

Lessons Learned from the Lived Experiences of COVID-19 ICU Survivors Who are Struggling Through Critical Conditions and Surviving to Champion Life: A Qualitative Study

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Background: Due to the coronavirus disease 2019 (COVID-19) pandemic, millions of lives were lost globally, including in Indonesia. Some patients with COVID-19 may experience severe symptoms of hypoxia, while some may be critically ill and admitted to the intensive care unit (ICU) for survival.

Purpose: This study aimed to understand the lived experiences of COVID-19 ICU survivors who were in a critical condition.

Methods: This phenomenological study used semistructured interviews with nine participants who were COVID-19 ICU survivors. Data analysis was performed using the Colaizzi approach.

Results: The phenomenon of the lived experiences of COVID-19 ICU survivors was presented in seven subthemes and four main themes: struggling in a state of helplessness, fostering a positive spirit from within, amplifying the support from nurses and doctors, and strengthening the connection with family and the Almighty. These themes indicated the essential aspects of psychosocial support needed to boost strength and energy and elevate the body's immune system, which is crucial to champion life through critical conditions.

Conclusion: The new insight resulting from the study is shown in the four main themes, which play a significant role in elevating the healing process and enabling patients to survive critical conditions. Therefore, this study recommends the importance of psychosocial support for patients with critical conditions, which involves family and their significant others, and facilitating the connection between the patient and God.

Keywords: COVID-19, ICU survivor, intensive care unit survivors, qualitative study, phenomenological study

Introduction

The coronavirus disease 2019 (COVID-19) pandemic significantly affected not only Indonesia but also the world. COVID-19 is a highly contagious disease that primarily targets the pulmonary alveoli.¹ On December 31, 2019, COVID-19 first appeared in Wuhan, China, and spread worldwide on May 18, 2020. The World Health Organization (WHO) reported 4,619,477 confirmed cases globally, with 311,847 confirmed deaths.² As of October 2023, WHO reported 771,151,224 confirmed positive cases in 235 countries, with 6,960,783 deaths; 6,811,945 confirmed positive cases were also recorded in Indonesia, with 161,870 confirmed deaths.³ Millions of lives were lost globally, including in Indonesia, from the beginning of 2020 until early October 2023 due to the COVID-19 pandemic. Moreover, the COVID-19 pandemic has resulted in significant pressure on various systems, especially the healthcare system, both at the macro and micro levels.

Most patients with COVID-19 exhibit mild-to-moderate clinical symptoms;⁴ however, 14% of patients with COVID-19 can experience more severe symptoms of hypoxia and dyspnea, and approximately 5% may become critically ill with respiratory distress, septic shock, or multiorgan dysfunction.⁵ Globally, 80% of the reported COVID-19 cases presented with mild respiratory symptoms, 15% required hospitalization, and 5% were in critical condition.⁶

Furthermore, approximately 33% of hospitalized patients with COVID-19 developed acute respiratory distress syndrome (ARDS), and approximately 75% of the patients with ARDS required intensive care unit (ICU) care.⁷ The morbidity and mortality rates of COVID-19 are largely related to ARDS due to acute viral pneumonia.⁸ The COVID-19 mortality rate in Indonesia is 8.9%, which is the highest in Southeast Asia.⁹ In this study, most patients with COVID-19 treated in the ICU experienced respiratory distress, which was characterized by difficulty in breathing and hypoxemia. This is consistent with the results of the study by Xu et al (2020).¹⁰

Data obtained from an unstructured interview with one of the ICU head nurses in 2021 showed that the clinical condition of patients with COVID-19 admitted to the ICU was characterized by oxygen saturation of <80%. Patients experience severe shortness of breath and unstable hemodynamics and usually require oxygen support.

In the ICU, patients are provided with Optiflow (high-flow nasal oxygen therapy) or mechanical ventilation to support breathing. In this context, regarding the treatment of patients with COVID-19 in the ICU, a few patients could not be saved. Fortunately, some patients treated in the ICU survived through critical conditions.¹¹

In this regard, it is crucial to explore the phenomenon related to the lived experiences of COVID-19 survivors through care and treatment in the ICU. Theoretical descriptions related to this phenomenon can be used as a lesson learned for society and health professionals to better understand this phenomenon and provide information to support health services for critically ill patients to achieve the best possible outcome for patients admitted in the ICU. However, the results of the literature review on this topic are virtually highly limited. Therefore, this study aimed to explore the lived experiences of COVID-19 ICU survivors who were in a critical condition.

