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Post-Traumatic Psychological Experience of COVID-19 Survivors: A Descriptive Phenomenological Study

Yusra Al Nasiri [1,*], Amal Al Balushi [1], Saira Al Balushi [1], Kamila Al Alawi [2], Zainab Al Mashari [1], Buthaina Al Muqimi [1], Faiza Al Balushi [1] and Salah Al Awaidy [3,*]

[1] Nursing Program, Oman College of Health Sciences, Ministry of Health, P.O. Box 393, Muscat 113, Oman; omshahla@gmail.com (A.A.B.); saira.moh97@gmail.com (S.A.B.); zoro717@hotmail.com (Z.A.M.); faiza31087@gmail.com (F.A.B.)
[2] Training and Research, Royal Hospital, Ministry of Health, P.O. Box 393, Muscat 113, Oman; alalawikamila@gmail.com
[3] Heath Affairs, Ministry of Health, P.O. Box 393, Muscat 113, Oman
* Correspondence: yusra444@gmail.com (Y.A.N.); salah.awaidy@gmail.com (S.A.A.); Tel.: +968-94445119 (Y.A.N.)

Abstract: Background: The rising incidence of COVID-19 cases is undeniably having a profound impact on the physiological and psychological welfare of individuals. The incident had the potential to significantly affect an individual's quality of life, social interactions, and occupational performance. The study explored the experiences of individuals who recovered from COVID-19 and the impact of their illness on their psychological and overall well-being. Methods: A qualitative, phenomenological study was conducted in Oman among 15 patients aged 20 to 60 years, who had been hospitalized at Royal Hospital with moderate to severe symptoms and signs of COVID-19. An in-depth interview was used to collect data. Thematic analysis was carried out to analyze the data using the Braun and Clarke model framework for the analysis. Results: Three themes emerged from the study: (1) The impact of COVID-19 on the survivors; (2) factors that improved patients' recovery; (3) lessons learned from COVID-19 pandemic. A recent study found important intrinsic and extrinsic factors that helped COVID-19 patients recover quickly. Conclusions: COVID-19 impacted the individuals' physiological and psychological health. The findings can inform Oman's psychological support services and raise awareness of the virus's psychological impact on mental health. The study may help to design a tailored psychological intervention to improve the mental well-being of COVID-19 survivors for better experience and quality of life.

Keywords: COVID-19; survivors; psychological impact; phenomenological study; Oman

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1. Introduction

Coronavirus disease-19 (COVID-19) represents one of the worst pestilences in recorded history. COVID-19 infections, particularly severe forms, have profound impact on the physical and mental health of patients. During the pandemic when patients had to quarantine for a prolonged time, patients with COVID-19 experienced loneliness, anger, anxiety, depression, insomnia, and post-traumatic stress symptoms due to social isolation, physical discomfort, medication side effects, uncertainty of recovery, fear of the disease's transmission, and reception of negative news from social media [1–9]. These experiences could negatively influence quality of life and social and occupational functions [10]. Researchers have cautioned the public about the catastrophic effects of the pandemic, claiming that it might cause long-term mental distress on an unparalleled worldwide scale [11]. Understanding the psychological impact of the COVID-19 pandemic on the survivors is very crucial, and exploring their experiences may reveal insights about the post-management adjustment, psychological trauma, and possible preventive measures [12–14]. Due to the fast-growing disease incidence during the pandemic, the care for COVID-19 mainly focused

on the clinical management; however, the extent of the psychological care management provided for survivors is not well known. The number of survivors is continuously increasing, and many of them have faced life-threatening events and have been exposed to life-threatening complications; their illness experiences might be potentially traumatizing [15–18].

The Ebola outbreak confirmed that survivors faced discrimination and stigmatizations on returning to their communities in culturally diverse settings [12,13]. The survivors face psychological consequences of COVID-19, which may result in depression, anxiety, worry, behavioral, mental, and psychosomatic and social problems [19–21]. Evidence from the literature suggests that post-traumatic psychological problems cannot be ameliorated if not discovered and managed early [22,23]. Some studies have been published on the experiences and consequences of the COVID-19 virus on the survivors' psychological health [24–26]. This study aims to explore the experience of COVID-19 survivors in Oman and the impact of their illness on their psychological well-being.

2. Methods

2.1. Study Design

A descriptive phenomenological study was conducted during March–December 2020 on COVID-19 patients who were admitted to the Royal Hospital (RH) in Oman. In this study, the phenomenon of interest was the experience of COVID-19 survivors and the impact of their illness on their psychological well-being.

