



Lived Experience Covid 19 –Pilot Report

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ABSTRACT

This qualitative phenomenological study explored the lived experiences of individuals recovered from COVID-19 in Puducherry. The pandemic has caused significant physical, psychological, and social challenges, including anxiety, stigma, and isolation. The study aimed to understand survivors' experiences across different demographic groups. A purposive sample of 10 recovered adults participated in in-depth interviews using open-ended questions. Data were analyzed using Braun and Clarke's thematic analysis framework.

Findings revealed key themes such as individual experience, perception, family support, and healthcare experiences. Participants reported initial misconceptions about symptoms and varied emotional responses ranging from panic to acceptance. Co-morbidities were perceived to influence disease severity and recovery. Strong family support and precautionary practices played a vital role in recovery. Participants appreciated the compassionate care provided by healthcare professionals. The study highlights the importance of holistic care addressing physical, psychological, and social needs during recovery.

Key words: Lived experience, Phenomenological study, Qualitative research, Post-COVID recovery, Healthcare experience & Thematic analysis

I. Introduction:

Current SARS-CoV-2 pandemic has triggered a variety of psychosocial problems like respiratory, cardiac, anxiety, stigma, discrimination, depression and social isolation etc. However, there is paucity of qualitative studies have been found that describe patients' experiences after an epidemic or pandemic. These experiences may differ from disease to disease depending on the severity and their illness in hospitalization for COVID-19.

Scope of the study: Conducting research on this unexplored area is important to study clients experiences on such crisis to acquire knowledge is necessary also it becomes mandate for future management with similar epidemiological situation. In addition, these studies will furnish the reliable and necessary information, to which we need to learn for adapting the critical situation. The aim of this study was to examine and describe the experience of patients recovered from COVID-19 with different categories like age, gender conditions.

Statement of the problem: Pilot report on Lived in experience of the COVID -19 survivors in a selected Health care setting at Pondicherry –Phenomenological study

Aim of the study:

To explore the lived in experience of COVID-19 recovered clients.

ASSUMPTIONS

- The COVID-19 affected patients might have experienced more difficulties and challenges in order to overcome COVID-19.
- The affected patients may have future chances to get physical, psychological and psychosocial issues.

Material and methods:

- **Research approach:** The Research approach adopted for this study is Qualitative research Approach.
- **Research design:** Design adopted for this study was phenomenological one.
- **Study setting:** Study was conducted in the selected Community area, Puducherry

- **Population:** The population for the present study was all the adults affected and recovered from COVID-19 in Puducherry.
- **Sample:** The sample for the present study was adults who were affected and recovered completely from COVID-19, who fulfils the inclusion criteria and available at the time of data collection.
- **Sample size:** Total 10 samples as decided by the research board for main study.
- **Sampling Technique:** In this study purposive sampling technique was used based on the sampling criteria

Tool: Open-ended question to narrate the experience underwent during crises

Ethical approval obtained from the relevant Ethics Committee prior to commencing the study dated 10.02.2023. Information sheets were made available and informed consent was gained prior to every interview. Participation in the study confirmed voluntary and participants were free to decline or withdraw at any time.

Data collection procedure: After selecting the study subjects, the investigator explained about the purpose of the study to the participants. The data collected by face-to-face in-depth interview using open ended question they were asked to narrate the experience. Interview spanned around 45-60 minutes until data saturation, with the help of an audio recorder the total conversation was recorded. Investigator analyzed and transcribed verbatim, then the transcribed content were coded line by line by the investigators and the meaning of each units were clustered into themes and sub-themes with the help of Braun and Clark (2006)68. It consists of 6 steps of thematic analysis such as familiarizing with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. The verbatim (data) from the lived experience of COVID-19 survivors were transcribed and translated. When the need raised second and third interview called to clarify the doubts. Quotes from each interview were identified to support themes/sub-themes and to allow consideration of contradicting data. The final thematic framework was reviewed and agreed by all members of the research team. Finally, the following themes were arrived.

Findings and discussion:

THEME I: INDIVIDUAL EXPERIENCE

COVID-19 outbreak: How I felt? Awareness and self-care: A social responsibility

People were aware of social distancing, appropriate mask usage, and sanitizing/hygiene measures. They eventually practiced and were socially responsible by their behavior.

“We were aware about the necessity to wear mask and applying sanitizer, maintaining social distancing, and followed strictly. I and family members had taken some pattini leaves, drumstick leaved along with kabasura kudineer frequently.”

“I and family members aware about COVID pandemic outbreak. I only prayed for our family member be in good health” (ICU Patient, 65 years female experience)

Physiological disturbances and misconceptions: A differential aspect

The participants commonly experienced cold, cough, fever, and other symptoms. There was a misconception between seasonal/common flu, COVID-19, and post-vaccination symptoms.

“I misconceived the cause of fever due to Vaccination”

“I had cold and cough; I thought it was a normal infection. After realizing the symptoms of COVID-19, I immediately approached hospital for COVID-19 screening.”

An observed initial COVID-19 negative reports and worsening physiological symptoms made participant to worry and be anxious.

“My health condition went on worsening and so I went to the hospital. They refused to admit on seeing the negative test report. Then I was terribly worried, panicked and suffered for nowhere getting admitted.”