Materials and Methods

Study Design

This study used a qualitative approach of descriptive phenomenology, which aims to explore the lived experiences of COVID-19 ICU survivors who were in a critical condition.

Descriptive phenomenology is concerned with revealing the “essence” or “essential structure” of any phenomenon under investigation, that is, the features that make it what it is, rather than something else.¹² Moreover, descriptive phenomenology is the study of human experience that seeks to explore the understanding of the human world as the basis of science, which brings justice to the experience of everyday life and goes to the things themselves.¹³ Phenomenology believes that lived experiences provide meaning to each individual in perceiving a certain phenomenon.¹⁴ The essence of phenomenology is the things themselves or their naturalness and the purity of the essence of something.¹⁵ Phenomenology focuses to describe the phenomenon under study. Data analysis was performed using the Colaizzi approach (1978),¹⁶ which provides insights into the lived experiences of COVID-19 ICU survivors who were in a critical condition.

Participants and Setting

This study was conducted in Jakarta and surrounding areas and in Bandung, West Java, Indonesia, between June and December 2021. Data collection began after obtaining ethical clearance from the Health Research Ethics Committee of Padjadjaran University. In the recruitment process, the researcher accessed prospective participants from COVID-19 survivors through a network of nurses working in critical care and high care settings.

Purposive sampling was employed, and the participants were recruited based on the following inclusion criteria: (1) COVID-19 survivors who had been treated in the ICU, (2) had been treated using a high-flow nasal cannula (Optiflow) or mechanical ventilation (Ventilator), and (3) were willing to share their experience. The exclusion criterion was as follows: participants who still reported health problems or complaints post-treatment in the ICU. Nine COVID-19 survivors were recruited. All participants provided sufficient contributions to ensure that a full exploration of the phenomenon under study is performed.

The participants comprised four numbers of females and five males. The average age of participants was between 41 and 54 years.

Table 1 shows the participant characteristics.

Data Collection

The researcher personally contacted potential participants via WhatsApp, communicated information about the study, and invited them to contribute to the study.

The data collection process was conducted according to participant preference, through virtual semistructured interviews via Zoom meetings. Prior to the interview, all participants provided written informed consent. Virtual semistructured interviews were conducted for approximately 45–60 min. The researcher facilitated the Zoom meeting so that participants could access the Zoom meeting application during the data collection process.

Interviews were conducted in Indonesian and were audio and video recorded with the participant's permission. The first interview lasted approximately 50 min. The interview began with an open question: Can you explain your experience while contracting COVID-19 and going through a critical condition in the ICU?

Subsequently, interview data were transcribed verbatim for further thematic analysis. The same simultaneous data collection and analysis process were conducted on the second and third participants up to the ninth participant, where resulting data were sufficient to provide a comprehensive picture of the phenomenon under study. The average interview duration was 45–60 min. When a certain level or degree of completeness has been achieved in the data obtained, the data creation process is considered sufficient.

Data Analysis

Analytical Procedure

The data analysis in this study was performed using the Colaizzi approach (1978).¹⁶ This approach is a rigorous and robust qualitative analysis method employed to discover, understand, describe experiences and reveal emerging themes and their intertwined relationships.¹⁷

The Colaizzi approach (1978) comprises a rigorous seven-step process with each step remaining close to the data.¹⁶ The seven steps employed were as follows: (1) reading and rereading the transcript to be familiar with the data; (2) identifying and extracting significant statements relevant to the phenomenon under study and phrases; (3) identifying and formulating meanings; (4) grouping all formulated meanings into categories, clusters of themes, and themes; (5) developing an exhaustive description of the phenomenon and incorporating all emergent themes; (6) describing the fundamental structure of the phenomenon; and (7) verifying the findings of the study through participant feedback to complete the analysis (Colaizzi (1978)), as indicated in Morrow et al (2015) and Wirihana et al (2018).^{12,16,17} In this study, four main themes were identified through the analysis process.

