Experiences of COVID-19 survivors: A qualitative study based on Watson's Theory of Human Caring

Survivors' view on COVID-19

Leyla MUSLU[1], Rahşan KOLUTEK[2], Güldane FIDAN[1]

[1]Public Health Nursing, Akdeniz University, Antalya, Turkey
[2]Public Health Nursing, Nevsehir Hacı Bektas Veli University, Nevsehir, Turkey

Correspond Author Dr, Rahsan KOLUTEK (Second Author)

Address: Akdeniz University, Semra - Vefa Kucuk Faculty of Health Science, Public Health

Nursing, 50300 Nevsehır-Turkey

Mobile: +9-0505-2696229 Fax: +90 384 215 23 80

ORCID ID: 0000-0003-2043-0393

E-mail: rahsan.kolutek@nevsehir.edu.tr

Dr. Leyla MUSLU (First Author)

Akdeniz University, Faculty of Nursing, Public Health Nursing, Turkey

E-mail: leylamuslu@akdeniz.edu.tr

ORCID ID:0000-0002-3253-3464

MSc. Student, Güldane FIDAN

Akdeniz University, Faculty of Nursing, Public Health Nursing, Turkey

E-mail: fidanguldane07@gmail.com

AUTHOR CONTRIBUTIONS

Criteria	Author Initials
Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;	LM, RK, GF
Involved in drafting the manuscript or revising it critically for important intellectual content;	LM, RK, GF
Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content;	LM, RK
Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.	LM, RK

Abstract

This study aims to investigate the experiences of survivors of COVID-19 in Turkey. The research questions and results are structured according to Watson's Theory of Human Caring. The study was conducted using a descriptive qualitative research design. The

phenomenological method was used to explore the experiences of survivors of COVID-19. A total of 34 survivors of COVID-19 were included in the study. Data were collected using semi-structured and open-ended questions online and via telephone interviews between February and March 2020. Data were evaluated using thematic analysis and descriptive analysis. Six main themes and twenty-five sub-themes were defined that describe the experiences of survivors of COVID-19 regarding the illness: (a) Denial and adaptation, (b) Fear, (c) Feeling of hopelessness, (d) Preventions (e) Meaning attribution, and (f) Metaphors about COVID-19. Information from this research may be used by healthcare professionals to develop new strategies for the care of survivors of COVID-19. Moreover, it can be said that Watson's Theory of Human Caring is suitable for monitoring the psychosocial development of patients with COVID-19.

Key points

- This paper provides an insight into the experiences of COVID-19 survivors.

- When Survivors were diagnosed with COVID-19, their existential anxieties predominated.

- Factors 3 (Sensitivity), 5 (Expression of Emotions), and 10 (Existential, phenomenological and spiritual dimension) of Watson's Theory of Human Caring healing processes were used to reveal the experiences of COVID-19 survivors.

1 | INTRODUCTION

Pandemics such as the COVID-19 crisis pose a significant threat to public health. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged in Wuhan City, Hubei Province, China in December 2019, and since then, the infection and its variants have spread and are still spreading (World Health Organization [WHO], 2022).

While the disease continued to spread all over the world, on March 11, 2020, the government in Turkey declared a quarantine in the whole country regarding the epidemic. However, the morbidity/mortality of the pandemic has increased and has created a great burden on the health system as a result of increasing hospitalization demands (Ministry of Health, 2022).

Most people who contracted the infection recovered without hospital treatment with mild symptoms. However, some people infected with COVID-19 had a serious illness and had difficulty breathing, and needed intensive care treatment (WHO, 2022; Ministry of Health, 2022). Moreover, the COVID-19 pandemic has killed or debilitated millions of people. It has led to widespread and potentially permanent morbidity among many survivors. The pandemic has had unprecedented large public health implications, with its capacity to permanently impact health and income, even for those who do not become sick themselves. The economic crisis caused by the pandemic continues to trigger job losses that indirectly cause negative health consequences. In other words, it is expected that the epidemic will affect public health for years (Wang et al., 2022; Katikireddi et al., 2021).

All these situations have caused intense psychological effects on individuals. Some of the most important public health problems in the world due to the COVID-19 pandemic have been

mental health problems such as post-traumatic stress symptoms, fear of COVID-19, depression, and anxiety (Ahorsu et al., 2020; Son et al., 2021; Sun et al., 2021).

