



Lived experiences of COVID-19 disease: a qualitative meta-synthesis

Zhila Fereidouni^a, Zohreh Karimi^d, Elham Mirshah^b, Sahar Keyvanloo Shahrestanaki^c, Zahra Amrollah majdabadi^c, Mohammad Behnammoghadam^{e,*}, Mohammad saeed Mirzaee^{c,*}

Background: During the COVID-19 pandemic, various aspects of human life were changed around the world. The present study aimed to provide a systematic review of the available evidence on lived experiences of the COVID-19 pandemic.

Methods: This is a systematic review of the meta-synthesis type. Evidence from studies from 2019 to 2021 was used. Keywords of lived experiences, experiences, people, nation, patients, community, COVID-19, corona, and corona disease were searched in PubMed, Science Direct, Web of Science, and Cochrane databases. The Newcastle–Ottawa scale was used to evaluate the quality of articles. A qualitative meta-synthesis was performed by a researcher based on a three-step meta-synthesis method described by Thomas and colleagues. MAXQDA 10 was used for data analysis. The present study is based on the guidelines for Enhancing transparency in reporting the meta-synthesis of qualitative research (ENTREQ). The reliability of this study had a Kappa coefficient of 0.660 with a consistency rate of 98.766%.

Results: Finally, the data from 11 articles were analyzed. The main and sub-themes obtained in this study included negative aspects (chaos, hustle associated, dualities, bad body, value decay, seclusion, psychological challenges) as well as positive aspects (opportunities arising from the individual, family, and social stability).

Conclusion: Problems of life during COVID-19 should be considered as part of the COVID-19 pandemic care program. Individual assessments should normally be considered in a public health crisis. It is recommended to conduct serious, in-depth, and practical research in this field.

Keywords: Coronavirus, meta-synthesis, nursing, pandemic, people

Introduction

By 2030, COVID-19 is likely to be the third leading cause of death in the world^[1]. Currently, about 404 910 528 individuals have been diagnosed with COVID-19 disease around the world and 5 783 776 deaths have been reported^[2]. Although many measures have been taken throughout the world, including vaccination against this great pandemic, COVID-19 is still emerging

^aDepartment of Medical Surgical Nursing, Nursing School, Fasa University of Medical Sciences, Fasa, Fars, ^bInstructure of Nursing, School of Nursing and Midwifery, Shiraz University of medical sciences, Shiraz, ^cSchool of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, ^dDepartment of Operating Room, School of Paramedicine, Yasuj University of Medical Sciences, Yasuj and ^eSchool of Nursing and Midwifery, Isfahan University of medical sciences, Isfahan, Iran

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

*Corresponding author. Address: School of Nursing, Yasuj University of Medical Sciences, Yasuj, Iran, Tel.: +989 171 458 123. E-mail: mbehnam1363@gmail.com; and School of nursing and midwifery, Iran University of medical sciences, Tehran, Iran. E-mail: mohammad.akbarimohamad@yandex.com (M. Mirzaee).

Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

Annals of Medicine & Surgery (2024) 86:3442–3450

Received 12 March 2023; Accepted 2 July 2023

Published online 23 April 2024

<http://dx.doi.org/10.1097/MS9.0000000000001047>

HIGHLIGHTS

- During the COVID-19 pandemic, various aspects of human life were changed around the world. The present study aimed to provide a systematic review of the available evidence on Lived experiences of the COVID-19 pandemic.
- The main and sub-themes obtained in this study included negative aspects (chaos, hustle associated, dualities, bad body, value decay, seclusion, psychological challenges) as well as positive aspects (opportunities arising from individual, family, and social stability).
- Problems of life during COVID-19 should be considered as part of the COVID-19 pandemic care program. Individual assessments should normally be considered in a public health crisis.

as an important challenge in many countries^[3]. Due to mutations, COVID-19 occasionally causes new problems for people globally^[4]. From the onset of the COVID-19 disease, the world has gone through many ups and downs^[5].

A large number of patients, the disruption of the normal and everyday life of people, the disintegration of the health structure in different countries, very high deaths, numerous psychological effects in the society, and the uncertainty of the disease in the future were among the things that happened during the COVID-19 pandemic that people were dealing with in different societies, the living conditions of people have been affected by this disease in various ways^[6]. So, COVID-19 is one of the words definitely

heard by people all over the world each day^[7]. COVID-19 is a viral disease that threatens the health and lives of people with a very high risk of outbreak and involvement of people with complex and unexpected symptoms^[8]. COVID-19 has had serious effects on various aspects of people's health, that is physical, mental, economic, social, religious, and cultural aspects^[9]. Few people or groups of people in the world have escaped catching the symptoms of COVID-19 at least once^[10]. The physical and psychological damages caused by COVID-19 would make people nonfunctional at home or in a hospital for some time, causing serious psychological issues as well as economic problems for people and the health system of the countries^[11].