Table 1 General Characteristics of the Participants

Participant Code	Age (Years)	Sex	Occupation
P1	54	Male	Teacher
P2	53	Male	Sales assistant
P3	54	Female	Nurse
P4	52	Male	Religious leader
P5	46	Female	Housewife
P6	47	Female	Entrepreneur
P7	41	Female	Nurse
P8	45	Male	Civil servant
P9	48	Male	Entrepreneur

Rigor and Trustworthiness

The criteria for maintaining the quality of this study were derived from Lincoln and Guba (1985) through credibility, transferability, dependability, and confirmability.¹⁸ Credibility was achieved through member checking wherein the themes were obtained from the participant's data and presented back to the participants to obtain feedback regarding the theme. Transferability was achieved by applying the phenomenological method so that the results could be applied to other situations with nearly similar contexts. Dependability was achieved by implementing the descriptive phenomenological method and analyzing the data using the Colaizzi approach (1994) to obtain a rich description of the phenomenon under study.¹⁶ Confirmability was achieved by implementing the phenomenological method and achieving credibility, transferability, and dependability in this study.¹⁸

Ethical Consideration

This study was conducted in accordance with the principles stated in the Declaration of Helsinki.¹⁹ Before study initiation, the research protocol was submitted for ethical consideration, comments, guidance, and approval to the University Research Ethics Committee, which subsequently approved this study (reference number: 389/UN6.KEP/EC/2021). This study was considered low risk. The interviews did not pose any risk to the participants as they had fully recovered and were living their daily lives as usual. All participants signed a consent form prior to the interview. Interviews were conducted virtually using Zoom in a private setting and focused on the participants' lived experiences as COVID-19 survivors in the ICU. Participants were informed that they are allowed to withdraw from the study at any time. Furthermore, anonymity, confidentiality, and information storage were maintained in this study. The authors confirmed that all participants' consent included the publication of anonymized responses.

Results

This study aimed to understand the lived experiences of COVID-19 ICU survivors who were in a critical condition. This phenomenon described the courage and struggle of patients with COVID-19 in the conditions of helplessness and limitations. However, they generated positive energy and strengthened their body and spirit to survive COVID-19. The findings of this study is explained through seven subthemes, and the interconnectedness of these themes is illustrated in four main themes, as shown in Figure 1.

The phenomenon of the lived experiences of COVID-19 ICU survivors, which is presented in seven subthemes and four main themes, will be discussed in the next section.

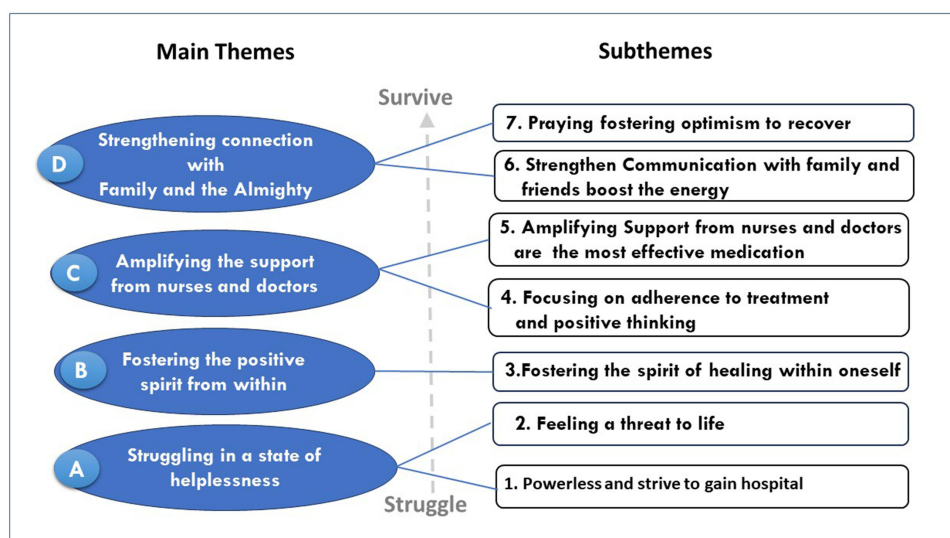


Figure 1 Main themes and subthemes: the lived experiences of COVID-19 ICU survivors.

Struggling in a State of Helplessness

Struggling in a state of helplessness describes a condition wherein participants feel a sense of helplessness and threats to their lives. This situation occurred because the participant was suffering from a critical illness due to severe respiratory problems. However, the participants were struggling to gain access to hospital care; therefore, they felt a sense of helplessness and threats to their lives.