2.2. Study Participants

Purposive sampling was utilized in order to ascertain the participants for the study. The participants in this research were adult (>18 years) COVID-19 survivors who experienced moderate to severe COVID-19 and were admitted to the hospital during the early phase of the pandemic. Participants were confined to the hospital for an average of 14 days and aged between 20 to 60 years and were Omani citizens of any gender and represented governorates. The study excluded patients who required mechanical ventilations, those admitted to the intensive care unit, and noncitizen patients (Figure 1).

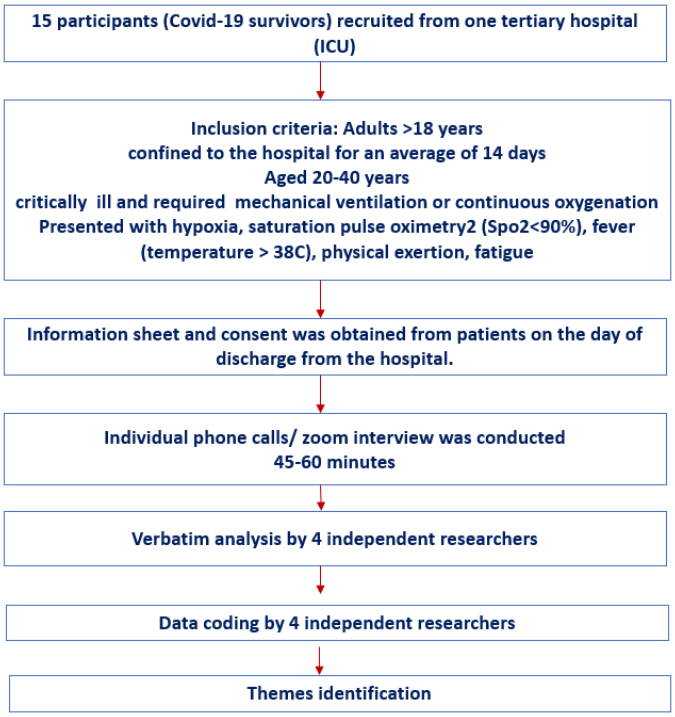

Figure 1. Methodology of the study.

During the study period, the RH had more than 200 COVID-19-positive cases reported, in which 34 cases eventually recovered and were discharged. The recovered cases are referred to as survivors.

The severity of COVID-19's impact was determined based on doctor diagnoses and patients' (currently, the survivors') signs and symptoms, which were hypoxia, saturation pulse oximetry2 (Spo2 < 90%), fever (temperature > 38 °C), physical exertion, fatigue, required mechanical ventilation or continuous oxygenation, and admission of at least 5 days or more in the hospital.

2.3. Sampling and Procedure

Based on the methodological literature and similar qualitative research reports, it is expected that 6–12 participants were needed to achieve saturation and redundancy in the analysis and to fully address the research question [27]. In this study, a total of 15 participants were included since some of the literature highlights that data saturation occurs after 13–15 interviews [28].

The participants were selected from RH prior to their discharge. After obtaining the discharged list, the eligible participants were approached by the researcher to inform them about the study. The willing participants were given a consent form to sign and then were asked to share their phone number. A total of 20 participants (between 20–60 years) were included in this study via the purposive sampling technique.

Maximum variation purposive sampling was employed for selecting the participants in order to obtain a diverse sample in terms age, gender, educational level, varied signs and symptoms, and number of days admitted to the hospital. The survivors were purposely selected because of their lived experiences with COVID-19.

A call/Zoom interview was scheduled and carried out based on the participants' convenience, and the data collection occurred after the participants were discharged from the hospital and had recovered from the symptoms of COVID-19 at home. This was to ensure that they would not become fatigued from the long interview. The interview was performed virtually when the participants were at home, and verbal and written consent were obtained.

2.4. Procedure of the Interviews and Data Collection

The data were collected through in-depth phone calls or virtual (Zoom) interviews. The telephone interview included auditory perception, without any visual component. In Oman, it is customary for women to abstain from revealing their faces during Zoom interviews or on any other digital platform, as a reflection of our cultural norms. Consequently, we only carried out telephone interviews for everyone in order to honor the cultural practices and ensure subjects' privacy while they were in the comfort of their homes with their families.

The study aimed for a deeper understanding of the survivors' experiences.

The interviews lasted for about 45–60 min. The call interviews were audio-recorded to stimulate recall and reflection and generate typed transcripts as well. Detailed information about the study was given to the selected participants; thereafter, the willing participants were asked to sign an e-consent form as an agreement. Then, demographic characteristics were collected to obtain basic information about the participants. In addition, an interview guide was developed, and prior to the structured interviews, feedback was obtained from a qualitative expert about the clarity of the guide. Additional questions may have emerged during the interview due to the immersion of the interviewer with the participants' experiences. Probing was also used by the interviewer to seek further clarification from the participants to enlarge the understanding of the participants' experiences [29].