The resilience of individuals and families has been challenged in this period^[12]. COVID-19 is a serious source of crisis and great social fear that caused people to escape from each other and has reduced real-world social communication^[13]. The lived experiences of the people during the COVID-19 pandemic show the problems that this disease created in all aspects of life^[14]. The disease has even affected the policies of different countries^[15]. Fear of transmission of the disease, fear of death, the high number of infected people and death rates, overcrowding of hospitals and the high number of hospitalized people, psychological problems, and chaos in normal life are problems experienced by people during this period^[16]. Most importantly, the termination of the COVID-19 pandemic has become the main concern for people^[17].

Considering the important effects of COVID-19 on people's lives and the need to organize the available evidence about lived experiences during the pandemic, in this study we sought to analyze the evidence in this field in a meta-synthesis.

Research question

In this study, we sought to answer the question, "What are lived experiences during the COVID-19 pandemic?"

Methods

Study design

This is a systematic review aiming to synthesize current evidence available evidence of people's experiences during the COVID-19 pandemic. In order to examine the final evidence, the three authors (Z.M., M.B., and Z.F.) screened the titles and abstracts of the articles independently to find sufficiently qualified cases. Inclusion criteria consisted of English articles from the last 3 years (2019–2021) and no restrictions were imposed in terms of study design and country of origin. According to A PICO for this "qualitative" question, after eliminating duplicate items, articles were reviewed to select eligible items. In the secondary review, other inclusion criteria were: all people in any age group (population), presenting lived experiences during the COVID-19 (intervention), Those articles that do not meet the eligibility criteria (comparison group), and studies related to lived experiences during COVID-19 (results) and any qualitative studies. Meta-analyses, systematic reviews, and secondary studies, and all non-English language studies were also excluded. Nonconforming studies were reviewed by two researchers (S.K.S. and L.Z.M.).

The work has been reported in line with AMSTAR (Assessing the methodological quality of systematic reviews) Guidelines.

Search and evidence selection strategy

The selection process was based on the PRISMA algorithm (Fig. 1)^[18]. To identify all published and reviewed studies of people with COVID-19, the two researchers (Z.K. and E.M.) independently searched PubMed, Science Direct, Web of Science, and Cochrane databases in January 2021. Keywords of "lived experiences", "Experiences", "People", "Persons", "Patients", "Society", "COVID-19", "Corona", "Corona Disease" were searched and Boolean operators of "OR", "AND" and "NOT" were used. By reviewing the articles, the search was enhanced.

Data extraction

Data were extracted from articles using data collection form, and disputes were resolved by four of the researchers (Z.M., Z.F., E.M., and M.B.). The collected data were classified according to the characteristics of the articles: author, year of publication, research design, objective, place of study, sampling method, and original findings. Duplicate articles were removed. The titles and abstracts of all studies were reviewed to remove those articles that apparently could not be used. After this step, the two researchers (E.M. and M.B.) evaluated the full text of the remaining studies for detailed analysis based on inclusion and exclusion criteria. Finally, data were extracted from studies eligible for meta-synthesis using standardized platforms in Excel software. All disputes were resolved using the opinion of a third researcher (M. S.M.). The Newcastle–Ottawa scale was used to evaluate the quality of articles (Table 1).

Data analysis

A qualitative meta-synthesis was performed by the researcher based on a three-step meta-synthesis method described by Thomas *et al.*^[19]. In the first step, the data were coded line by line. Basic concepts were selected from the main sections of the articles, such as findings and discussion. In the next step, the codes were categorized into descriptive topics. Codes were used to create new themes. The themes created by the two researchers (Z. K., M.B.) were evaluated for transparency, consistency, and perceptibility of the subject. Finally, the main themes and sub-themes were organized. MAXQDA 10 was used for data analysis. The present study is based on the guidelines for Enhancing transparency in reporting the meta-synthesis of qualitative research (*ENTREQ*)^[20]. A Kappa coefficient of 0.660 was reported to confirm the reliability of the study as determined by two evaluators (Z.F. and M.S.M.) for this study with a consistency of 98.766%.

Results

Finally, the data from 11 articles were analyzed (Table 2). The selected articles were completely relevant to the research question. (The titles of the articles were related to the desired question, the summaries of the articles were consistent with the purpose of our research, and the data presented in the articles answered the research question well) The main themes and sub-themes obtained in this study included both negative and positive aspects (Table 3).

