

# The Patient Experience of COV-19: A Phenomenological Analysis

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**Abstract-** Public health officials throughout the world have declared a state of emergency due to the unique COVID-19 virus, which is also known as the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). In the present study, the researchers wanted to find out how COVID-19 patients in Aligarh Uttar Pradesh, India, went about their lives on a daily basis. The research was carried out using a qualitative phenomenological methodology. In order to identify 16 participants, a simple random selection method was applied. A three-item semi-structured interview guide was used to gather the data, and Braun and Clark's (2006) deductive theme analysis was used to evaluate the data after it was obtained. It was determined that there were three core themes as well as seven subthemes. The physiological experience, the psychological experience, and the social experience were the three most significant challenges. According to the results of the research, the majority of participants suffered from both physical and mental health conditions, and almost half of them also had an extra disability. In light of the results of the research, the government of India need to increase the amount of safety measures it takes and work to raise awareness about COVID-19. Patients diagnosed with COVID-19 are encouraged to seek counselling in order to have a deeper understanding of their mental health. If we develop more positive social behaviours, there will be less of a need for stigmatisation. According to the researcher, more intervention trials as well as follow-up studies are required in order to assist COVID-19 victims in leading healthier lives.

**Key Words:** COVID-19, Experiences

## INTRODUCTION:

Infections of the respiratory system are the kind that a person is most likely to have in their first few years of life. The majority of infections that manifest themselves in the respiratory tract are caused by viruses. [1]. the newly discovered COVID-19 virus, also known as SARS-CoV-2, is being held responsible for a significant crisis in regards to public health (Severe Acute Respiratory Syndrome Coronavirus-2). On December 31, 2019, health authorities in Wuhan, China discovered a cluster of pneumonia cases that had an underlying aetiology. [2].

On January 30, 2020, the World Health Organization (WHO) announced that the COVID-19 outbreak has been designated as a public health emergency of international significance. When another six weeks had passed, the World Health Organization (WHO) declared the COVID-19 illness a pandemic. [3]. The Corona virus causes hyperthermia, which is often accompanied by coughing, lethargy, malaise, and shortness of breath. This is the most common symptom of the disease. The rapid rate of transmission of the virus, which may also be accompanied by illness and death, is now raising significant concern all over the globe. This is owing to the fact that the virus is spreading so quickly. [4].

The 2019 coronavirus disease pandemic, also known as COVID-19, has captured a lot of people's attention, both domestically and worldwide. This ailment has quickly and extensively spread throughout China as well as in a number of other countries. It is quite possible that the general public will get infected with the COVID19 pneumonia since the disease was highly infectious and transmitted mostly via touch and droplets. As of May 2021, there were a total of 24691,103 confirmed cases of corona virus disease and 274,420 recorded deaths in India as a consequence of COVID-19 infection [5]. This information was obtained from the official website of the Ministry of Health and Family Welfare.

Corona virus has established itself as a disease that has a significant impact on the psychological well-being of all persons who are infected with it [6], despite the fact that the initial focus was placed on its medical and life-saving capabilities.

Healthcare professionals from all over the world have emphasised the importance of conducting research on the behavioural aspects of this global pandemic as well as the significant psychological effects that were anticipated to arise as a direct result of the medical and nursing care response to the COVID19 outbreak [7].

The symptoms of panic attacks, anxiety, depression, compulsive hoarding, and PTSD (Post-Traumatic Stress Disorder) expressed by dread of dying have been linked to ambiguity, uncertainty, unpredictability, the propagation of incorrect information, and loneliness, according to research trials conducted by COVID-19 [8]. In order to screen for COVID-19, this research used RT-PCR as well as a fast antigen test (RAT). Individuals who had positive COVID-19 tests expressed a range of emotions, including discomfort, denial, anxiety, and concern.

In Iran, Jesmi A et al. conducted a qualitative research using a phenomenological method to evaluate the lived experiences of 14 people who had COVID-19. They used open-ended questions as well as purposive sampling in order to carry out in-depth interviews. The phenomenological method developed by Colaizzi was used to the analysis of the results. The data suggested three topics and nine categories to organise the information. The most important concerns were related to mental stress, bodily symptoms, and methods of coping. They came to the conclusion that mental pressures were the most significant worry among

COVID-19 patients. They also encouraged medical practitioners to provide COVID-19 patients with assistance on an emotional and spiritual level [12].