In addition, follow-up interviews were carried out to seek further understanding and clarification of the information shared during previous interviews. Moreover, a research expert in phenomenology with extensive background of qualitative research was asked to serve as an external auditor in the study to examine the process and the product of the research and ensure that the study was conducted fairly and rigorously with ade-

quately representation [30,31]. Also, the researchers were responsible for evaluating the quality of data collected as well as the quality of the interpretation and the findings of the obtained data.

2.5. Study Phenomena

Learning and understanding of the human experience helps construct a meaning from those people's experiences through extensive dialogue with the individuals who are living that experience [29]. Based on this methodology, there is no one reality regarding how people experience phenomena. Phenomenological researchers encompass data regarding the lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relationships (relationally). The structure and the essence of the shared experiences are the assumptions resting behind this methodology [30].

Interpretive approach is the philosophical assumption underpinning phenomenology. Interpretive approach is developed within a specific discipline and used in disciplinary contexts [12]. This approach focuses on the subjective experience of the participants, seeking meaning and understanding through small-scale interactions [28]. The researchers using this approach mainly focus on interpretation, understanding, and social meaning. It assumes that meaning is constructed through the interaction between humans or between humans and objects. In this approach, experience and perspective are highly valued and considered important sources of knowledge [31]. In addition, the interpretive approach is associated with a hermeneutic tradition [29]. It seeks for deep understanding of the phenomena by interpreting people's interactions, actions, and objects and the meaning they have for people. As per Heidegger (1927–1962), understanding cannot be separated from the human condition. Husserl (1913–1963) was also interested in human consciousness, and he considered it the way to understand social reality [28,31]. He rejected information about objects as reliable and that the external world exists independently. He argued that to arrive at certainty, anything outside the experience must be ignored [31]. Therefore, Husserl particularly was interested in how individuals think about experience or how consciousness is experienced [28]. Based on Husserl, consciousness enables the researchers to capture how individuals form an understanding of social life; in particular, he was interested in how people consciously experience their experience [28]. Utilizing this approach enables an understanding of the lived experience of coronavirus survivors and exploring the psychological impact of COVID-19 on them. As per the literature, survivors were faced with life-threatening events and witnessed death. Therefore, their illness experiences might be potentially traumatizing. The post-traumatic psychological consequences of COVID-19 may include symptoms of depression, anxiety, worry, and behavioral, mental, psychosomatic, and social problems. In addition, survivors might face discrimination and stigmatization upon returning to their communities. Therefore, using this methodology will help in gaining in-depth understanding about the experiences and consequences of the COVID-19 virus on the survivors' psychological health.

2.6. Data Analysis

All interviews were recorded and transcribed verbatim. Each phone interview was assigned a code. The qualitative data collected during the interviews were translated from Arabic into English and back-translated into Arabic again to ensure accuracy. The transcripts were analyzed as follows:

Four researchers (the primary investigator, co-investigator, and two co-authors) analyzed the transcriptions. The recorded interviews was heard repeatedly by the researchers to be familiarized with the participants' words to develop a holistic sense of them [26]. Also, all transcripts were read several times by the interviewers. The primary data were analyzed inductively; both researchers performed line-by-line coding independently from each other. A list of units of relevant meaning was extracted from each interview, and then, the units of meaning were clustered to form themes. The final codes, list of units, and themes were finalized based on the agreement of both researchers. Participants' quotes

were included in the analysis section to ensure the objectivity of the obtained data and that the results were grounded in the participants' own experiences without the intrusion of the researcher's bias. While extracting the meanings from the data, the researcher consciously bracketed preconceived ideas and thoughts about the phenomena to avoid inappropriate subjective judgments.

Thematic analysis was applied. The initial step involved familiarization with the data to obtain a sense of the whole by reading through the transcripts repeatedly. The next step was the development of codes. The analysis process was performed through an inductive approach where the codes were identified from data, and the entire analysis was performed at the level of manifest qualitative data analysis. Words and sentences containing aspects related to each other were labelled with a code close to the text. Codes with similar content were grouped under initial subthemes. The initial subthemes were reviewed and refined to ensure the validity in relation to the study's aim and the dataset. Finally, the subthemes were advanced.

2.7. Ethical Approval

The study was conducted in adherence to the international ethical considerations in the Declaration of Helsinki. The study received approval from the Institutional Review Board of Ministry of Health Oman (MOH/CSR/21/24358) and Royal Hospital prior to conducting the study. The confidentiality of the participants was maintained, and no information leading to the identification of the participants was disclosed. Consent was obtained from all individuals. The recorded materials were kept in a password-protected safe.

