducting the study, including the license for University’s Ethics Committee, a letter of introduction and informed consent from the participants for recording of the interview were obtained. For data collection, the researcher referred to convalescent home number one in Zahedan and sampling continued until the data were saturated. The criterion for achieving data saturation was the lack of access to new concepts and codes in subsequent interviews. Data collection method was semi-structured in-depth interview using open-ended questions. Interviews began with general questions about Covid-19 including: What was the beginning of the disease like? How did you feel? What happened to you? Follow-up questions were also asked such as: Can you explain more? Can you give an example? During the interview, the researcher helped the participants to express their experiences without giving direction to the conversation. Probing questions were also used if necessary. The interviews took place in a quiet environment. The duration of each interview was 45-60 minutes, depending on the circumstances of the participants in one or two sessions. All interviews were typed verbatim, reviewed, and immediately analyzed by the researcher. In fact, data analysis was performed simultaneously and continuously with data collection. Data analysis was performed using the conventional content analysis approach. In this way, at first, each interview is carefully read to gain an initial understanding and important statements are underlined and recorded as codes (initial coding). For the initial coding, the exact words of the participants and signifying codes (the researcher’s perception of statements)
were used. The codes, which were conceptually similar to each other, were sum-
marized to clarify the meaning and categorized into categories and subcate-
gories. The data analysis process was performed according to the steps proposed
by Graneheim and Lundman (Graneheim & Lundman, 2004). To validate the
findings, participants were given the coded interviews to confirm their compliance
with their experiences, and in some cases corrections were made. In order to
achieve the criterion of reliability, the resulting codes and concepts were con-
sulted and reviewed with experts and collaborators of the research project, and
also several colleagues were asked to encode some parts of the interviews’ texts
and then, an agreement was made about the cods. To confirm the transferability
of the findings, we tried to use nurses with different demographic characteristics
and experiences, and the researcher assessed all aspects of behaviors, events
and lived experiences. The confirmability of the findings was achieved by pro-
viding a rich description of all stages of the research. In addition, the details of
the research were carefully documented to enable the evaluation by external ob-
servers. The study was approved by the Research Deputy and Research Ethics
Committee of zabol University of Medical Sciences (Ethics Code: IR.ZBMU.REC.
1399.133).

RESULTS

The individual characteristics of the participants are presented in Table 1. Analysis of the data led to the extraction of one theme, 3 main categories and 7 sub-categories (Table 2).

The basis for spread of coronavirus

The experiences of Covid-19 patients showed that factors such as not taking the disease seriously on the one hand and being tired of following health advice and quarantine protocol on the other hand, have provided the basis for spread of Covid-19.

Not taking the disease seriously

According to the experience of Covid-19 patients, not taking the disease seriously by showing normal behaviors and ignoring health protocols has been one of the reasons for spread of coronavirus.

Table 1. Demographic characteristics of patients with Covid-19

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Gender</th>
<th>Occupation</th>
<th>Marital status</th>
</tr>
</thead>
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<td>Self-employed</td>
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</tr>
<tr>
<td>2</td>
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<td>Housewife</td>
<td>Married</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>Man</td>
<td>Teacher</td>
<td>Married</td>
</tr>
<tr>
<td>4</td>
<td>35</td>
<td>Female</td>
<td>Housewife</td>
<td>Married</td>
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<td>6</td>
<td>35</td>
<td>Man</td>
<td>Self-employed</td>
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<tr>
<td>7</td>
<td>40</td>
<td>Man</td>
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<td>Married</td>
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<tr>
<td>8</td>
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<td>Teacher</td>
<td>Married</td>
</tr>
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<td>9</td>
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<td>Man</td>
<td>Office worker</td>
<td>Married</td>
</tr>
<tr>
<td>10</td>
<td>45</td>
<td>Female</td>
<td>Housewife</td>
<td>Married</td>
</tr>
</tbody>
</table>
A 46-year-old woman with Covid-19 expressed her normalization of the disease as follows:

"Honestly, I did not think I would get this disease. I always watched the news on this disease, but I thought it was a disease for others and not for me. I used to go out a lot and not observe the health protocols in the hope that I would not get the coronavirus."
A 27-year-old man with Covid-19 also described his normal behavior as follows:

"Well, I was meeting others as if there is no coronavirus at all and nothing happens to them. I said why bother myself so much, when others do not observe, why should I observe the protocols. I no longer observed the protocols as if I do not get the virus. I said well, even if I get it, it is just like a common cold and nothing special is about it."