There is a continuing gap in knowledge regarding COVID-19 everywhere over the globe, and several scientific projects are now under progress to try to fill that gap. It is well known that the SARS-CoV-2 virus has high levels of both pathogenicity and transmissibility [9]. Individuals who suffer from severe COVID-19 often have a high viral load and a prolonged time during which they shed virus [10]. Asymptomatic people, on the other hand, are capable of passing the infection on to others [11].

In order to get beyond the fundamental understanding of the COVID-19 crisis scenarios that people have been through, we need to have a comprehensive grasp of those persons' experiences [8]. The researcher is given the opportunity to analyse the internal characteristics of persons who have been influenced by the life experiences of COVID-19 via the use of phenomenological research. As a direct consequence of this, the researcher felt compelled to further examine this subject.

A phenomenological investigation on COVID-19 patients in Aligarh Uttar Pradesh, was the issue statement for this inquiry.

The life experiences of the COVID-19 participants were the focus of the study's investigation.

The purpose of the research was to investigate the real-life experiences of COVID-19 patients in order to get a better understanding of the challenges and difficulties they face.

## METHODOLOGY:

### Study design

A phenomenological technique was used to identify the research subjects' experiences, views, and COVID-19 representations as they presented themselves to others without making any assumptions.

### Target population and sampling

Participants were recruited from the containment zone registration at the Aligarh, Primary Health Center in Aligarh Uttar Pradesh, using the basic random sample technique and the inclusion criteria. The sample size for the investigation was calculated using existing population assumptions. The sixteen participants were chosen using odd numbers, and data was collected for around a month. Males, women, and transgender people over the age of 18 had to be willing to enroll, and they had to understand and speak Hindi and English.

### Data collection Procedure

It was imperative that prior authorization be obtained from the relevant authorities. The researcher had already met with the individuals when he had no idea whether or not they would be available. The researcher met individually with each participant to provide them with an introduction and provide an explanation of the subject, aim, and purpose of the study. The anonymity of the research participants was maintained, and their informed, voluntary agreement was collected from each participant. The researcher made use of a questionnaire that was only semi-structured in order to gather socio-demographic information.

For the purpose of data collection, in-depth, semi-structured face-to-face interviews were conducted with each of the sixteen participants. The interview was carried out in a calm and relaxing atmosphere with the use of an audio recorder to ensure that the interviewees would feel comfortable opening up about their past experiences. On average, the interview lasted between thirty and forty minutes until data saturation was reached. In order for the interviewees to feel comfortable enough to discuss their experiences in an open and forthright manner, the interviewer attempted to cultivate a therapeutic connection with them. As a way to ease into the interview and put both the interviewee and the interviewer at ease, a few questions about the interviewee's background were asked. The questions that were asked during the interview were listed in Table 1. Every interview topic was guided by the same set of questions, which functioned as a template. After being translated into HINDI 1, the interviews were transcribed after being conducted. A significant number of words were literally translated into English by the participants.

Table 1: Phenomenology of COVID-19 interview guide

Sl. No	Phenomenology of COVID-19 interview guide
1.	What was it like for you to be physically isolated throughout your time on COVID-19, and how do you feel about the techniques of self-soothing that you used in order to get through the discomfort?
2.	What kinds of psychological experiences did you have when you were jailed at COVID-19, and how do you feel about the coping mechanisms you used in order to get through the ordeal?
3.	During the COVID-19, please explain the experiences you had with social isolation and address the coping methods you employed in order to cope with the ramifications of these events.

## Analysis of data

After the collection of the audio data, the researcher then interpreted and transcribed it. Braun and Clark (2006)[13] contributed to the manual examination and categorization of the data to aid in determining the themes and sub-themes that emerged from the analysis. The themes provide an explanation of the ideas, events, or processes that are present in the data. This allows reoccurring patterns and codes to be identified. The researcher searched for recurring patterns as well as possible structures that might link recurring patterns. They were also interested in the challenges and roadblocks that patients affected with COVID-19 faced.

## RESULTS

The research findings were organized into the following sections:

Section A: Patient information and demographics for COVID-19 patients.

Section B: Phenomenology of the COVID-19 interview guide

### SECTION A

It presents a frequency distribution of the sociodemographic characteristics of COVID-19 patients and emphasises the demographic peculiarities of the participants. Included and modified are semi-structured socioeconomic indicators taken from the Kuppuswamy socioeconomic scale (2020). [14]

Table 2: Data on COVID-19 patients, including frequency and percentage distributions of demographic parameters.