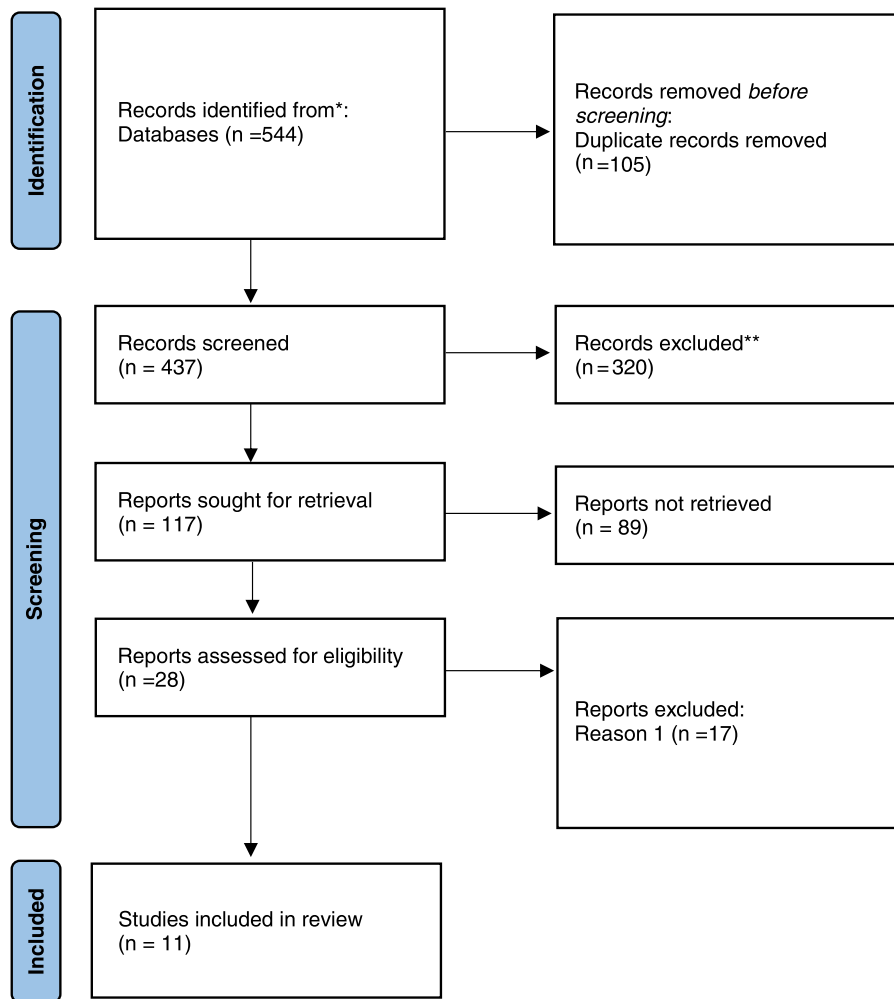


Figure 1. PRISMA flow diagram for inclusion and exclusion of studies.

Negative aspects

Negative aspects of this study included chaos, hustle associated, dualities, bad body, value decay, seclusion, and psychological challenges.

Chaos

Studies have identified issues such as injustice, discrimination, and social inequality as negative points resulting from COVID-19, which caused inequality in different levels of life during this period^[21]. Misplaced prejudices increased during COVID-19 and people had been socially isolated^[22]. Based on the findings of this study, chaos in social relations was observed; The intensity of chaos at different individual and social levels was different. According to the findings of this study, social communication was disrupted during the Covid-19 pandemic^[23]. There was a social stigma among people in the community regarding those with symptoms of COVID-19^[24]. This negative view by others and the pessimism created in the community had affected people's life^[25] and created a chaos.

Hustle associated

Among the general cases mentioned in most studies are the educational barriers and stagnation of health education during the COVID-19 pandemic, which posed numerous challenges to the health education area, as well as the negative effects of the media, which confused people about the disease by promoting misinformation^[25]. Economic problems such as business stagnation and irregularities in production were important issues mentioned in studies as the main problems of the pandemic period due to the chaos in the business market^[23]. The imbalance in welfare at various social levels from the beginning of the pandemic has made difficult living conditions for people^[26]. Some studies pointed out that the privacy of individuals was clearly taken away during the pandemic, in other words, the large number of patients in the hospital and excessive gathering of people in the treatment departments and when visiting the hospital created a challenge for the privacy of the patients^[25]. Individuals had instability and imbalance in performing their tasks, and most lived experienced a sense of lack of support in their families^[22].

Table 1
Evaluate the quality of studies based on the Newcastle–Ottawa scale.