Regarding the disregard for health protocols, a 40-year-old man with Covid-19 said:

"I got infected from the shopping I made outside. I probably placed my hand where it was infected and that's how I got infected. Honestly, I did not take the disease very seriously and I was ignorant, and this negligence made me sick."

A 35-year-old man with Covid-19 also referred to the neglect of health protocols as the reason for his infection and said:

"I went to the Eid al-Fitr prayer and did not observe the protocols at all. It was crowded and everyone were shaking hands and kissing each other. And that put me in this place. It would have been better if I had not gone to the Eid prayer this year, but it was my own negligence that affected not only myself, but also my family."

Being tired of health advice and protocols

The experiences of Covid-19 patients showed that, they were tired of repeated recommendations regarding quarantine and health protocols. A 38-year-old woman with Covid-19 described her tiredness of quarantine and health protocols as follows:

"I was tired and depressed. I was thinking to myself, how much longer should I stay at home, how much should I observe, how long should I endure this situation and how much should I wash my hands and disinfect household items?"

A 42-year-old man with Covid-19 also said:

"I have a shop, I have to work to make a living, I cannot stay at home, but when I return home, I always face my wife's nagging about observing health advice and hygiene, and this has created a special sensitivity and obsession for my family. We are having repetitive and tedious arguments every day."
Breaking free from fears under the protection of spirituality

The experiences of Covid-19 patients showed that they had nightmares about transmitting the disease to their family members following the initial shock of getting the disease, but they turned to God to break free from fears and find peace.

Shock of being infected with Covid-19

The experiences of patients with Covid-19 showed that they were shocked when they realized they have been infected with the disease. A 27-year-old man with Covid-19 expressed his fears at the time of the disease and said:

"I had a lot of stress at the beginning. This disease puts a lot of pressure on people. I was totally anxious about death, I couldn't sleep, and I was like that for five days, but when I saw that I was feeling better, my stress level decreased."

A 35-year-old woman with Covid-19 expressed her fears at the time of the disease and said:

"I mean, you may not believe it, but I could not sleep until morning. I was thinking to myself what to do if my test was positive. I remember I started screaming and they had to give me a sedative pill. It was morning when the answer came and it was positive. It was as if I was not myself, I was just being aggressive."

Nightmare about transmitting the disease to family

The experiences of many patients showed that transmitting the disease to family members had become a nightmare for them. A 32-year-old man with Covid-19 expressed his fear and concern about transmitting the infection to his wife as follows:

"I was very scared and anxious. On the one hand, I had been infected with the virus and on the other hand, I was afraid that my wife was pregnant. I was strangely scared about transmitting the virus to my wife."

A 27-year-old man with Covid-19 also expressed concern about his family members being infected with Covid-19 as follows:

"At first I was highly stressed. I was thinking about myself and my family. I was very worried about transmitting the disease to my family."

Gaining peace by relying on God

Many of the Covid-19 patients stated that by relying on God, they were trying to break free from the fears and nightmares related to coronavirus. In fact, following the disease, their relationship with God increased and the remembrance
of God and prayers calmed their heart and freed them from fears and nightmares. They said that relying on God played an important role in their recovery and gaining peace. A 32-year-old man with Covid-19 expressed the role of relying on God in improving his condition as follows:

"I thank God. When you are faced with hardship and illness, you remember the God more and appreciate your health. Trusting in God and hoping for his mercy really makes you feel better."

A 35-year-old woman with Covid-19 also described the role of trusting in God in gaining peace as follows:

"I trusted in God. God gives me a lot of peace and since I got this disease, I feel the presence of God in my life more than before."

**Mutual support between patient and family**

The experiences of Covid-19 patients showed that, while being supported by families, they tried to support their families as much as they could in difficult situations.

*Patient support of the family*

Many patients stated that in order to prevent their family members from discomfort and anxiety, they were willing to bear the weight of stress caused by their illness and hid their physical and mental symptoms and discomfort from their family in order to protect their family members against discomfort and anxiety.