N = 16

S. No	Demographic factors	Frequency (n)	Percentage (%)
1.	Age in years		
	18-30	1	6.25
	31-45	8	50
	46-60	4	25
	>60	3	18.75
2.	Gender		
	Male	14	87.5
	Female	2	12.5
	Others	-	-
3	Religion		
	Hindu	11	68.75
	Muslim	-	-
	Christian	5	31.25
	Others	-	-
4	Marital status		
	Single	1	6.25
	Married	14	87.5
	Divorced	-	-
	Widowed	1	6.25
5.	Educational qualification		
	Professional degree	2	12.5
	UG/ PG Degree	5	31.25
	Intermediate or post high school diploma	-	-
	High school	3	18.75
	Middle school	4	25
	Primary school	2	12.5
	Non-formal education	-	-
6.	Occupation		
	Student	2	12.5
	Employed	11	68.75
	Unemployed	3	18.75
7.	Type of family		
	Nuclear	11	68.75
	Joint	5	31.25
8.	Comorbid diseases		
	Diabetes mellitus	2	12.5
	Hypertension	2	12.5
	Cardiovascular diseases	2	12.5
	Others	2	12.5
	Nil	8	50
9.	Personal habits		
	Smoking	-	-
	Alcoholic	1	6.25
	Drug addiction	-	-
	Tobacco usage	-	-
	Nil	15	93.75
10.	Source of information about COVID-19		
	News media	10	62.55
	Social media and internet	4	25
	Family or friends	-	-
	Health care providers	2	12.5
	Scientific article and journal	-	-
11.	Type of isolation		
	Institutional isolation	1	6.25
	Home isolation	7	43.75

	Both institutional and home isolation	8	50
12.	Duration of isolation in days		
	1-14	5	31.25
	15-21	11	68.75
13.	Recurrence of COVID-19		
	Yes	-	-
	No	16	100
14.	Did you break isolation rules		
	Yes	-	-
	No	16	100

Table 2 The frequency and percentage distribution of socio-demographic factors among COVID-19 patients is revealed. displays the frequency and percentage distribution of COVID-19 patients' socio-demographic features.

## SECTION B

Doing transcription and analysis on audio recordings of everyday activities experienced by COVID-19 patients. Using the method of thematic analysis that Braun and Clark developed to analyse the experience of patients afflicted by COVID-19 (2006) [13], the data were examined by hand and grouped into three major themes and seven subthemes. This was done using the methodology of thematic analysis. The method of thematic analysis consists of six steps, which are as follows: becoming acquainted with the data; establishing preliminary codes; identifying themes; doing analysis on themes; defining and labelling themes; and finally, producing the report.

Table 3: Distribution of Phenomenology of COVID-19 interview guide  
N=16

S.NO	THEMES	SUBTHEMES
1.	Physiological experience	<ul style="list-style-type: none"> <li>Physical constraints</li> <li>Post effect</li> </ul>
2.	Psychological experience	<ul style="list-style-type: none"> <li>Conventional disease</li> <li>Psychological disturbances</li> <li>Fear of death</li> </ul>
3.	Social experience	<ul style="list-style-type: none"> <li>Social stigmatization</li> <li>Moral support</li> </ul>

Table 3 depicts three themes and seven subthemes that describe how COVID-19 patients spend their lives.

### Theme I: Physiological experience

- When individuals talk about their "physiological experiences," they are referring to the issues or symptoms that they are having with their bodies.
- This research included two subthemes: one was about the physical limits, and the other was about the ramifications of COVID-19.
- Fifteen of the sixteen participants reported having some kind of physical difficulty, and three of them described the aftereffects of the COVID-19.

#### Physical constraints

15 of the 16 people who were surveyed reported experiencing some kind of physical limitation, including but not limited to a cold, cough, sore throat, fever, body pains, headache, cough, exhaustion, disagreeable taste and smell, trouble sleeping, and difficulties going about their everyday routines. According to one of these individuals, who was quoted in the article, "I endured persistent body pain and a headache." Both of my senses of taste and smell were impaired as well. I became aware that my skin had taken on a different tone. I had the impression that I weighed less. I was at a loss for words to express both my thoughts and emotions. I was constantly trying to get ahead. Another person who took part

#### After the fact

Just three of the sixteen individuals had negative side effects associated with COVID-19, including fatigue, coughing, and fever. They reported that after being released from the hospital, they "maintained a mild fever for 20 days." (Participant 2) "When I went home from the hospital, I immediately began coughing." The ninth contestant

The second main idea is that of the psychological experience.