THEME II: INDIVIDUAL PERCEPTION:

Individual perception: Panic vs acceptance:

Individual state of mind and disease severity decided the mental stability during their difficult time most of the clients expresses that

“I lost my conscious, then, immediately I was shifted to ICU for further treatment was much satisfied with the care rendered by the health professionals at the hospital. Though was cared well at the hospital, the pandemic made me to suffer a lot and I became much frightened after reported as positive. I had a terrible experience, after infected.”

“I didn’t feel so panic. I accepted that I have infected and would get well soon.”

Individual Perception: Vulnerability of Gender Vs Co-Morbid condition

The individuals believed it that Co-morbid condition and lack of immune power was the root cause in old age for delayed cure on disease.

“I don’t think impact of age and gender has on cure disease. Due to uncontrolled diabetic mellitus, thyroid and cholesterol worsening my condition because of that I was admitted in ICU.”

“I felt that my old age also one of the reason I got exposed easily than others but I didn’t worried much about that, t I mentally prepared to face everything even death also. Because of my age after exposed to COVID I had complaints of severe joint pain & cough more than as usual”.(ICU Patient, 65 years female experience)

Theme III: FAMILY EXPERIENCE

Out of bed with family support! With the support of family members, they had a happy recovery with mental ease. This shows the social acceptance.

“My family members advised to take rest and to work after complete recovery. I was cared well at home. After I return from hospital, my family members none of them reacted differently and everyone at home moved freely.”

“I was discharged from hospital with full of happiness. Family members and neighbors, no one hesitated, they talked freely” (ICU Patient, 65 years female experience)

Theme IV: FAMILY PERCEPTION

Emotional stability about being a source of infection to the family & Acceptance of painful symptoms and environment.

Most of the individuals emotionally worried about being as source of infection to family member, thought about how to prevent transmission of infection from them to family member and they have followed precautionary measures like self-isolation, wearing mask, home quarantine.

“Initially I don’t think I was infected with COVID I thought because of vaccination I had fever and COVID screening also report negative. After knowing, that I told to my family member take precautionary measures and stressed about because of me they also will suffer. But god grace they didn’t affect.”

“When I was discharged doctor said that still I had 31% infected with COVID so myself I was isolated from family member to prevent transmission. My self and family members had nutritious diet to improve immunity against COVID.

“I thought that I was in end stage of life but my grandchildren’s has to live long, so I used to follow self-isolation from them to prevent spread of infection. Usually I had cough during midnight, but after exposure to COVID I had little more than as usual, that time I will keep my saree or any other cloth to cover my mouth and try to stop cough. That time I felt pain and discomfort even though my thought fully focused on I should not being a source of infection to my family.

THEME V: EXPERIENCE WITH HEALTH CARE SYSTEM

Lived experience with Corvid- 19 in the midst of health care professional: Medical care Vs Guidance:

People believed the medical professionals and the services, treatment provided by the physician. Also verbalized that were good, motivated and treated friendly the way that they felt at home.

“Doctors usually come in the morning and evening but nurses were there full time , they check my Blood pressure, and they asked me how I was feeling? I frequently called the doctor, nurses to get their advice. They advised me to avoid getting worried unnecessarily and provided great mental support.”

“Everyone treated me normally. Doctors and nurses both of them treated me well. They never stigmatized me.

Comprehensive care & scarification: Fast recovery by supportive care.

Covid- 19 survivors experienced that the service and treatment provided by the nurses were very good, taken great care sacrificed their comfort levels to provided compressive care.

I felt that “Everyone in the hospital took great care of me.”

“Nurses too took great care of me, more than any one else.”

Environmental cleanliness and hygiene to control transmission of disease.

People experienced that the care and service provided by the sanitary workers were excellent, and immeasurably good, they are kind enough and did a wonderful job, cleanliness of environment made them to feel comfort physically and mentally.

“Sanitary workers cleaned our area very well in the morning as well as in the evening and at times of need”

“Sanitary workers also followed their work correctly.”

Diet Vs progress of disease cure.

People tried various healthy food modalities to ensure their recovery and good health, back to normal state. Eat Nutritious diet, breathe deeply, live moderately, cultivate cheerfulness and maintain an interest in life. Believed that high protein diet will improve the power of healing and recovery from disease.

“I received diet on time, based on severity and comorbid disease they are providing diet both ICU and wards.

“I had different Variety and tasty diet compare to home. In home availability of resource, they will prepare diet. However, in hospital I had daily egg, Chana and nutritious diet.

Traditional medicine: Myth vs Faith!

The knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, they used in maintenance of health as well as to prevent, diagnosis, improve their physical and mental health.

“The precautionary measures, me and my whole family had taken some pattini leaves, drum stick leaves along with Kabasurakudineer frequently to improve immunity.

“I had Kabasurakudineer prepared by family members to prevent COVID infection. (ICU Patient, 65 years female experience)

II. Conclusion

COVID-19 screening tests for support persons; timely, proactive and comprehensive communication of information to support persons; staggered hospital visiting times; follow-up of socio-psychological wellbeing; family-centered policies and services may help to combat such illnesses. More studies with different locality, culture may help medical practitioners to plan future crises.

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