3. Results

3.1. Patients' Characteristics

In this study, a total of 15 individuals participated, of which 10 (66.7%) were females. Most of the participants were below 50 years of age. Thirteen (86.6%) participants were married. Out of the total sample size, 43% (n = 8) had completed elementary and high school education, while 4% (n = 6) had attained a university/college level of education. Moreover, 53.3% (n = 8) were employed, while 40% (n = 6) were housewives. Sixty percent (9, 60%) were admitted to the hospital for a duration of 2–4 weeks. Most (n = 11, 73.3%) had pre-existing chronic conditions (Table 1).

Table 1. Patient characteristic.

Characteristics	Category	n (%)	Mean (Range)
Gender	Male Female	5 (33.3) 10 (66.7) Total = 15	
Age	21–30 31–40 41–50 >50	3 (20) 6 (40) 4 (26.7) 2 (13.3)	37.5 (21–54)
Marital Status	Single Married Widowed	1 (6.7) 13 (86.6) 1 (6.7)	
Level of Education	Illiterate Elementary/high school University/college level	1 (6.7) 8 (53.3) 6 (40)	
Employment Status	Employed Looking for job Housewife	8 (53.3) 1 (6.7) 6 (40)	

Table 1. *Cont.*

Characteristics	Category	n (%)	Mean (Range)
Infection Route	Suspected/confirmed	9 (60)	
	Not clear	2 (13.3)	
	Others	4 (26.7)	
Hospitalized Period	2–4 weeks	9 (60)	
	5–8 weeks	4 (26.7)	
	>12 weeks	2 (13.3)	
No. of Days after Discharge	1–4 weeks	4 (26.6)	
	5–8 weeks	9 (60)	
	9–12 weeks	1 (6.7)	
Pre-Existing Chronic Disease	Yes	11 (73.3)	
	No	4 (26.7)	

3.2. Themes Emerged

The qualitative data collected during the interviews were categorized into three main themes with eight subthemes (Table 1). The first theme is "impact of COVID-19", which consists of two subthemes: (1) impact on patients and (2) impact on family members. The second theme is "factors promoting recovery and well-being", which consists of three subthemes: (1) intrinsic factors, (2) extrinsic factors, and (3) acceptance and faith. The third theme is "patients' satisfaction and lessoned learned" (Figure 2).

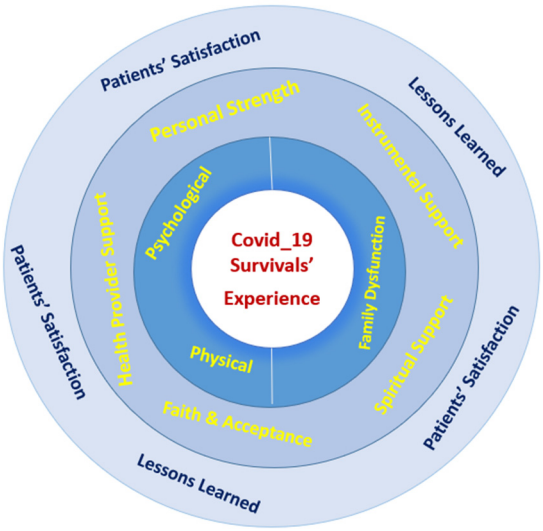

Figure 2. COVID-19 Impacts and Factors that Promoted Patients' Recovery.

3.3. Classification of Themes

Theme 1: "Impact of COVID-19"

This theme describes the impact of COVID-19 on patients and family members before, during, and after discharge from the hospital. The impact on patients was organized into two main categories: (1) psychological and emotional impact and (2) physical impact. The impact on family members was organized into two main categories: (1) psychological and emotional impact and (2) family role dysfunctions.

Theme 2: Factors promoting recovery and well-being

This theme describes the factors that promote the recovery and well-being of the survivors. It consists of three subthemes: (1) intrinsic factors, (2) extrinsic factors, and (3) acceptance and faith.

Intrinsic describes the inner power of the person that impacted a participant's speedy recovery.

Extrinsic factors is the subtheme describing the external factors that helped the survivors to promote their recovery and well-being. These include emotional, instrumental, and spiritual support and support from health care providers.

Theme 3: Satisfaction and lessons learned

This theme describes the participant's level of satisfaction and some of the lessons learned during the participant's journey with COVID-19. It consists of two subthemes: (1) patient satisfaction and (2) lessons learned (Table 2).

Table 2. Illustrates themes and subthemes.