The patients' psychological experiences during their COVID-19 disease serve as the basis for determining their mental states.

This primary topic was developed via the depiction of three subthemes: the fear of dying from COVID-19, psychological concerns, and conventional illnesses.

Just three of the sixteen participants considered COVID-19 to be a prevalent disorder. Two of the sixteen patients reported having concerns of dying as a result of COVID-19, whereas seven of the sixteen people reported having psychiatric disorders.

#### Traditional forms of sickness

The following is how three of the sixteen participants reflected on their experiences: "As the days went by, I began to feel normal." I was under the impression that COVID-19 was a common condition. My mind was at rest. Following COVID-19, I believed that I

had fully healed from my illness. I wasn't really concerned since it wasn't anything major, and I was certain that any illness could be conquered with enough willpower. Another person who took part

#### • Psychological disorders

As a direct consequence of being shut up in the room by themselves, seven of the sixteen individuals had mental health concerns, including anxiety, fear, depression, and a lack of self-assurance. One of the participants observed, "After spending 15 days in the same room, I began to feel angry and mentally unstable." This was in reference to their experience throughout the experiment. They also welcomed their suffering, under the false impression that their recovery was the result of God's mercy and that they were responsible for spreading the disease to others. The sixth component is dread of passing away.

Two of the sixteen people who took part in the study voiced their concern that they would pass away as a result of COVID-19 by stating, "I felt, why this sickness came to plague our human life." (The eleventh participant) "What would happen if my disease were that bad?" What would happen if I were to die? There were several times when the thought crossed my mind to give up on raising my kids in this world. Another person who took part

#### Third Main Idea: Social experience

• The participant's acceptability in society or the community is reflected in the seventh topic of the COVID-19 survey, which is titled "social experience." • This core concern was broken down into two subthemes, which were titled "moral support" and "societal stigma."

• Just three of the sixteen participants got moral support from their families, friends, and neighbours, whereas eight of the participants were subjected to stigma from their neighbours, healthcare professionals, colleagues, and friends.

#### Social stigmatisation

• Eight of the sixteen participants (or 16%) reported that they had been stigmatised by the people in their community, including their neighbours, doctors, colleagues, and friends. They indicated that social exclusion was the most common kind of stigma, and they provided the following explanations: "The Indian culture considers the practise of sprinkling water in front of one's home as a regular form of hygienic maintenance and so, we do it. Others started approaching in my direction, but then they turned around because the floor was wet and they didn't want to foot on it. (Participant No. 1) "Even in modern times, if I go to a party or a gathering, everyone covers their faces with masks as soon as they see me coming. As soon as they become aware of my presence, they put on their disguises.

• Support in terms of morale After the receipt of support in terms of morale from family, friends, and neighbours, two of the sixteen participants remarked, "I had a lot of social support, so I recovered rapidly." No. 3 participant

#### DISCUSSION

After that, the findings were analysed by subject, and their relevance to the primary aim of the research was taken into account. In order to better understand COVID-19 patients in Puducherry and their day-to-day lives, the researchers decided to conduct this study. The research led to the identification of the patients who were infected with COVID-19. There were some similarities and some differences in the information that was provided by the participants. With the use of thematic analysis, the researcher was able to derive three major themes and seven subthemes from the experiences of the participants.

The first aspect of the investigation, titled "Physiological experiences," revealed that three individuals (18.75 percent of the total population) had experienced COVID-19-related adverse effects such as weariness, coughing, and fever. 15 of the 16 participants had some kind of physical limitation, such as a cold, cough, sore throat, fever, body pains, headache, cough, weariness, poor taste and smell perception, difficulties sleeping, and difficulty doing regular day-to-day activities. The findings of the study were supported by an investigation that was conducted by Olufadewa II et al qualitative phenomenological into the physical and mental health of 39 COVID-19 survivors as well as the quality of care that these individuals received at medical facilities located in five different countries. We employed a purposive sampling technique and combined it with semi-structured interviewing. According to the data, the clinical symptoms that were mentioned the most often were a fever, a hard, protracted, and dry cough, concerns related to respiratory function, a cold, and body pains. They found that some patients had trouble getting checked out at first, despite the fact that a large number of patients reported being happy with the quality of service they received at health institutions. [15].