2 | BACKGROUND

Patients experience emotions such as fear, anxiety, self-blame, helplessness, loneliness, stigma, and fear of discrimination when infected or sick, due to high morbidity and mortality rates, and variability of infection (El-Zoghby et al., 2020; Brooks, 2020; Dubey et al., 2020). In addition, changes in the daily routines of individuals, curfews, and fear of infection cause unwanted psychological reactions such as stress and anxiety (Khan et al., 2020).

It is important to examine how people cope with such a disaster and to understand their opinions (Zhang & Ma, 2020). In previous studies, it has been revealed that the mental health of individuals is greatly affected by global pandemics (Wu et al., 2009; Sim et al., 2004). However, no qualitative study has been found in the literature to understand the psychosocial experiences of individuals who have had COVID-19 in Turkey.

In this study, Watson's Theory of Human Caring was used as a conceptual framework to determine the experiences of survivors of COVID-19 disease. Watson's Theory of Human Caring focuses on humans and places the factors that affect their existence at the center. COVID-19 disease has affected survivors in many ways. Therefore, Watson's Theory of Human Caring has been used to better understand the experiences of the survivors. This theory has been used as a guide in many studies in the literature (Raphael et al., 2017; Vitale, 2009; Gallagher-Lepak & Kubsch, 2009).

This study was carried out to reveal and determine the experiences of individuals who have had COVID-19 disease, and their opinions about the disease. The research questions are structured based on Watson's Theory of Human Caring.

2.1 | A Brief Overview of the Theory of Human Caring

The theoretical framework of the Watson model is mostly based on the philosophy of existential phenomenologists. The existential field is the entirety of human experiences. The nurse and the individual share an existential space. The existential field is the whole of the experiences, feelings, thoughts, spiritual beliefs, goals, expectations, and self-perception of the individual that makes an individual an individual (Watson, 2008; Watson, 2012). Watson argued that the human being, consisting of mind, body and spirit, is an individual whose valuable, inner subjective life experiences should be valued, respected, understood, and helped (Watson, 2012). Watson defined 10 carative factors to guide nursing practice (Watson, 2012). In the study, factors 3 (Sensitivity), 5 (Expression of emotions), and 10 (Existential-phenomenological dimension) of Watson's Theory of Human Caring were used. Watson hypothesized that phenomenology as a research methodology could support her conceptual vision of nursing as a caregiving science. Moreover, there are studies showing that human care theory can guide the phenomenological approach (Raphael et al., 2017; Vitale, 2009; Gallagher-Lepak & Kubsch, 2009). For these reasons, a phenomenological approach was used in this study to investigate the experiences of patients with COVID-19.

3 | METHODS

3.1 | Study design

A qualitative research method based on a phenomenological approach was used to explore the lived experiences COVID-19 survivors (Bradshaw et al., 2017). The nature of the conditions of epidemics and fatal diseases requires an in-depth and comprehensive examination. We wanted to reveal the experiences of survivors of this deadly infectious disease that is prevalent all over the world. The authors considered and followed the Consolidated Criteria for Reporting Qualitative Research (COREQ), designed to encourage open and comprehensive reporting of qualitative studies (Tong et al., 2007).

3.2 | Participants

The research sample was determined by purposive sampling, based on the snowball sampling technique on a voluntary basis (Patton, 2015). The participants consisted of 34 survivors of COVID-19 disease living in Antalya, located in the southern region of Turkey. The inclusion criteria for the study were: (a) having had COVID-19 (positive viral nucleic acid test reports in public hospitals); (b) being an adult (18>); (c) being able to communicate in Turkish; (d) being willing to participate voluntarily; and e) having no problem in cognitive functions. The exclusion criteria were: (a) hearing loss or comprehension problems; and (b) not having a phone or having problems with computers and internet networks. When the data obtained began to be repeated, the inclusion of more participants in the study was terminated because data saturation was reached (Vasileiou et al., 2018).

3.3 | Data collection

The interviews were conducted within a few weeks of receiving a negative nucleic acid test report and being discharged. Interviews were planned according to the survivors' conditions and wishes. Due to isolation, epidemic prevention and control requirements, a data collection strategy based on online and telephone interviews was implemented (Grove & Gray, 2018). The interviews were conducted between February and March 2020 using semi-structured and open-ended questions. These interviews lasted approximately 20-30 minutes. The research questions, structured according to Watson's Theory of Human Caring, are as follows:

- How did you feel when you heard that the test was positive?

- What does this disease mean for you?

- How did the disease affect your social and family life?

- Do you have fear of being sick again and how do you cope with it?

- How has the disease affected your perspectives on life and the world?