Evidence	Selection			Comparability	Outcome		Total Score	
	Rationality of the sample	Sample size	Representative of the case	Measurement tool	Comparability on the basis of the design and analysis	Assessment of outcome		Statistical test
1 Josefine R. Arellano, and Jenelyn E. Delgado	*	-	*	-	*	*	-	4
2 Eerika Finell, Marja Tiilikainen, Inga Jasinskaja-Lahti, Nasteho Hasan and Fairuz Muthana	*	-	*	-	*	*	-	4
3 Aidah Alkaiisi, Fadi AlZiben, Mohammad Abu Rajab and Mahdia Alkony	*	-	*	-	*	*	-	4
4 Wei Liu , Jia Liu	*	-	*	-	*	*	-	4
5 Mahnaz Moradi, Peyman Namdar, Fatemeh GHapanvari, Leili Yekefallah	*	-	*	-	*	*	-	4
6 Yu Deng, Jixue Yang, Li Wang, Yaokai Chen	*	-	*	-	*	*	-	4
7 Tajbakhsh Gh ^[23]	*	-	*	-	*	*	-	4
8 Malene Missel, Camilla Bernild, Signe Westh Christensen, Ilkay Daygaran, and Selina Kikkenborg Berg	*	-	*	-	*	*	-	4
9 Mary Ellen Roberts, Joyce Knestrick, Lenore Resick	*	-	*	-	*	*	-	4
10 Haeng-Mi Son, Won-Hee Choi, Young-Hui Hwang and Hye-Ryun Yang	*	-	*	-	*	*	-	4
11 Zohreh Khoshnood, Roghayeh Mehdipour-Rabori, Faezeh Nazari Robati, Marzieh Helal Birjandi, Samaneh Bagherian	*	-	*	-	*	*	-	4

Dualities

During the COVID-19 pandemic, people were confused about their lack of financial support and the fate of their illness, there was uncertainty and little access to resources and support, and they were neglected about receiving care services^[22], and some people felt they had been ignored in society^[27]. The Shortage of information about the pandemic had caused anxiety and frustration with life and the future^[26]. In some studies, some people have reported frustration and disappointment about their treatment and disease status—a global concern that left people with uncertainty and ambiguity in their lives^[25].

Bad body

Studies have shown that people felt physically threatened during the COVID-19 pandemic. They thought they may be under threat of illness and physical damage^[28]. There were physical injuries caused by COVID-19, including lung problems, taste disorders, disruption of sleep, and rhythm of daily life. People constantly saw the virus transmission as a threat to illness and physical integrity^[22]. The complex and varied physical symptoms were concerning for people^[25,26]. They were scared about the physical damage caused by the virus and its side effects^[29,30]. The physical trauma was experienced by most people during the COVID-19 period^[27]. Physical fatigue and loss of consciousness caused by COVID-19 posed challenges to people’s daily lives^[28].

Value decay

Other negative aspects found in the studies included the value decay for the people. They were suffering from religious deprivation during the illness, especially if they were hospitalized or quarantined^[23–27]. An extensive cultural weakness was observed

in the community during the pandemic, and people struggled with the implementation of religious processes^[23]. Limitations in beliefs and problems in the implementation of religious orders were highly emphasized in studies. This created value and beliefs decay as an important and serious challenge in life during the COVID-19 period^[27].

Seclusion

The COVID-19 pandemic led to forced quarantine and isolation. People considered these conditions threatening to themselves and their lives^[25–31]. This period was accompanied by fear and apprehension^[22], especially living in quarantine, which was very difficult for people and deprived them of their freedom^[27], making them isolated^[30], creating a sense of being rejected, which was an important challenge for people who had previously lived as they liked^[21]. Long-term isolation and disruption of the normal routine during the pandemic overshadowed the basic order of people’s lives and made them isolated^[31].

Psychological challenges

One of the main negative aspects of the pandemic period was psychological challenges. In studies, we found that during the pandemic, lived experiences serious negative emotions^[30]. Psychological damages caused by difficult living conditions^[26] led to psychological traumatic experiences for people^[27]. Fear prevailed among people^[25]. They felt defeated^[22]. Studies showed that people were very keen to deny issues such as death and even catching the COVID-19 disease^[26]. People felt guilty and regret due to the experience of fear and the possibility of illness and death^[22]. They suffered crises and emotional disorders^[28]. Symptoms of anxiety and worry were clearly visible, social phobia was one of the cases that observed in the individuals at the

Table 2**Details of reviewed articles related to lived experiences of COVID-19 disease.**