Themes	Subthemes	Categories
"Impact of COVID-19"	1. Impact on patients	a. Psychological and emotional impact -Before, during, and after admission b. Physical impact
	2. Impact on family members	a. Psychological and emotional impact b. Family role dysfunction
"Factors promoting recovery and well-being"	1. Intrinsic factors	a. Personal strength b. Spiritual support
	2. Extrinsic factors	a. Emotional support b. Instrumental support c. Health care providers' support
	3. Acceptance and faith	
"Satisfaction and lessons learned"	Patients' satisfaction Lesson learned	

Theme 1: Impact on Patients

(a) Psychological and Emotional Impact

When they were infected with COVID-19, most of the patients were worried to transmit the infection to their beloved ones, so they isolated themselves. One of the participants explained: "*I was not feeling well when I got infected. You know my mother was sick at home and I was afraid to transmit COVID-19 infection to her and to family members*".

During hospitalization, the majority of participants were worried and preoccupied with family members. As such, they felt lonely, distressed, and depressed due to hospitalization. Pre-existing stressors added to their stressors as well.

One of the participants expressed that she was depressed due to prolonged hospitalization:

> *"Sometimes I was crying, and the atmosphere was depressing and that had a negative impact on my recovery. I stayed about two months in the field hospital".*

The main fear of most of the participants after hospitalization was getting infected again with COVID-19:

> *"Now, thank God I am better, but I am worried about one thing, that I will get the infection again, this is my only fear".*

(b) Physical Impact

The most common physical complication that the participants experienced was immobility, fatigue, and generalized body weakness, particularly after discharge from the ICU:

> *"It wasn't like before, a big difference like for example my legs, I can't go out. I need somebody to support me. I can't be walking for long distances! leg weakness is the most affected part of my body".*

These experiences also lead to questions about the cascade effects of the physical impact—tiredness—of long-term COVID-19.

Theme 2: Impact on Family Members

(c) Emotional and Psychological Impact (family members)

The impact of COVID-19 not only affected the family members, but also it had a huge impact on family members. Most of the participants reported that their family members were more worried than they were. Moreover, the disconnection and visit restriction had a negative impact on family members and their emotional well-being. They were emotionally drained due to fear of losing the patient and uncertainty about the outcome. One of the participants expressed this: "*My family members had fear, and they were sad as if they will lose me*".

(d) Family Role Dysfunction

Family role dysfunction was also reported by most of the patients. Patients' and family members' roles were altered. A mother expressed that her daughter took on the mother's role at home: "*My poor daughter was having final exams at college and no one with her at home, all her siblings are boys, she was doing house chores while she was infected as well*".

Theme 2: Factors Promoting Recovery and Well-being

1. ***Intrinsic Factors***

a. Personal strength

Most participants said that what helped them overcome the disease was their inner strength and their power to normalize, self-motivation, positive thinking, acceptance of the disease, and emotional well-being.

One of the participants stressed the importance of emotional well-being during sickness. He reported that fear and weakness have a negative impact on a person's recovery, and inner strength and power were like a weapon to fight the disease:

> *"Disease along with weakness and fear have a great impact on the psychological state. But with strong emotional well-being, the person would get benefit from treatment".*

Self-motivation to get well even with defects such as immobility was also reported, as this enhanced patients' psychological well-being:

> *"I am always self-motivated (being emotionally stable), even if I had a slight feeling of not walking again".*

b. Spiritual Support

The majority of participants believed that spiritual support and connection to God via praying and giving out charity were crucial to recovery.

A participant appreciated the family's spiritual support via praying and giving out charity to poor people during his critical condition:

> *"Everyone prayed for me, thank god, and they distributed a charity once knew that I am in critical condition".*

Another participant verbalized a similar experience:

> *"I can't explain more, but there were prayers and spiritual practice and thanks, GOD"*.

2. ***Extrinsic Factors***

a. Emotional support

As far as emotional support is concerned, most participants reported that family worries for the patients, reassurance, and encouragement by family members as well as strong bonding with family members and unconditional love were all associated with the patients' well-being and their healing process.

One of the participants expressed her gratitude to family members for their love and concern, which had a positive impact on her psychological well-being:

"Their fear for me, great love, and support had a positive impact on me, and their struggles meant a lot to me. Thank God, they love me, and fear for me, which means they supported me. All boosted my psychological well-being".

The majority of participants reported that their family members were there for them. They tended to visit, call, text, and meet the patient's needs. One survivor expressed their experience as follows:

"My family come, visit me, calling me and asking which shows they care about me, I feel they lost something and if anything happened to me they will lose something big and how life were without me, they are too scared".

b. Instrumental Support

In this study, instrumental support illustrates the continuous support that was provided to patients by family members. Family members provided support by taking care of the activities of daily living, looked after the children at home, assisted them in walking, and performed massage and physiotherapy. Moreover, all of the participants acknowledged the support of their family members.

One participant reported her mother's support after discharge:

"My mother did her best during that period, she stayed with me all over the night. even when I could not eat, she used to assist me in eating and preparing food".