- What would you compare COVID-19 to? Why? How?

Ethical approval was obtained from the Clinical Research Ethics Committee of Akdeniz University Faculty of Medicine (70904504/555-KAEK-643). Institutional permission was obtained from the Ministry of Health Scientific Research Platform (2020-07-29T17_40_52).

3.4 | Data analysis

To achieve the objectives of the study, the philosophical background and theoretical thematic analysis were used for data analysis The thematic analysis process followed the six steps (Braun & Clarke, 2006);

1. Recognition of data: The data were actively read over and over again by searching for meanings, patterns, etc., to become familiar with the depth and breadth of the content.

2. Generating the starting codes: The starting codes were generated from the raw data.

3. Theme search: After all the data were initially coded, we focused on creating the list of themes.

4. Review of themes: We revealed a number of candidate themes.

5. Identifying and naming themes: Using the "identify and refine" approach, we created a thematic map of our data.

6. Preparation of the report: The report was written after obtaining a number of fully studied themes (Braun & Clarke, 2006).

A consultant researcher in the faculty of nursing and a researcher with expertise in qualitative research independently reviewed the data and confirmed the validity, reliability, transparency, and rigor of the thematic content analysis (Burla et al., 2008). Kappa analysis was performed (0.860) for internal reliability and a good level of agreement was observed between the coders (Landis & Koch, 1977). The NVivo 12 program was utilized to organize the data.

Data were analyzed in the original language and the sub-themes and themes were developed by the authors. The encoded data were translated into the target language (English) by an expert who has command of both languages (original language and target language) and cultures. The

translated data were coded, and the sub-themes and themes were developed. The sub-themes and themes of the original language and the target language (English) were compared by the authors.

3.5 | Validity, reliability and rigor

The researchers followed the four criteria outlined in Table 1 for the reliability of the research process (Maher, et al., 2018). Before starting the data analysis, the authors identified and expressed personal experiences, biases, and assumptions that might affect the data analysis (Creswell & Creswell, 2017). The researchers contributed to all phases of the analysis to increase internal validity. Themes were supported with quotes from different COVID-19 survivors to increase confirmability.

4 | FINDINGS

The demographic and clinical characteristics of the sample are shown in Table 2. The mean age of the COVID-19 survivors was 39.85±13.31 (Min:22-Max:72) years, 64.7% of them were university graduates, 74% of them were married, 55.9% of them had a chronic disease, 35.3% of them had an income level equal to their expenditure, 26.5% of them were hospitalized due to COVID-19, 44% of their family members contracted COVID-19 disease, and 94.1% of them received vitamin and mineral supplements. 67.6% of the participants had learned about COVID-19 from both social media and television and spent an average of 86.74±73.41 minutes per day accessing these.

4.1 | Themes

With the analysis of the qualitative data, six main themes and twenty-five sub-themes (Table 3), which describe the experiences of the participants, emerged: (a) Denial and adaptation, (b) Fear, (c) Feeling of hopelessness, (d) Preventions (e) Meaning attribution, and (f) Metaphors about COVID-19.

4.1.1 | Main Theme 1: Denial and adaptation

The first main theme consists of three sub-themes: denial of illness, adaptation, and dilemma in treatment. Each sub-theme represents different stages of change experienced by the survivors during their experience of COVID-19. The survivors experienced a psychologically variable adaptation process to their disease and treatment during this period. These changes occurred consecutively.

Sub-theme 1: Denial of illness

Participants shared their opinions on how they felt when they first heard that they were COVID-19 positive. The opinions of some COVID-19 survivors regarding the denial period are as follows:

'When I first heard that I was COVID-19 positive, I couldn't believe it anyway. I thought the test would be negative; I was very surprised to hear it was positive' (P11).

Sub-theme 2. Adaptation

Participants admitted to being sick after the denial period. The COVID-19 survivors' opinions regarding this period are as follows:

> "Inevitably, I accepted the situation and adapted. I accepted it as a new lifestyle brought about by life" (P16).

Sub-theme 3: Dilemma in treatment

Participants stated that they were in a dilemma because there were many unknowns about the treatment of COVID-19 and the side effects of drugs. Some of the participants' opinions are given below:

> "I had a dilemma about using COVID-19 drugs. They used to say 'Does one take 16 drugs a day?' to me. I heard that this drug causes infertility and is used to reduce the human race" (P12).

> "I said, 'Okay, I will use these drugs', but there was a fear of what would happen in the future" (P32).