At the peak of the COVID-19 pandemic, accessing hospital care was a challenge because almost all ICUs were full. Therefore, this main theme describes the effort of participants to survive in a powerless condition due to severe breathing problems and difficulty in accessing hospital care. Struggling in a state of helplessness is explained in two themes: powerlessness and struggling to gain hospital access and feeling a threat to life.

Powerlessness and Struggling to Gain Hospital Access

All participants in this study felt this theme. A total of 9 survivors who experienced severe symptoms particularly related to breathing difficulty were treated in the ICU. They contracted COVID-19 at the peak of the COVID-19 pandemic in Indonesia and worldwide.

Helplessness was reflected in the worsening condition and function of the body systems felt by the participants. The participants described feeling helpless and powerless because they physically felt a serious illness caused by severe headaches and shortness of breath. These symptoms, especially difficulty breathing, worsened. Participants recognized that they needed emergency health services. As shown below:

I feel weak and very ill. It is already the 4th day. In fact, the fever is getting higher, I feel a severe headache, and it is hard to breathe. (P3.CR3.7)

...At that time, I felt my body was very weak, very tired, I was helpless, really...I feel down because I felt that I was not strong enough to survive. (P3.CR3.10)

...I felt that I was seriously ill, I urgently needed some help, and I needed a special treatment at an intensive care unit at the hospital. (P1.CK1.7)

This theme illustrates that COVID-19 caused participants to feel helpless both physically and psychologically and they needed emergency aid to deal with their illness.

The participants were aware that immediate access to the hospital or emergency unit was needed.

It is hard to breathe; also, it is hard to talk... (P5.CN5.40)

I felt breathing difficulty, my oxygen saturation dropped, and I felt very weak and I could not breathe...I was afraid that I could not survive. (P2.CG2.14)

Participants realized that they were in a severe condition caused by respiratory problems and had to undergo treatment in the ICU. However, in this period, almost all hospitals in Jakarta and the surrounding areas were overloaded, especially the ICUs, which were always full.

Almost all participants expressed efforts to access hospitals. Several hospitals rejected them and they were not properly treated in the emergency department (ED) because it was overloaded. This is expressed by participants P1, P2, P5, and P6 as follows:

I came to this hospital, then I... stopped there... and it turned out that I was rejected again. (P1)

I had shortness of breath, and I was positive for COVID-19. Then, I was immediately referred to the other hospital because the ICU in the hospital was full. (P2)

...then I was put in a wheelchair in the ED. After that, the nurse came, and she said, ma'am, your blood oxygen tends to decrease and you have to be transferred to the ICU and I was so sorry that the ICU in this hospital is still full... (P5.CN5.50)

I had been rejected three times before; finally, I was treated in the ICU... (P6)

The abovementioned statements illustrate that in conditions of serious illness and experiencing difficulty breathing due to COVID-19, the participants struggled to gain access to hospital treatment before finally gaining access to the ICU.

Feeling a Threat to Life

Feelings of life threat emerged when the patients were treated in the ICU because they frequently observed patients with COVID-19 die in the ICU. This made participants feel anxious and afraid if something similar happened to them. This is expressed in the following quote:

When I was being cared for in the ICU, yes, I was scared, especially when the patient next to me died. Well, that's what made me stressed at that time. (P5.CN5.27)

...I felt like I was about to die; at that moment I was anxious... (P6.CA6.13)

I felt... like I would not be able to wake up again tomorrow. that time I thought like that. (P4.CR3.50)

...but still in my heart, I was horrified. Yes, we saw that one by one the patients died. one passed, the next day there was another. the next night this one passed again. oh God, I did not want. I have to fight and survive for my family. (P3.CR3.31)

In this case, while undergoing treatment in the ICU, observing other patients die daily made the participants feel afraid because they believed that this could also happen to them. However, in situations like this, familial support is needed for them to remain strong.

Fostering a Positive Spirit from Within

Fostering a positive spirit from within explains the significance of feeling the presence of significant individuals and remaining focused on the treatment, as well as thinking positively to increase enthusiasm and motivation from oneself when participants are in a critical condition and powerless. This is because such motivation and spirit to recover should arise first from the participants. Two themes explain this main theme: fostering the spirit of healing within oneself and focusing on adherence to treatment and positive thinking.

Fostering the Spirit of Healing Within Oneself

Fostering the spirit of healing within oneself was expressed by the participants based on their experiences in the critical phase due to COVID-19 and while being treated in the ICU.