Another participant acknowledged the support of her children throughout her sickness, including massage, exercise, and assisting in walking:

"My children helped me in everything including massage, and exercises, as well as, they assisted me in walking, thank God".

c. Health Care Provider Support

Interestingly, the support that was provided to the family members and patients by health care providers was remarkable, and it was appreciated by all survivors.

Health care providers acted as a link between the family members and the patients. They made communication between the patients and family members easier and more feasible via virtual or voice calling.

Health care providers updated family members about the patient's condition via virtual and voice calling using their own iPad. A participant recounted the following:

"Doctors and people over there did their best, I mean all health care providers were helping me in different ways including calling my family members, reassuring them, and updating them. . . my family members knew exactly what was going on".

3.4. Acceptance and Faith

Patients' acceptance of their illness as well as their strong faith in God had a huge positive impact on their emotional and psychological well-being. It helped them to overcome their sadness, loss, and deprivation. The majority of them believed that the disease was God's will, and they placed their reliance and trust on him for recovery and survival. They read the Holy Quran and prayed to God to recover.

One of the participants expressed the following experience:

"[my feeling] undescribed sadness, looseness, and deprivation but my faith in God is something huge and acceptance of illness gives the human power to complete the life".

3.5. Another Participant Recounted the Following

"Of course, a person doesn't want to get sick, but God's will and destiny above all of these and I accept it".

Theme 3: Satisfaction and Lessons Learned

a. ***Patients' Satisfaction***

Patient satisfaction describes the level of gratification concerning family support, health care providers, and the health care system. Such kind of satisfaction had a positive impact on the participants' speed of recovery, as it improves the psychological status and increase compliance with the treatment plan. Patient satisfaction relies on how much health care a patient feels that he or she should receive.

One of the participants appraised the efforts provided by health care providers and the way they dealt with patients. He stated that the health care providers treated him as their own father: "*Honestly, I swear to GOD I thank them; how lucky they are with God's reward!*"; "They were really exhausted in taking care of us, and very compassionate. The way of taking care of us as if they are our children and we are their family members. I thank all Health Care Providers (nurses and doctors) in the hospital for being there for us".

b. ***Lessons Learned***

As with all new life experiences and challenges, some lessons must be reflected upon, which is represented by this subtheme. Participants gained new knowledge from their COVID-19 experience, which included positive and negative aspects. One of the important lessons learned was putting "health" as a life priority. The participants emphasized not repeating the same mistakes. Some of the lessons learned were about the importance of following COVID-19 precautions measures, including social distancing, sanitization, visiting restrictions, and COVID-19 vaccination.

One of the participants expressed that after his COVID-19 experience, he believes that he was given another chance to live and correct previous mistakes: "*When I remember, I thank God for giving me another chance to reflect on my relationship with God and people. These things were alarming. Every time I remember, I might be died and still have faults with God and people*".

4. Discussions

4.1. Theme 1: "Impact of COVID-19"

The aim of this study was to explore the lived experience of coronavirus survivors and the impact of their illness on their psychological well-being. This study found that the psychological impact of COVID-19 before, during, and after admission not only affected the patients but also their family members. This is in line with recent studies reporting that clinically relevant psychological distress 90 days after discharge was present in both patients and family members [16,25], and the most common psychological adverse effects that participants experienced during hospitalization and when they were conscious included worries, fear, and depression. As such, they felt lonely, distressed, and depressed due to hospitalization. Pre-existing stressors added to their stressors as well. After hospitalization, the main fear and worry of most of the participants after hospitalization was recurrent infection with COVID-19. Supporting this view, a study reported that COVID-19 patients live with a fear of death caused by the uncertainty of their intensive care experience and the progression of the disease. COVID-19 impacts on patients admitted to the ICU included both physical and psychosocial adverse effects. The effects of the infectious disease were noticed during their stay in the ICU and even after discharge [19].

Moreover, most of the participants in the current study reported that their family members were more worried than they were. Moreover, the visit restriction, fear of losing the patient, and uncertainty about the outcome had a negative impact on family members and their emotional well-being. Similarly, a study found that the restrictions inherent to the policy regarding visits and companions exerted a negative impact, increasing the patients' feelings of loneliness and isolation [24,32].

4.2. Theme 2: "Factors Promoting Recovery and Well-Being"

Patients identified that several factors that promoted their recovery and well-being from COVID-19 were turning points in their recovery, and these were categorized into intrinsic factors, extrinsic factors, and acceptance and faith.