4.1.2 | Main Theme 2: Fear

In the study, most of the survivors mentioned their fears and concerns about COVID-19. The survivors questioned their own existence. They talked about the restriction of their freedom and the fears they experienced due to being separated from their loved ones. The survivors also expressed their feelings of guilt because of the possibility of causing others to become sick.

Sub-theme 1: Fear of death

All of the COVID-19 survivors mentioned the fear of death:

> "I was afraid of death. When the 'sela' (the prayer read aloud from mosques after someone's death) is recited, I wonder if my 'sela' will be read as well" (P10).

> "I was afraid that I would be hospitalized or intubated, or that I would get worse results; I was afraid that I would get worse" (P14).

Sub-theme 2: Scars left by the disease

Most of the survivors stated that they were afraid that the disease would cause permanent damage and that their health would deteriorate permanently:

> "I think that having COVID-19 disease will affect me in the future, and leave something permanent or damage" (P25).

> "Afterward, I had fears that there would be a problem with my heart and lungs" (P28).

Sub-theme 3: Fear of transmitting the infection

All of the survivors talked about the feelings of fear and guilt they experienced because of the possibility of transmitting the infection to someone else:

> "I was afraid for my relatives. My wife had asthma so I was scared. I was worried about who I was transmitting the disease to" (P10).

> "I couldn't touch my child so that he wouldn't be contaminated with the disease" (P7).

Sub-theme 4: Social isolation

The survivors talked about their whole life being blocked and their feelings of being restricted:

"I distanced myself from my social circle. I warned my friends, 'I got sick, stay away

from me', I said" (P10).

"Since then, I have been spending more and more time at home. I am at home 24 hours

a day. I stay away from crowds" (P13).

Sub-theme 5: Being in prison

Many survivors expressed the quarantine process as like being in prison:

"Rather than illness, the 14-day quarantine period was like prison life. I saw it as a

punishment because the quarantine was a legal requirement" (P10).

"It's a difficult thing. I felt helpless. I couldn't escape this feeling" (P14).

Sub-theme 6: Fear of having COVID-19 again

All survivors experienced fear of being re-infected with COVID-19. The opinions of the

survivors on this subject are given below:

"Those who had the disease could be sick again and again and I could die. Right now, I

have my fears and concerns" (P29).

"I have concerns about whether I will get COVID-19 again or if the symptoms will be

more severe" (P25).

Sub-theme 7: Fear of being away from family

The opinions of some participants about the fear of being separated from their families are given

below:

"I was separated from my loved ones. If one of our family died, we would not even be

able to go to his funeral" (P14).

"I have a two-year-old child, I couldn't hug her, I couldn't kiss her" (P34).

Sub-theme 8: Feeling of guilt and stigmatization

The participants reported that they were stigmatized by society and that they felt guilty:

"I felt like a criminal. The contract-tracing team came to the front of the building;

they gave me warnings about how to manage the COVID-19 disease. Of course, the neighbors saw this, and I was stigmatized" (P10).

"When my neighbors' PCR test was positive, I wondered if we had infected them with the disease. I felt guilty" (P14).

4.1.3 | Main Theme 3: Feeling of hopelessness

It is understood from the opinions of the participants that they fell into despair due to the pandemic.

Sub-theme 1: Collapse of the economy

Almost all the participants talked about the economic hardship they experienced and were worried about their future:

"We had financial difficulties due to the fact that there was no work during the pandemic" (P20).

"The pandemic has affected the economy the most. Unemployment has increased" (P22).

Sub-theme 2: Disruption of education

Some survivors were worried about their children's education being disrupted. Their views on this matter:

"Children's education was disrupted" (P27).

"Children wanted to receive education to fulfill their dreams, but this disease has prevented this" (P34).

4.1.4 | Main Theme 4: Preventions

Sub-theme 1: Coping mechanisms

All participants stated that the temporary duration of the disease made it easier for them to be hopeful:

"We pray. We are believers. People around us say that they are praying for us, and it reassures us. I'm doing yoga. I even did it in the hospital room. It's been very good" (P4).

"I thought, 'if I keep my immune system strong, I can get rid of this disease'. I adopted a somewhat fatalistic approach" (P9).

Sub-theme 2: Taking precautions

Participants explained their views on various precautions they took regarding the disease:

"My family always walked around with gloves and masks. I didn't leave my room either. They put the tray of food in the door" (P15).

"We use vitamins. After all, it is an unknown disease. I take more care, for example, I use disinfectants or masks" (P34).