In my mind... I' am afraid; but, yes... I want to recover. I have children, I have family. I must survive. (P9)

Furthermore, it was described that the energy to overcome the powerless and critical illness while being cared for in the ICU should be generated within oneself. This is as described below:

Yes. the first is the energy, a spirit within oneself, is important... to generate the inner strength of ourselves to fight the illness and critical condition... (P7)

Yes... the first is self-motivation, a strong passion to recover. (P1)

Furthermore, another participant explained that generating energy and strengthening the intention to recover was performed by remembering significant individuals and family members who love and always pray for them.

Remembering significant individuals who cared for and loved them strengthened themselves that they must overcome the critical phase in the ICU for the people they care about.

I must be self-confident to recover. for my family and children. (P3)

The key is that if you get COVID-19, you have to be patient and tough, you have to be strong, and don't get discouraged. You have to be mentally strong. (P4)

I have to be tough because I am a mother who has a child, and I have to stay healthy for the family. (P7)

You must be patient... strong... and enthusiastic and do not be discouraged. (P4.CH4.42)

In this case, the participant explained that the enthusiasm to heal from a critical condition and helplessness should arise from within oneself. Moreover, to survive a critical condition and helplessness during ICU care, the importance of remembering the existence of family and significant individuals who are meaningful to them was explained by the participant. Furthermore, the participant reported that when treated in a critical condition, we must have the spirit from within us to fight COVID-19 and recover. We must be confident and optimistic in order to get through it all.

Focusing on Adherence to Treatment and Positive Thinking

Several participants described focusing on adherence to treatment and positive thinking as the need to focus on treatment, think positively while being cared for in the ICU, and pay attention to nutritional intake to recover from the illness. The statements from the participants are as follows:

We must have the energy to fight the virus, and we need to pay attention to our food intake. (P4.CH4.13)

We must focus on adherence to the treatment. and we do not think about worrying things. We have to think positively; because of that, I could go through all these difficulties. (P5.CN5.49)

We have to take medicines. we have to do what the doctor says and get enough rest; so, it is important for us just to follow the doctor's or nurses' advice. (P2)

So, during that time, I followed the doctor's and nurse's advice. even though some of the procedures were painful... some were even very painful, I still did it... I had to be strong, and I had to go through it for my recovery. (P8)

Furthermore, some of the participants reported that they performed minimal physical activities while in the ICU bed, as expressed by the participants below:

My condition got stronger in the ICU. I tried to small exercises such as hand movement and. my oxygen status got better. (P7)

Well, what's important when I'm in the ICU... even though I'm on bed all the time, I don't just stay still... I did small activities, such as moving my hands, taking a deep breath and exhaling, and, sometimes stretching my arms. (P4.CH4.11)

In this regard, while being treated in the ICU, participants focused on the treatment, strengthened the self to think and act positively, and avoided negative thoughts that could make them anxious.

Amplifying the Support from Nurses and Doctors

Amplifying the support from healthcare personnel explains that the support from nurses, doctors, and other medical personnel are critical for the healing process of patients with COVID-19. The participants in this study expressed that when they were in the ICU, they were far from their family and could not communicate with them directly. Nurses, doctors, and other medical personnel are the closest people who are always with the patients when they need care and attention. Their presence is critical for the healing process of patients with COVID-19. The participants expressed that the most effective medication for them is the support from nurses and doctors. This main theme is explained in the theme below.

Amplifying the Support from Nurses and Doctors is the Most Effective Medication

This theme explains that the presence of nurses and doctors was critical for patients with COVID-19 as this had a healing effect on the participants. They felt that attention and care from health professionals particularly nurses and doctors were the most effective medications, as indicated below:

...the nurses, as well as the doctors who are present every day and control my condition very well. they are my trusted friends here. (P1)

But people who are close to us are medical personnel, doctors, and nurses... at that time, their support was really needed. So, the nurses who cared for me at the time when... we were positive for COVID-19, they are very encouraging, that is... the most effective medicine. (P7)

Greeting and communication, care, and attention of nurses and doctors have made us feel safe during treatment in the ICU. (P3)

The nurses and doctors continuously monitor every patient in the ICU. Their care and presence make us feel secure... like that. (P2.CG2.31)