No	Title	Publication year	Study design	Aim	Country	Sampling method	Main results
1	Lived Experiences of Persons under Investigation and Persons under Monitoring During General Community Quarantine	2021	Qualitative phenomenological	Generally, this study explored the lived experiences of Persons Under Investigations and Persons Under Monitoring.	Philippines	enumeration sampling	In the analysis, the major themes identified were Initial Reaction, Discrimination, Life During 14-day Quarantine or Isolation, Challenges Experienced as (1) Persons Under Investigation and (2) Persons Under Monitoring.
2	Lived Experience Related to the COVID-19 Pandemic among Arabic-, Russian- and Somali-Speaking Migrants in Finland.	2021	Qualitative Study	This qualitative study maps COVID-19-related experiences among respondents from three migrant groups living in Finland	Finland	snowball sampling	COVID-19 infection as a health threat, Being vulnerable in Finland, Communal and multifocal worries, living with the threat of the virus in the everyday, Building trust and cooperation with Finnish society, Supporting each other and Globally shared worry and cross-border solidarity
3	Lived Experiences of Palestinian Patients with COVID-19: A Multi-center Phenomenological Study of Recovery Journey	2021	Multi-centre phenomenological study	This study was conducted to explore lived experiences of Palestinian patients who recovered from COVID-19.	Palestinian	Purposive sampling	The themes were relevant to patient's feelings about the experience, mental issues, social discriminations/stigma, symptoms, life in isolation, using supportive treatment, personal preventive measures, social support, and life after recovery.
4	Living with COVID-19: a phenomenological study of hospitalised patients involved in family cluster transmission	2021	Descriptive phenomenological design	To describe experiences of hospitalized patients with COVID-19 following family cluster transmission of the infection and the meaning of these experiences for them.	China	Purposive sampling	Six themes emerged from data analysis during two distinct phases of patients going through COVID-19: Imbalances between individual well-being and family responsibilities, Facing widespread prejudice and rejection, Heavy toll on the body and mind, Living with uncertainty and sadness, Living with fear of death and concerns about family and Living with hope and gratitude.
5	Lived Experiences of the Patients Hospitalized with COVID-19: A Phenomenological Study in a Province of Northwest Iran	2021	Phenomenological study	To explore the experiences of patients with COVID-19 during care and quarantine in northwest Iran.	Iran	Purposive sample	Themes and categories of COVID-19 disease: Response to traumatic experience (Physical symptoms, Psychological reactions and Penetration into existence) and Characteristics of experience (Fear, Failure, Support, Rejection, Denial, Stigma, Feeling guilty, Remorse and Growth). Themes and categories of the quarantine themes: Deprivation(Elimination of normal routine, Loneliness, Disruption of religious beliefs and Restriction) and Confusion(Preferring recovery centre, Ignorance of the principles of segregation and Uncertainty).
6	How Lived Experiences of COVID-19 Shape Mental Health: A Case Series of COVID-19 Patients from Wuhan, China	2021	Phenomenological study	Aim of study is explore COVID-19 patients' mental health issues before, during, and after hospitalization, and offer insights to psychological interventions for COVID-19 patients at different stages.	China	Convenience sampling	The case reports showed that persons diagnosed with COVID-19 infection and admitted to the COVID ward developed the symptoms of anxiety, worry, low mood, frustration, irritability, stigma, distress, guilt, and loneliness. Lack of scientific information, long-term social isolation, and limited social support were the main risk factors leading to their mental health problems.
7	COVID-19 and the Lived Experience of People Facing it; a Quantitative Study	2021	Phenomenological approach	The present study assessed the lived experience of people infected by COVID-19.	Iran	Purposive sampling	Seven main themes were identified, including the dimensions of health and education (highlighting the role of healthcare providers, improving personal health, stagnation of educational activities, the need to improve media literacy), family (family-centred lifestyle, generational convergence and family cohesion), social (disruption of relationships and social interactions of individuals, increasing social trust in healthcare institutions, reproduction of social inequality), cultural and religious (spirituality, cultural weakness), economic (disorder and recession following disruption of business and production), sovereignty and politics (organizational integrity, bioterrorism), psychological (anxiety and social phobia).
8		2021			Denmark		

	It's Not Just a Virus! Lived Experiences of People Diagnosed with COVID-19 Infection in Denmark		Phenomenological hermeneutical approach	The purpose of this study was to explore the lived experiences of people infected with the coronavirus in Denmark during the first phase of the pandemic.		Convenience sampling	The main concepts was emerging in this study: COVID-19 as a Threat to Existence, COVID-19 as a Threat to Bodily Perception and COVID-19 as an Interference With Ordinary Social Relationships.
9	The Lived Experience of COVID-19	2021	Phenomenological approach	This study was conducted to understand the experience of individuals infected with COVID-19.	USA	Snowball	The data analysis resulted in 2 major themes emerging: Physical Experiences (Overwhelming Fatigue, Loss of the Sense of Taste/Smell, Neurologic/Muscular Symptoms) and Psychologic/Emotional Experiences (Loss of Control, Isolation Also Was Part of Fear, Anger, Shame/Embarrassed, Anxiety).
10	The Lived Experiences of COVID-19 Patients in South Korea: A Qualitative Study	2021	Phenomenological design	Thus, this study aimed to conduct and examine phenomenological qualitative interviews to describe the disease experiences of COVID-19 patients in-depth and to understand the meaning and essential structure of their physical, psychological, and social stress.	South Korea	Purposive sampling	Desperate and uncertain times during COVID-19 diagnosis and treatment (eeling Anxious about COVID-19 diagnosis, Terrifying life in quarantine room with everything blocked, Conquered by helplessness, Appreciation for medical personnel), Shock and complaints related to the disinfection process (Being completely stripped of privacy during the disinfection process, Unorganized disinfection system and Need for government policies), Social stigma: My scarlet letter(Accidental COVID-19 Infection, Guilt: Because of me, Negatively viewed by others and Negatively viewed by society), Social stigma: My scarlet letter(Negative influence of social and mass media and Psychological scars that cannot be healed), Mind and body deprived by COVID-19(COVID-19 symptoms and Fear of death) and Rediscovering relationships through experiencing hardship(Feeling sorry for their family, Family support during hard times and Support from others).
11	Patients' Experiences of Living with Coronavirus Disease 2019: A Qualitative Study	2021	Conventional content analysis	This study aimed to explore patients' experiences of living with COVID-19.	Iran	Purposive sampling	The theme was identified as: Coronavirus as a prison of time and the categories were behavioural challenges, human flourishing, negative emotions, and psychological distress in quarantine.