A 40-year-old man with Covid-19 expressed his emotional support of his family members as follows:

"If I feel bad, I don't tell them anymore and when they ask me about my health, I say I'm fine, because I do not like to stress them. They care about me so much, so why should I upset them."

A 35-year-old woman with Covid-19 also said:

"I was not in a good situation myself, but I had to comfort my family. I did not want them to grieve for me."

*Family support of the patient*

Many patients were supported by their family members, and each family member supported them in some way, from financial support to emotional support and prayer. A 35-year-old man with Covid-19 expressed the support of his family members as follows:
"My family asked me how I was and came over to visit me. They came in the middle of the yard, and I went and sat in the car and talked to them. It made me feel good. I feel sad here, but as soon as I see my family, I feel better."

40-year-old man with Covid-19 also said:

"The support that my family gave me was too much. My brother took care of my family and I am grateful for that. He used to do shopping for them and took it to my house. My family was calling me all the time and we used to do video calls. Well, these things are very useful and make you feel better."

**DISCUSSION**

In the present study, data analysis resulted in the formation of 3 categories, including the basis for spread of coronavirus, breaking free from fears under the protection of spirituality, and mutual support between the patient and family, as well as 7 sub-categories.

**The basis for spread of coronavirus**

The experience of Covid-19 patients showed that factors such as not taking the disease seriously on the one hand and being tired of observing health advice such as social distancing, hand washing, travel band and home quarantine on the other hand, have paved the way for the spread of Covid-19. In the study of Rahmatinejad et al (2020), the feeling of loneliness caused by reduced communication with others was introduced as the emotions caused by quarantine (Rahmatinejad et al., 2020). This result indicates that the participants may not have been well informed and educated about the importance of preventive measures, as it has been proven that the level of knowledge (awareness) of individuals directly affects their readiness for disease (Ogolodom et al., 2020). Since staying at home with illness and hand hygiene have been suggested as one of the methods of prevention and protection against the virus, it is necessary to provide general education on adaptability and acceptance of health protocols and advice (Eghbali, Negarandeh, & Froutan, 2020). This is especially vital since there is no specific antiviral treatment for this disease and the only possible action is to use preventive measures (Ogolodom et al., 2020). In this regard, Hill (2020) in a study, which examined the roots and methods of Covid-19 prevention, emphasized on the observance of relevant guidelines, staying at home, keeping a distance of at least 2 meters from other people and avoiding unnecessary travel (Hill, 2020). Emphasis on the above measures becomes more important when we know that, the rapid growth (increase) in the number of patients can further lead to a severe shortage of nurses (Huang, Lin, Tang, Yu, & Zhou, 2020). On the other hand, training on how to prevent Covid-19 can be effective in reducing
mortality rate of Covid-19 (Mohammadzadeh, 2019). Therefore, in order to succeed in the management of Covid-19, it is necessary to take more comprehensive measures. For example, due to the inevitable effects of home quarantine on people’s mental health, during this period, more mental health services should be provided by the authorities for those who are quarantined and they also should be encouraged to do their daily activities and connect with friends on social media (Hedayatzadeh, 2020). To prevent the pandemic from escalating, it is necessary to prevent the presence of infected people in the community and break the disease transmission chain, which results in a reduction in the burden of disease and an increase in the response capacity of the country’s health care system (Peykari N, 2020)

While it is important to pay attention to other possible solutions proposed by studies, including the study of Khazaei Pour (2020), which showed a positive and significant relationship between Covid-19 preventive behaviors and patient self-efficacy, Covid-19 preventive behaviors can be promoted by using methods of increasing self-efficacy such as verbal persuasion, increasing awareness and providing appropriate models such as health belief model (Khazaee-Pool, Shahrourvand, & Naghibi, 2020)

Breaking free from fears under the protection of spirituality

The experiences of Covid-19 patients showed that, they had nightmares about transmitting the disease to their family members following the initial shock of being infected by the virus.