Sub-theme 3: Family-friend support

The survivors said that the support of family and friends during the quarantine period felt good:

"I did not see my friends, but they were calling on the phone. They were leaving food for me at my door" (P11).

"I felt good because my family took care of me" (P15).

Sub-theme 4: Digital transformation

Participants emphasized the important digital transformations they experienced during the Pandemic:

"We are trying to handle many things digitally" (P16).

"I think it's an organized thing to establish a new world order. We are making contactless payments, shopping remotely" (P5).

4.1.5 | Main Theme 5: Meaning attribution

It was understood from the survivors' opinions that they were emotionally affected by what they experienced during this illness, that they questioned the meaning of life spiritually and

struggled to find meaning to survive.

Sub-theme 1: A divine warning

Some survivors said that the COVID-19 pandemic is a divine warning to humanity:

> "This disease can be a lesson to humanity when you look at it divinely. It may be a warning from our God for people to get their act together" (P6).

> "This disease is a warning to people" (P9).

Sub-theme 3: Health is the best value of life

Some participants emphasized the importance of health:

> "We felt bad because we could not taste or smell. What we ate had no taste. The most important thing is health" (P7).

> "I realized that the most important thing in life is health" (P18).

> "I think even breathing is very valuable" (P19).

Sub-theme 4: Importance of life

A few survivors stated that they recognized the importance of life:

> "I recognized the value of life " (P13).

> "I am grateful for living. This disease brought me to myself. It's like being born again. I understand the value of the world, of life" (P26).

4.1.6 | Main Theme 6: Metaphors about COVID-19

The metaphors produced by the participants regarding this illness experience consist of 24 metaphors categorized under five headings (Figure 2).

Sub-theme 1: Plant

I likened it to a **potted plant**, because you need so much care (P29). There was a **flesh-eating plant**, and COVID-19 looks like it. It damages our lungs (P32).

Sub-theme 2: Animal

I likened it to a **snake**. It's a scary disease (P14, P20, P27). We're like a **trapped mouse**. In

other words, I think that we will not be able to get away (P30). I would liken it to a **captive bird**, because she/he has to stay in her/his home or a captive place for a while, and then she/he gets her/his freedom (P11).

Sub-theme 3: Robot

I can think of it as a **robot** trying to influence human life (P8, P16).

Sub-theme 4: Objects

It's like staying in a **secret box.** Because it's like being breathless in a closed box (P18). COVID-19 is like a **set clock**, it comes and stays, then goes (P1).

Sub-theme 5: Abstract concepts

Purgatory, I mean, I stayed on a line between life and death. I wondered, "If I live, will I be able to survive in a healthy way?" (P21). I see COVID-19 as more of a **nightmare**. After all, when a person dreams, he cannot prevent or intervene in this situation. When I was sick, I couldn't do anything, I couldn't intervene when the symptoms of the disease appeared (P34). I can liken it to a **whirlpool** in the sea. If you get caught, even if you know how to swim, it can drag you away and drown you (P5).

5 | DISCUSSION

In this study, how survivors in Turkish society who had COVID-19 perceive the disease, and their feelings, thoughts, and expectations were investigated based on Watson's Theory of Human Caring. Therefore, the strengths and novelties of our study are to reveal not only survivors' views of the disease, but also their views on sensitivity, expression of emotions, and the existential-phenomenological dimension of the theory's healing processes (see Figure 1). Moreover, metaphors produced by survivors regarding COVID-19 disease were also included in the study.

5.1 | Main Theme 1: Denial and adaptation

It has been determined that there is a close relationship between the experience of the disease in survivors diagnosed with COVID-19 and existential philosophy. It can be seen that they accept the disease by going through the stages of loss, which are shock, disbelief, and denial. In a study conducted in China, it was found that some patients remained in the denial period and said it was "just a cold" (Sun et al., 2021). Furthermore, it was determined that participants who had COVID-19 had a low tendency to deny the reality of COVID-19 in a study by Umucu and Lee (2020). In our study, the survivors stated that they accepted the situation related to the disease after they had passed the denial period. Sun et al. (2021) stated that all patients (100%) felt more comfortable after the diagnosis and accepted the facts about the disease. According to Watson's Theory of Human Caring, after the denial period, individuals accepted the truth and passed into the adaptation period, where they directed all their spiritual power and energy to their new life. The individual who has started to adapt to his/her new identity and illness has started to reinterpret his life, past, future and existence. She/he is now in search of security and balance (Watson 2008; Watson, 2012).