Table 3**Lived experiences with COVID-19 disease.**

Themes	Sub-themes	Concepts
Negative aspects	Chaos	Discrimination, Social inequality, Prejudice, Social isolation, Disruption of social relations, injustice, Disrupt interactions, Social stigma, Negative look at others, And Pessimism of society.
	Hustle associated	The recession of health education, Negative impact of media, Economic problems, Educational barriers, Business recession, Disorder in production, Imbalance in welfare, Deprivation of privacy, Imbalance of role, and responsibility and lack of family support.
	Dualities	Bewilderment, Uncertainty, Ignorance, lack of information about one's condition, frustration, Muzz, frustration with treatment, global worry, and living with uncertainty.
	Bad body	The physical threat, Bodily injury, a Virus threat, Physical symptoms, Bodily hurt, Experience of physical trauma, Fatigue, and loss of consciousness.
	Value decay	Religious deprivation, Cultural weakness, Problems with religious processes, Restrictions on beliefs, and Difficulties in carrying out religious orders.
	Seclusion	Life-threatening, living with fear, Isolation, living in quarantine, living alone, Fragility, Prolonged isolation, and Disruption of normal life routines.
	Psychological challenges	Negative emotions, Mental injury, Psychological trauma, Fear, of failure, Denial, Guilt, Regret, Emotional disorders, Anxiety symptoms, Abhorrent, Social phobia, Mental depression, Anger, Embarrassment, and Mental distress.
Positive aspects	Opportunities for individual, family, and social stability	Supporting others, Human prosperity, The role of health educators, Building trust, Supporting each other, Social support, Growth experience, Overcoming social helplessness, Family-based life, Family cohesion, Family support, Health promotion, Increasing trust in the health system, and Supportive treatment Effective.

community level^[23]. People were suffering from a kind of mental depression^[21]. They were very angry and ashamed to be looked at as a COVID-19 patient^[28].

Positive aspects

Although the COVID-19 pandemic had many challenges and negative aspects, some studies have pointed to the positive aspects of this period. The positive aspects mentioned in the studies included opportunities arising from individual, family, and social stability, which according to researchers, are summarized in the following sub-theme.

Opportunities for individual, family, and social stability

Factors that show stability in individuals, families, and communities include supporting others^[25] and building capacity for human flourishing during the pandemic^[30]. The role of health educators in this period was considered effective and positive by some studies^[23]. Society had acquired a sense of trust in the medical staff^[25]. During the pandemic, people supported each other more than in any other period. Social support during the pandemic and the experience of growth in various aspects of life^[27] were mentioned by some studies. Studies showed that people were able to overcome social helplessness during COVID-19^[25]. Family-centred life was also adopted. Families achieved greater cohesion and understanding. Family members seriously supported each other during the pandemic. Health promotion increasingly progressed during the pandemic^[23] and enhanced public confidence in the health system due to their supportive care.

Discussion

The present study aimed to obtain lived experiences of living with COVID-19 in existing studies and to combine these findings to create new knowledge in this field. In this study, we found that people gained a variety of experiences during the COVID-19 pandemic, which was divided in our study into two general

categories of negative and positive aspects. Findings showed that people had positive and negative experiences based on the results of various studies. They suffered from various mental and physical problems during the pandemic^[32]. In our opinion, it is important to understand the lived experiences of individuals during COVID-19, especially due to the conditions resulting from quarantine and isolation^[33]. However, less the support from family and friends during this period, the more likely that people's lives faced major difficulties and challenges^[34]. The findings showed that the pandemic has somehow affected people's daily lives and mental and social health^[35]. People's negative experiences, such as mental health, social stigma, guilt, shame, and doubt during this period, were indicative of the negative aspects of the pandemic^[36]. The findings of the study showed that those who or members of their family had caught the disease experienced more psychological, social, and physical challenges^[37]. In the present study, it was found that the lack of sufficient and accurate information by the media was a negative aspect of the pandemic experienced by people. Studies showed that strengthening trust and effective information communication could lead to positive adjustments and create a constructive response to disease-related threats and social environments^[38]. Negative emotional and psychological conditions as well as disturbance of social relations and daily life had been emphasized as negative aspects of life in this period. According to studies, after COVID-19, physical and emotional care would be necessary to improve the social relationships and mental conditions of individuals^[39]. An important advantage of our study is that the review of other articles could give us new insights into the lived experiences of individuals in the studies about life during COVID-19.