Death anxiety was one of the sings of this shock as mentioned by the participants. Rahmatinejad et al (2020) referred to death anxiety with symptoms such as thinking of death and having dreams about death as one of the lived experiences of patients with coronavirus (Rahmatinejad et al., 2020). Asad Zandi also stated that Covid-19 disease, in addition to physical symptoms, has traumatic psychological consequences for patients such as post-traumatic stress, anxiety and depression (Asadzandi, Abolghasemi, Javadi, & Sarhangi, 2020). Confirming the experience of anxiety in patients with Covid-19, Alipour (2020) stated that anxiety is a common symptom in patients with chronic respiratory disorders, so this symptom is common among patients with Covid-19 (Alipour, Ghadami, Alipour, & Abdollahzadeh, 2020). The results of a study by Roy et al (2020), also confirmed the high level of anxiety in Covid-19 patients (Roy et al., 2020). Since anxiety can cause people not to be able to distinguish between true and false information and make them susceptible to false news, people need to learn strategies to deal with anxiety (Li, Wang, Xue, Zhao, & Zhu, 2020; Roy et al., 2020), especially since pervasive anxiety can have a negative effect on the quality of patient's relationship with the coronavirus and his family, as well as his positive view of the future (Sheivandi & Hasanvand, 2020).

For the Covid-19 patients in the present study, the fear of infecting family members had become a nightmare. Participants in the Rahmatinejad et al (2020) study also experienced anxiety associated with family members (12). In the study
of Poliurenti et al (2020), fear of infecting the family was identified as a type of fear caused by pandemics (Pulvirenti et al., 2020).

In the present study, patients with coronavirus turned to spirituality to break free from their fears and nightmares. In confirmation of this result, Musapour et al (2020) showed that increasing the level of psychological-spiritual adjustment is a key factor in reducing existential anxiety and loneliness, and promoting mental health (Musapur, Changi Ashtiani, & Kahrobaei Kalkhuran Alya, 2020). Fardin (2020) also stated that spirituality helps people to have peace of mind in face of crises (Fardin, 2020). Abolghasemi et al (2020) pointed out that human beings in difficult conditions and the imminent sense of death are spiritually promoted and turn to God (Abolghasemi H, 2020). Asad Zandi et al (2020) referred to religious belief as a factor of moral motivation, which has a positive effect on health behaviors and spiritual health of people in biological crisis such as Covid-19 pandemic (Asadzandi et al., 2020). Shivandi et al (2020) also concluded that spiritual health can be used as a key factor in mitigating the effects of pervasive anxiety resulting from the Covid crisis (Sheivandi & Hasanvand, 2020). Roman (2020) in a study entitled: “Spiritual care; a kind of deeper immunity in response to the Covid-19 pandemic”, while acknowledging the positive effects of spirituality, referred to spiritual care as a vital component of holistic health management (Roman, Mthembu, & Hoosen, 2020).

**Supports**

The experience of Covid-19 patients showed that, they had been supported by their family members, and this support had played an important role in combating the disease and defeating it. In confirmation with this result, in a qualitative study of Asgari et al (2021), one of the extracted themes was the change in the dimension of family relationship, so they suggested the warm and intimate family relationship and support as they play an effective role in coping with Covid-19 disease and injuries. They argued that Covid-19 patients who have the support of their families cope better and faster with the disease and do not have as many problems as others (Asgari, choubdari, & skandari, 2021). Brooke finds social support through social media to be effective in reducing anxiety and states that, using social media to communicate with family and friends can reduce feelings of isolation and panic, and can be effective in relieving immediate anxiety (Brooks et al., 2020).

Due to the fact that, the present study was conducted with a qualitative method, the limitations of qualitative method, including the inability to generalize the results, is also applicable to this study.

**CONCLUSION**

The experiences of Covid-19 patients showed that not taking the disease seriously by showing normal behaviors on the one hand and ignoring health protocols due to being tired of observing health protocols on the other hand, have
provided a basis for the spread of coronavirus, which result in shock and nightmares about infecting the family members in affected people. Also, the participants while enjoying the support of their families, tried to support their families, break free from fears and nightmares, and seek peace by relying on God. It seems that these patients were trying to stand against coronavirus under the protection of spirituality and gain family support, so the "patients' resilient effort in the rampage of coronavirus" was identified as the main theme of this study.

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