5.2 | Main Theme 2: Fear

Fear has been a common response to contagious epidemics for centuries, but many people respond to perceived threats in an individualized way (Perrin et al., 2009). In our study, all of the survivors who had COVID-19 stated that they were afraid of death during the illness. Similarly, most of the patients reported feeling fear of death, especially when showing clinical symptoms, in the study by Sun et al. (2021). It has also been reported that all patients are afraid of test results and especially viral nucleic acid tests. In the studies conducted by Koçak et al. (2021) in Turkey and Ahorsu in Iran, it was stated that the fear of COVID-19 increases the depression, anxiety, and stress levels of individuals. According to Watson, the existential (phenomenal) field is the totality of human experiences. The existential field is the integration

of the individual's experiences, feelings, thoughts, spiritual beliefs, goals, expectations, and self-perception (Watson 2008; Watson, 2012).

All of the survivors who had COVID-19 experienced fear during the disease. This shows that there is a close relationship between the experience of having COVID-19 and existential philosophy. The fear experienced by the participants and their desperation brought about by the problems related to the diagnosis and treatment of COVID-19 was understood from their opinions. At this point, the survivors who had COVID-19 stated that they felt "fear of death" and "despair" in "prison". The COVID-19 survivors perceived the disease as a factor affecting their existence. In our study, it is noteworthy that the diagnosis of COVID-19 is a condition that threatens the existence of participants. Similar to this study, in the few studies conducted with patients who had COVID-19, it was stated that patients were afraid of dying from COVID-19 (Sun et al., 2021; Aliakbari et al., 2021; Son et al., 2021).

Similar to our study, other studies stated that COVID-19 patients had depressive symptoms, fear of infecting others and family members, and a feeling of stigma (Aliakbari et al., 2020; Son et al., 2021; Sun et al., 2021; Htun et al., 2021; Dai et al., 2020). Moreover, in studies conducted with individuals who did not have COVID-19 disease, it was determined that there was death anxiety related to the COVID-19 pandemic (Pradhan et al., 2020; Pérez-Mengual, et al., 2021).

5.3 | Main Theme 3: Feeling of hopelessness

In our study, it was understood from their opinions that most of the survivors who had COVID-19 were hopeless. All participants said that the economy had collapsed. Moreover, some of the survivors said that education was blocked, the burden on health workers had increased, and the pandemic was sent from God to humanity as a punishment. In a qualitative study conducted by Aliakbari et al. (2021) in Iran, it was stated that the patients felt hopeless, showed depressive symptoms, had decreased motivation to continue living, and were hopeless about the future. In a study conducted in China, more than a third of the participants stated that they experienced

hopelessness during the COVID-19 pandemic (Wang et al., 2020). In a comprehensive quantitative study conducted in Turkey, the hopelessness levels of health workers were found to be higher than those of non-health workers (Hacimusalar et al., 2020). As can be seen, the results of these studies and our study are similar.

5.4 | Main Theme 4. Preventions

In our study, all participants benefited from various coping methods. The survivors used herbal products to strengthen their immune mechanism. Moreover, they sought support from approaches such as praying and believing in destiny. In Turkish society, it is stated that a fatalistic approach such as "Hope from God does not cease" or "Everything comes from God" can increase hope. Budumir et al. (2021) determined that individuals used coping methods such as positive thinking, coping with stress, social support, belief support, and alcohol and cigarette consumption during the COVID-19 pandemic.

One of the sub-themes of the main theme of preventions is social support. Social support can reduce the negative psychological effects of negative life events on the mental health of individuals (Cohen & Wills, 1985). Social support has an important buffer role against stress in protecting the mental health of individuals in events such as pandemics (Liu et al., 2021). In Turkish culture, social support means providing support for patients both in terms of psychological and financial resources. During the pandemic, the families and friends of patients with COVID-19 provided significant support both financially and morally. They brought food, drink, and hygiene materials to the doorsteps of patients who could not leave the house during the isolation period.

5.5 | Main Theme 5. Meaning attribution

Watson emphasizes that when a person is faced with a life-threatening situation, they must learn the meaning of life by re-examining it (Watson, 2012). Watson explains that "…incorporating this Caritas Process into nurses' understanding of practice can be a guiding influence and a

turning point for healing so that a tragedy can turn into a miracle of courage and strength and open up to another reality of the deep meaning of life" (Watson, 2008, p.193). In this study, the sense of finding meaning in the lives of patients with COVID-19 is included in the healing processes of Watson's Theory of Human Caring and especially the tenth healing process perspective. The tenth healing process of Watson's Theory of Human Caring focuses on the individual's being open to existential and spiritual forces, spiritual mysteries, death and the existential dimensions of life in order to make sense of his/her life (Watson, 2012).