Limitations

One of the major limitations of this study is the lack of serious and fundamental studies on the lived experiences of people and patients living with COVID-19. The authors answered the research question by selecting the most accurate and up-to-date resources.

Conclusion

Based on the findings, analysis of lived experiences of living during the pandemic could contribute to policy-making and decision-making of officials, improving the quality of information, reducing stress and anxiety, and improving safety and quality functioning in critical situations. The results of this study can help healthcare providers identify the needs of individuals and design a caring model for them. The findings also help identify and organize educational needs during the pandemic and design nursing programs to meet them. Mental health issues should be considered as part of a caring plan during the pandemic. Individual assessments should be normally considered in a public health crisis. Serious, in-depth, and practical studies in this field are recommended. It is also recommended that the findings of this study be used in the formulation of strategic nursing policies.

Ethical approval

Not applicable.

Consent

Not applicable.

Sources of funding

The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors

Author contribution

Contributions: M.B., M.S.M., and Z.K., E.M., and Z.F. participated in the research design. All authors participated in the writing/revising of the paper, M.B., M.S.M., and Z.F.: participated in data analysis and explanation. Z.M., M.B. and Z.F. screened the titles and abstracts of the articles independently to find sufficiently qualified cases. Nonconforming studies were reviewed by two researchers S.K.S. and L.Z.M.. Two researchers Z.K. and E.M. independently searched all databases. Data were extracted by Z.M., Z.F, E.M., and M.B..

Conflicts of interest disclosure

There are no conflicts of interest.

Research registration unique identifying number (UIN)

This systematic review is registered in PROSPERO; the article registration number in PROSPERO is CRD42022308369.

Guarantor

Zohreh Karimi.

Data availability statement

All data relevant to the study are included in the article or uploaded as online supplemental information. All data generated or analyzed during this study are included in this published article

Provenance and peer review

Not commissioned, externally peer-reviewed.

Acknowledgements

The authors thank the Vice Chancellor for Research of Yasuj University of Medical Sciences for their financial support of this study and all the nurses who helped them in this research.

References

- [1] Blach S, Kondili LA, Aghemo A, *et al.* Impact of COVID-19 on global HCV elimination efforts. *J Hepatol* 2021;74:31–6.
- [2] Kim SY, Yeniova AÖ. Global, regional, and national incidence and mortality of COVID-19 in 237 countries and territories, January 2022: a systematic analysis for World Health Organization COVID-19 Dashboard. *Life Cycle. Lancet* 2022;2:1–20.
- [3] Karafillakis E, Van Damme P, Hendrickx G, *et al.* COVID-19 in Europe: new challenges for addressing vaccine hesitancy. *The Lancet* 2022;399: 699–701.
- [4] Haque A, Pant AB. Mitigating Covid-19 in the face of emerging virus variants, breakthrough infections and vaccine hesitancy. *J Autoimmun* 2022;127:102792.
- [5] Zawbaa HM, Osama H, El-Gendy A, *et al.* Effect of mutation and vaccination on spread, severity, and mortality of COVID-19 disease. *J Med Virol* 2022;94:197–204.
- [6] Hossini Rafsanjanipoor SM, Zakeri MA, Dehghan M, *et al.* Iranian psychosocial status and its determinant factors during the prevalence of COVID-19 disease. *Psychol Health Med* 2022;27:30–41.
- [7] Armstrong M, Aker N, Nair P, *et al.* Trust and inclusion during the Covid-19 pandemic: Perspectives from Black and South Asian people living with dementia and their carers in the UK. *Int J Geriatr Psychiatry* 2022;37:1–13.
- [8] Shamsaliniya A, Mahmoudian A, Bahrami S, *et al.* Risk factors and the psychological impacts of the COVID-19 outbreak: perspectives and experiences of Iranian healthcare workers on the frontline. *Disasters* 2023;47:114–35.
- [9] Ferreira LN, Pereira LN, da Fe Bras M, *et al.* Quality of life under the COVID-19 quarantine. *Qual Life Res* 2021;30:1389–405.
- [10] Daoust JF. Elderly people and responses to COVID-19 in 27 countries. *PLoS One* 2020;15:e0235590.
- [11] Levkovich I, Shinan-Altman S. Impact of the COVID-19 pandemic on stress and emotional reactions in Israel: a mixed-methods study. *Int Health* 2021;13:358–66.
- [12] Walsh F. The concept of family resilience: crisis and challenge. *Fam Process* 1996;35:261–81.
- [13] Kato TA, Sartorius N, Shinfuku N. Forced social isolation due to COVID -19 and consequent mental health problems: lessons from hikikomori. *Psychiatry and Clinical Neurosciences* 2020;74:506–7.
- [14] Ares G, Bove I, Vidal L, *et al.* The experience of social distancing for families with children and adolescents during the coronavirus (COVID-19) pandemic in Uruguay: Difficulties and opportunities. *Child Youth Serv Rev* 2021;121:105906.
- [15] James AD, Rushton J. The economics of foot and mouth disease. *Rev Sci Tech* 2002;21:637–44.
- [16] Lo Coco G, Gentile A, Bosnar K, *et al.* A cross-country examination on the fear of COVID-19 and the sense of loneliness during the first wave of COVID-19 outbreak. *Int J Environ Res Public Health* 2021;18:2586.
- [17] Bayefsky MJ, Bartz D, Watson KL. Abortion during the Covid-19 pandemic—ensuring access to an essential health service. *N Engl J Med* 2020;382:e47.
- [18] Selcuk AA. A guide for systematic reviews: PRISMA. *Turk Arch Otorhinolaryngol* 2019;57:57–8.