Intrinsic factors, such as inner strength, power, and self-motivation, helped promote faster recovery. Similarly, a study reported that striving for recovery, being hopeful, and

following instructions given by health care providers helped patients to recover [20]. Along with intrinsic factors, some extrinsic factors were highlighted in this study. Participants reported that family members and health care providers provided physical, psychological, instrumental, and spiritual support. Strong bonding and unconditional love and being there emotionally for patients were linked to patients' recovery. Similarly, emotional support that was provided by others was found as a significant factor promoting patients' recovery [20]. Besides health care providers' usual care, they were considered as a link between family members and participants. Hence, patients were given electronic devices to call and text their family members.

Another study supported our findings, in which there was a Family Support Team formed during the COVID-19 period; this team provided reliable information to the family about the patient's condition through daily calling, offering a video call option [19]. This service was appreciated by relatives and considered as positive, humane, and supportive for patients admitted to the ICU who were able to benefit from this Family Support Team (FST) during the first COVID-19 peak. The research also formulated suggestions for further improvement [2,33]. Almost all relatives experienced the information transmission and support from the FSTs as positive, humane, and supportive, especially due to transparency about the patients' situation as provided by the FST as well as attention to relatives' well-being and providing predictability and certainty by calling on a daily basis in a period characterized by insecurity. We also found that besides receiving information from the FST, relatives independently contacted the ICU nursing staff. Combining the calls of the FST and calling the ICU nursing staff appeared to be complementary and was much appreciated by relatives. The offer of video calling options was also appreciated by relatives. This pandemic forced the medical ICU staff to arrange alternative family support, for instance, by Family Support Teams (FSTs) consisting of non-ICU affiliated staff who telephonically contacted relatives.

Moreover, in this study, acceptance of the disease and faith in God were the source of inner power, energy, and hope to recover and fight against COVID-19. Praying and reading the Holy Quran were the most common religious practices adopted by participants in this study. These findings were in line with other studies, in which they found that participants felt peace when they were close to God and performing additional religious practices and prayers [18]. In addition, praying and reading the Holy Quran acted as coping mechanisms, helping in stress reduction for participants during COVID-19 illness [22,34,35].

4.3. Satisfaction and Lessons Learned

The post-traumatic experience of COVID-19 patients evidences both the survivors' coping abilities in adapting to the harm done by the virus and the improvements for their future life.

When several studies on general post-traumatic experience were considered for this study, we found similar final themes. Communication with others, personal strength, a new style and philosophy in life, appreciation of life, and spiritual elevation were the post-traumatic growth categories [17].

Another study reported similar themes, such as belief in a higher power, appreciation for life, changing priorities, religious and spiritual change, personal power, and compassion for others [36,37]. When we examined the COVID-19-specific literature, we found that the literature categorized the post-COVID-19 traumatic experience into themes such as interpersonal relationships, new possibilities, personal power, spiritual conversion, appreciation of life, and pollution reduction [14]. Another study found similar categories, such as high levels of personal relationships, strengthened emotional power and resilience, gaining deeper spiritual connection, and a sense of gratitude for life [38]. Ultimately, these findings are well matched with the themes and subthemes in our study.

When the COVID-19 pandemic rapidly transmitted throughout the world, it became obvious that proper hand washing, social distancing, and wearing of surgical face masks were the lessons most learned during this disease. However, in our study, the partici-

pants, i.e., those who were infected by the virus, learned additional lessons from their own experience.

In this study, the lessons learned are as follows: appreciating God's blessings more after COVID-19 experiences; not underestimating the serious impact of COVID-19 on people; perceiving COVID-19 as a test from Allah; doing good and helping others; the importance of one's health; the importance of following COVID-19 precautions such as social distancing and sanitization; following visiting restrictions as precaution measure for family members after discharge; the reality that COVID-19 can affect all ages; and the importance of COVID-19 vaccination for all community members.

Similar study reported that the survivors of COVID-19 encountered not only a positive growth in social affairs, personal assets, and existential concepts but also improvements in health awareness [14]. This awareness led to a satisfactory performance related to important measures like being vaccinated, following hygienic instructions, and wearing masks. This is also similar to what was found in this study: Participants learned some lessons related to health awareness from their COVID-19 experience, like the importance of following COVID-19 precautions such as social distancing and sanitization, following visiting restrictions for family members after discharge, the importance of COVID-19 vaccination, and the importance of following standard precautions.

A study found that positive religious coping, religious openness, and readiness to face existential questions, were associated with any post-traumatic experience and growth [39]. In regards to the COVID-19 experience specifically, it was identified that this disease might also cause spiritual and existential transformations among people [39,40]. Furthermore, another study emphasized the importance of religiosity and spirituality during the post-COVID traumatic experience [41]. In our study, the participants similarly experienced existential growth and transformation, and some participants perceived COVID-19 as a test from Allah, and they appreciated God's blessings more than before after their COVID-19 experiences.