5.6 | Main Theme 6. Metaphors about COVID-19

Most of the metaphor themes produced by participants about the COVID-19 disease were negative. From the opinions of the participants, it was understood that they were afraid, helpless, and felt that they were between death and life. However, a few survivors stated that they were hopeful and thought that they would recover again. Similarly, in a study conducted by Gok and Kara (2021) on the general population, metaphors about COVID-19 were negative. As a result of the thematic analysis, metaphors were obtained in the limitation, restlessness, uncertainty, deadly/dangerous, struggle, belief/destiny, and supernatural categories (Gok and Kara, 2021). In an article examining the cognitive metaphors produced in different communication fields about the COVID-19 epidemic, it was stated that metaphors related to the economy and military field were produced for the epidemic. Moreover, the pandemic was suggested as a "common enemy" (Kozlova, 2021).

5.6 | Limitation

The sample size of this study was limited due to the need for in-depth interviews as a qualitative research feature. Due to the pandemic conditions and lack of technical equipment, online and telephone interviews were held with the participants. Most of the participants survived the infection without hospitalization. In addition to these patients, the experiences of patients hospitalized in the intensive care unit need to be investigated. Due to the nature of epidemic

prevention and control, we were unable to conduct focus group discussions and collect data from multiple centers in order to avoid potential cross-infection. The long-term experience of research subjects will be a valuable avenue to explore in the future.

6 | CONCLUSION

This study attempted to reveal the psychological consequences of the pandemic. At the end of the study, how these individuals were affected by the COVID-19 disease was revealed based on Watson's Theory of Human Caring. In our study, the use of a phenomenological approach provided a comprehensive and in-depth understanding of the psychological experiences of patients who had COVID-19 and survived. A self-healing style and psychological development are important in protecting the mental health of patients with infectious and fatal diseases such as COVID-19. Information from our study can be used by healthcare practitioners to develop new strategies for the care of patients with COVID-19. Moreover, it is predicted that the data obtained from the study will contribute to the planning of approaches to disasters such as pandemics and to new research.

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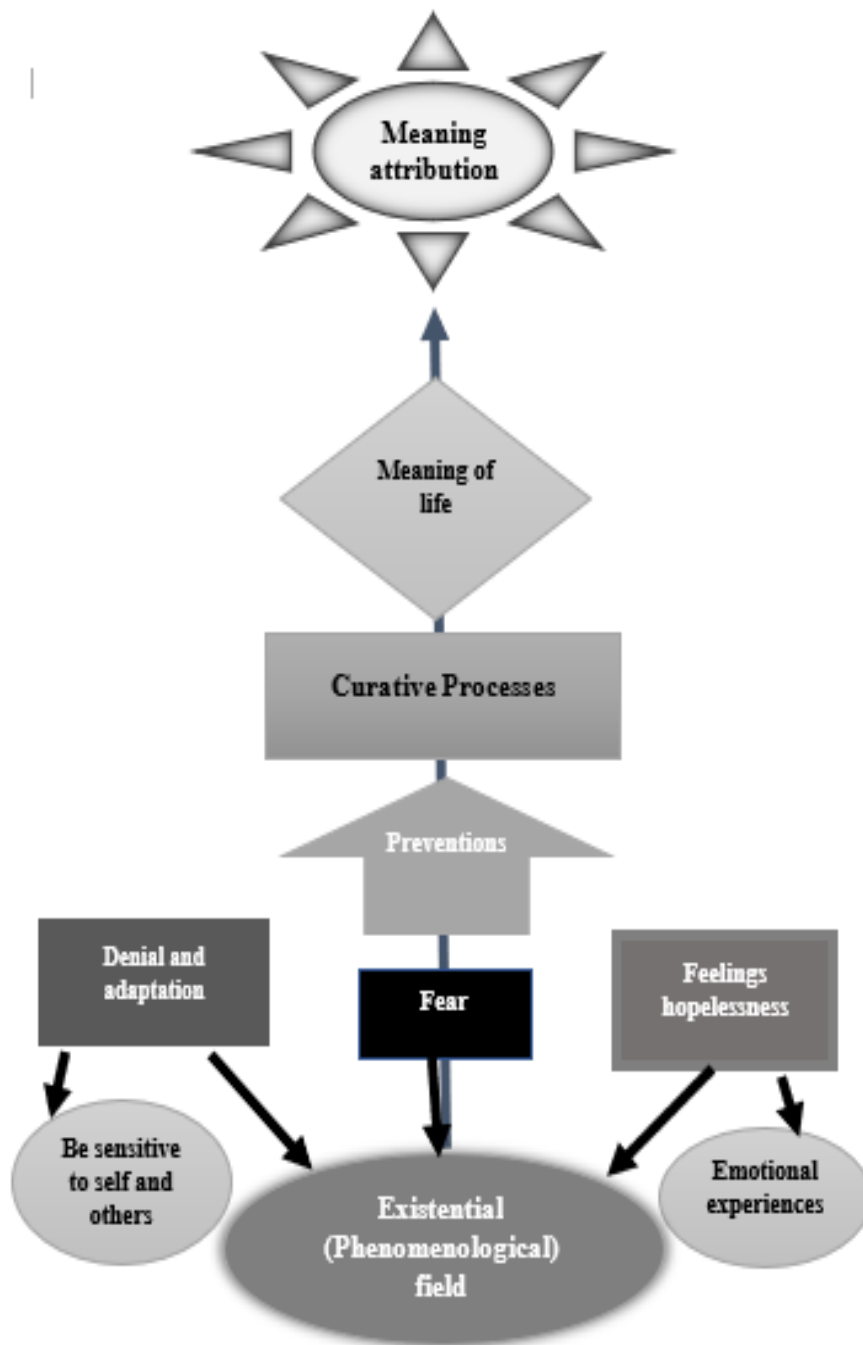
FIGURE 1 The main themes of the study are Adopted Watson's Theory of Human Caring (Watson, 2012; Watson 2008).