- [19] Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol* 2008;8:45.
- [20] McKenna-Plumley PE, Groarke JM, Turner RN, *et al.* Experiences of loneliness: a study protocol for a systematic review and thematic synthesis of qualitative literature. *Syst Rev* 2020;9:284.
- [21] Alkaissi A, AlZiben F, Rajab MA, *et al.* COVID-19: a multi-center descriptive phenomenological study of recovery journey. *BMC Public Health*. 2022;22:470.
- [22] Liu W, Liu J. Living with COVID-19: a phenomenological study of hospitalised patients involved in family cluster transmission. *BMJ Open* 2021;11:e046128.
- [23] Tajbakhsh G. COVID-19 and the lived experience of people facing it; a quantitative study. *J Educ Community Health* 2021;8:127–33.
- [24] Missel M, Bernild C, Christensen SW, *et al.* It's not just a virus! lived experiences of people diagnosed with COVID-19 infection in Denmark. *Qual Health Res* 2021;31:822–34.
- [25] Son HM, Choi WH, Hwang YH, *et al.* The lived experiences of COVID-19 patients in south korea: a qualitative study. *Int J Environ Res Public Health* 2021;18:7419.
- [26] Deng Y, Yang J, Wang L, *et al.* How lived experiences of COVID-19 shape mental health: a case series of COVID-19 patients from Wuhan, China. *Alpha Psychiatry* 2021;22:269–74.
- [27] Moradi M, Namdar P, GHapanvari F, *et al.* Lived experiences of the patients hospitalized with COVID-19: a phenomenological study in a province of Northwest Iran. *PRIJNR* 2021;25:327–40.
- [28] Roberts ME, Knestrick J, Resick L. The lived experience of COVID-19. *J Nurse Pract* 2021;17:828–32.
- [29] Finell E, Tiilikainen M, Jasinskaja-Lahti I, *et al.* Lived experience related to the COVID-19 pandemic among Arabic-, Russian- and Somali-speaking migrants in Finland. *Int J Environ Res Public Health* 2021;18:2601.
- [30] Khoshnood Z, Mehdipour-Rabori R, Nazari Robati F, *et al.* Patients' experiences of living with coronavirus disease 2019: a qualitative study. *Evidence Based Care* 2021;11:44–50.
- [31] Delgado JE, Arellano JR. Lived experiences of persons under investigation and persons under monitoring during general community quarantine. *South Asian J Soc Studies Econ* 2021;20–6. doi: 10.9734/SAJSSE%2F2021%2FV10I430270.
- [32] Khan KS, Mamun MA, Griffiths MD, *et al.* The mental health impact of the COVID-19 pandemic across different cohorts. *Int J Ment Health Addict* 2022;20:380–6.
- [33] Wang Y, Shi L, Que J, *et al.* The impact of quarantine on mental health status among general population in China during the COVID-19 pandemic. *Mol Psychiatry* 2021;26:4813–22.
- [34] Subhrajit C. Problems faced by LGBT people in the mainstream society: Some recommendations. *IJIMS* 2014;1:317–31.
- [35] Helbich M. Toward dynamic urban environmental exposure assessments in mental health research. *Environ Res* 2018;161:129–35.
- [36] Garnets L, Herek GM, Levy B. Violence and victimization of lesbians and gay men. *J Interpersonal Violence* 2016;5:366–83.
- [37] Imran N, Zeshan M, Pervaiz Z. Mental health considerations for children & adolescents in COVID-19 pandemic. *Pak J Med Sci* 2020;36 (COVID19-S4):S67–72.
- [38] Shafi M, Liu J, Ren W. Impact of COVID-19 pandemic on micro, small, and medium-sized Enterprises operating in Pakistan. *Res Glob* 2020;2:100018.
- [39] Philpot LM, Ramar P, Roellinger DL, *et al.* Changes in social relationships during an initial “stay-at-home” phase of the COVID-19 pandemic: a longitudinal survey study in the U.S. *Soc Sci Med* 2021;274:113779.