The importance of values during COVID-19 was highlighted among participants, which further created a deeper sense of human commitments [41]. In our study, one participant reported that one of the lessons learned from the disease was *doing good and helping others as well as the importance of ones' health*.

Despite the tough time experienced by COVID-19 survivors, satisfaction was the most common experience among participants in this study. They expressed their satisfaction of life and appreciation towards family, community members, health care providers, and the health care system. One of the positive changes that occurred for the participants after their diagnosis of COVID-19 was reevaluation of life priorities, which included a greater appreciation for others and of being alive.

4.4. Enhancing Trustworthiness of the Study

To meet the trustworthiness criteria for qualitative research, the credibility, transferability, dependability, and confirmability [12] of this study were maintained and assessed. Credibility was achieved by various methods. Four researchers analyzed the transcription and collectively agreed on the developed themes. Each participant was interviewed for 45–60 min. The researchers planned for additional interviews as well as a follow-up to obtain a higher level of information, validate the obtained data, and seek further understanding and clarification of the information shared during previous interviews if needed. This ensured prolonged engagement with the participants and enhanced the credibility of the findings. Moreover, the study employed member checks from the participants themselves to verify the data and ensure agreement with the interpretations and the conclusion made.

To meet transferability criteria, the applicability of a study's findings to other populations or contexts were maintained using a maximum variation sample in order to understand the psychological impact of COVID-19 on the mental well-being of participants across a diverse range (in terms of age, gender, level of education, severity of symptoms, and number of

admission days). The clearly described and appropriate methodology corresponds with study's aims and its questions. In addition, a detailed description of the sample, inclusion criteria, and sampling procedure are illustrated in the Sampling and Procedure Section. Moreover, the study clearly illustrated the process for data analysis. This ensures future evaluation of contextual similarity and therefore enhances study transferability.

To enhance dependability, this study planned for a dependability audit; a research expert with an extensive background in qualitative research was asked to serve as an auditor in the study to examine the process and the product of the research and ensure that the study was conducted fairly and rigorously and with adequate representation since comprehensive coverage of the research design and a clear explanation of the research process aid in study replication and help other researchers obtain a deep grasp of the research methodology.

To attain conformability, the data were audio-recorded and transcribed verbatim. The transcripts were read several times. Also, four researchers analyzed the transcripts and collectively determined the themes (triangulation) to enhance the objectivity of the findings. Moreover, the participants' quotes were included in the findings. In addition, as was clearly specified, the researcher bracketed any preconceived ideas and thoughts while extracting the meaning from the data so as to avoid inappropriate subjective judgments. This ensured conformability of the study findings.

The participants were asked to sign an e-consent form before commencing the call interview as evidence of their agreement to be part of the study. Detailed information and a description of the study (purpose of the research, the study procedure, the risk and benefits of being part of the study, and the procedure used to protect participants' confidentiality) were given to each participant over the phone, and only those who consented to be part of the study proceeded with the phone call interview at their scheduled time. The participants were informed that they had the right to stop or withdraw at any time from the study. Moreover, the participants were informed that the data were kept anonymous, a code was assigned to the interview, and no names were displayed in the analysis as well as in the publication. The researcher was also cautious to analyze any feelings of anxiousness exhibited by the participants during the phone call interview, and the participants were reminded about their right not to answer any question if they did not want.

4.5. Significance of the Study

The information from this study may contribute to development of knowledge about the psychological impact of COVID-19 on the Omani population. It also may lay the foundation for increasing the awareness about the psychological impact of COVID-19 on the mental well-being of people and shed light on the development of psychological support services for the community in Oman. In addition, data from this study may help in designing a tailored psychological intervention to improve the mental well-being of COVID-19 survivors.

4.6. Study Limitations

The study's limitation is that it was conducted by phone, making it unable to see the patients' moods, facial expressions, body language, and emotions, which are essential in qualitative research.

5. Conclusions

This study explored the lived experience of coronavirus survivors in Oman and the impact of their illness on their psychological well-being. The study found that coronavirus impacted the physical and the psychological well-being of the survivors. Many factors, such as personal strength and faith in God, positive thinking, and self-motivation, enhanced the patients' recovery.

Based on our study, the findings suggest that strict adherence to public health measures significantly reduced the transmission rate of COVID-19: Effective public health measures

such as social distancing and mask-wearing are essential in controlling the spread of infectious diseases, and public compliance with health guidelines is critical for the success of these measures. There is also a need for strict guidelines and more precautionary measures for the community to prevent dissemination of infection the among public. Additionally, emotional support during the pandemic was an important factor that promoted patients' recovery. Therefore, it is recommended that policymakers should enforce and promote public health measures during pandemics. Also, future research should focus on strategies to improve public compliance with health guidelines. In addition, emotional support and psychological interventions must be added in the management of any future pandemics.

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