FIGURE 2 Metaphors about COVID 19

TABLE 1 Interview guide

Criterion	Action
1. Credibility	• A purposeful sample of adults who volunteered and received permission. • Immediate verbatim transcriptions were used after individual recorded interviews • The study procedures, as well as data collection methods and analysis are explained in detail. • Senior researchers identified as experts in public health and qualitative research were included. • Personal assumptions were shared between researchers prior to data analysis
2. Transferability	• Necessary explanations were made in order to understand the scope of the research. • In order to ensure the usability of the research findings in different studies, the themes are given as a table (Table 3).
3. Dependability	• Interview questions were homogeneous among participants. • A prepared guideline containing six main questions and associated probe questions was followed for data analysis. • Expert researchers were involved in the data analysis
4. Confirmability	• Full description of data analysis was provided • An audit trail detailing the data analysis process is available from the authors. • The experiences of the survivors are supported by a detailed explanation according to the systems of Watson's Theory of Human Caring (Figure 1).

TABLE 2 Socio-demographic characteristics of the survivors

Survivors	Number (n)	Percent (%)
Age		
Average age	39.85±13.31 (Min:22-Max:72)	
Sex		
Female	17	50.0
Male	17	50.0
Education status		
Primary school	6	17.6
High school	6	17.6
University	22	64.7
Marital status		
Married	25	73.5
Unmarried	9	26,5
Family members having COVID 19		
Yes	15	44
No	19	56
Family income situation		
Income more than expenditure	7	20.6
Income equal to expenditure	19	55.9
Income less than expenditure	8	23.5
Presence of chronic disease		
Yes	12	35.3
No	22	64.7
Hospitalization		
Yes	9	26.5
No	25	73.5
Taking vitamin and mineral supplements		
Yes	32	94.1
No	2	5.9
Going out during the pandemic		
Once a week	3	8.8
Never	31	91.2
Information resource about COVID-19		
Television	11	32.4
Television and internet	23	67.6
Information time		
Average time	86.74 ±73.41	

TABLE 3 Themes and sub-themes of study

Themes	Sub-themes
Denial and adaptation	- Denial of illness - Adaptation - Dilemma in treatment
Fear	- Fear of death - Scars left by the disease - Fear of transmitting the infection - Social isolation - Being in prison - Fear of having COVID 19 again - Fear of being away from family - Feeling of guilty and stigmatization
Feeling of hopelessness	- Collapse of the economy - Disruption of education
Preventions	- Coping mechanisms - Taking precautions - Family - friend support - Digital transformation
Meaning attribution	- A divine warning - Health is the best value of life - Importance of life
Metaphors about COVID-19	- Plant; potted plant, flesh-eating plant - Animal; snake, trapped mouse, captive bird - Robot - Objects; secret box, set clock - Abstract concepts; purgatory, nightmare, whirlpool