The second subject of the study was titled "Psychological experiences," and it drew attention to the fact that seven of the sixteen participants (43.75% of the total) exhibited psychological disorders as a direct result of being alone in the room. These disorders included confusions, impatience, dread, melancholy, and low self-esteem. The participants believed that they had spread the infection to others and that their recovery was due to the goodness of God. They, too, accepted the hardships that they faced. Two of the sixteen participants, or 12.5%, had concerns about passing away as a result of having COVID-19, while three, or 18.75%, believed that COVID-19 was a "typical illness." Clarisse TE and her colleagues conducted a phenomenological assessment of the subjective lived experience of 9 COVID-19 patients in Cameroon, as well as the disturbing environment of the health crisis. The results of this research were validated as a result of this inquiry. For the purpose of analysing the data, a phenomenological interpretive analysis was carried out. Acute anxiety, scorching sentiments, dread, fury, a sense of helplessness and insecurity, tension, and unpleasant emotions were found as a result of the research. They came to the conclusion that, in addition to the adverse experiences, the subjects also exhibited a number of cognitive and behavioural shifts that needed to be treated by a psychiatrist. [16].

According to the findings of the study's third topic, titled "Social experiences," only half of the 16 people who participated in the survey admitted to having experienced stigma. In spite of the fact that during the isolation period 16 of the participants were cut off from their friends, family, neighbours, and other loved ones, four of the participants (25%) received moral support from two healthcare professionals, one coworker, and one friend. Additionally, two of the participants also received moral support from their neighbours. The findings of this study were supported by Amir K.'s qualitative research on the stigma associated with COVID-19, which he carried out in Kampala, Uganda, with a total of 30 COVID-19 survivors. The exploratory research was designed using a cross-sectional methodology. In-depth interviews were used to collect the data, and a thematic analysis was used to make sense of

the information. The findings demonstrated that stigma associated with COVID-19 was widespread, with social rejection serving as the primary manifestation of stigma. The vast majority of respondents included in the sample were of the opinion that COVID-19 was subject to stigma, as were the aforementioned behaviours, which were prevalent in the region. They arrived at the conclusion that those individuals who had survived the COVID-19 outbreak faced the prospect of being socially shunned and isolated. [17].

### CONCLUSION:

The conclusions drawn from the study were applicable to COVID-19 patients in Puducherry. The experiences that participants had with each different subject were different from one another. They struggled not just with mental and physical obstacles, but also with the stigmatisation they faced from their employers, communities, families, and friends. Despite this, their family and the medical experts looked out for them and provided support and care for them. As a direct consequence of this, it became abundantly evident that the patients faced additional obstacles in their struggle against COVID-19. According to the conclusions of this research, in order for the government to take preventative action against COVID-19, it must take strategic steps to strengthen safety processes and increase public awareness. Counseling is required to be provided by health care providers so that they may adequately care for patients and comprehend the mental health of COVID-19 impacted folks. Developing positive social behaviours is one way to help reduce the effects of stigma.

### RECOMMENDATIONS:

A comparison investigation that uses bigger samples and takes place in a different setting might be carried out in order to confirm and generalise the results of the current study.

Research may be carried out via a number of methods. This is something that is achievable.

It is possible that a follow-up research will be carried out in order to examine the level of stigma connected with COVID-19.

### IMPLICATIONS:

The outcomes of the study indicated that there were repercussions for nursing administration, nursing education, nursing practise, and nursing research.

The profession of nursing

Under the context of COVID-19, nurses working in community health care settings have access to a wide array of important intervention methods that may enhance the health of their patients.

Instruction in Nursing

It is the responsibility of nurse educators to teach nursing students about the COVID-19 infection and to work towards improving the students' knowledge, perspectives, and behaviours with regard to the prevention, control, and treatment of COVID-19.

• In order to enhance the quality of treatment provided to patients at all levels, it is recommended that all healthcare professionals participate in an in-service education programme centred on the Covid-19 virus. As a consequence of this, it is the responsibility of the employees to take care of this component.

Nursing Research • There is a pressing need for further study in this field in order to identify Covid-19 patient issues and develop more effective treatment plans.

### LIMITATIONS OF THIS STUDY:

The one significant restriction of this research is that during the period in which the data were being collected, one of the men originally declined to have his voice recorded. As a direct consequence of this, the researcher shifted the focus of the data gathering, and the participant was removed from the investigation.

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