When we got COVID-19, we were not alone. There were doctors and nurses who really cared for us. While I was in the hospital, they helped me in a friendly manner, even though I couldn't really see a smile because of the mask. but, I think he smiles when he says hello. (P4)

The doctor and nurse, have been very attentive, always. give encouragement... they said mam, do not be afraid, you must be strong and keen to fight COVID-19 because COVID-19 disease can be cured, as long as you fight it. (P5)

Here, the presence of doctors and nurses who were with the patients and communicated with them when they felt alone, were seriously ill, and were anxious about their condition had been very valuable for patients with COVID-19 who were cared for in the ICU and also provided a sense of security for these patients. Therefore, their presence was considered critical for the healing of patients with COVID-19 who were treated in the ICU.

Strengthening the Connection with Family and the Almighty

Strengthening the connection with family and the Almighty explains the importance of family support, as well as connection with the Almighty for the healing process of critically ill patients, as it has encouraged positive thoughts and increased inner strength, which are essential for the healing process of patients with critical conditions. This main theme is explained in the two themes below.

Communicating with Family and Friends Amplifies Energy

Communicating with family and friends amplifies the energy describes the importance of psychosocial support from family and friends to reinforce the healing process while being cared for in the ICU during the critical phase of illness.

The participants reported the following statements:

Then every day, my family and I make video calls, which usually I have never done video calls like before; so, there is a lot of attention from the family, which makes us feel a sense of serenity. so, there is happiness that makes the end, waiting for tomorrow to begin. the next day. and the next day, my breathing started to improve. saturation started to increase, and my condition improved. (P6.)

I believed that... my family and friends always... pray for me... (P1)

I remember the support from my friends from the group; they all prayed for me and gave extraordinary support. Even though it's only by phone, such communication with my family and friends has made me stronger... (P3.CR3.22)

This theme emphasizes that the presence of support from family and friends through telephone or video calls was considered highly valuable by the participants. Communicating with family and friends strengthened participants' spirits through the critical phase of their illness while being cared for in the ICU.

Praying Fosters Confidence to Recover

Praying has also become a source of strength for participants to survive and overcome the critical phase of their illness. Moreover, it has provided a sense of confidence and enabled them to think positively, as indicated by the statements of the following participants:

I pray to God; this strengthens me. I believe the power of praying is truly powerful, sometimes beyond our ability to predict. without God's intervention, maybe I couldn't get through all of this. (P5.CN5.23)

So, praying has become my strength, there is always hope, and I was more optimistic to recover. (P1.CK1.26)

Especially, when we pray, we have the power to increase our confidence to recover. (P2.CG2.15)

I felt stronger and confident that I will recover. after I prayed. (P3.CR3.48)

There were fear and anxiety; but, in praying, we have to be sincere and surrender everything to God. and believe and hope and asking. God to give us the best. (P3)

Praying and connecting with God when there is anxiety and fear due to a serious illness that threatens their life have provided them strength and hope to survive difficult conditions in their lives.

Discussion

The meaning of the lived experiences of COVID-19 ICU survivors is explained through four main themes: struggling in a state of helplessness, fostering a positive spirit from within, amplifying the support from nurses and doctors, and strengthening the connection with family and the Almighty.

Struggling in a state of helplessness describes the participant's struggle to gain access to hospital care, where the participant was suffering from severe respiratory problems due to COVID-19. At the peak of the COVID-19 pandemic, almost all the ICUs in hospitals were full. A study by Kingstone et al (2020) showed that the difficulty in accessing care among patients with COVID-19 was due to the limited number of facilities.²⁰ The rise in the number of patients with COVID-19 since September 2020 caused a lack of ICU inpatient beds, and finding ICU beds was difficult.^{21,22} In this study, participants struggled hard before finally being treated in the ICU. Furthermore, struggling in a state of helplessness explained that participants felt a sense of helplessness and threats to their lives. This was related to their condition while they were in the ICU, where they had a critical illness due to severe respiratory problems, even respiratory failure.

In addition, psychological pressure was experienced because participants witnessed other patients with COVID-19 died daily while they were in the ICU. Here, what they witnessed made them feel helpless and threatened. A study by Hosey and Needham (2020) on "Survivorship after COVID-19 ICU Stay" indicated that media coverage also increased anxiety and fear because of constantly reporting high COVID-19 mortality rates.²³ This is also consistent with the results of the study by Azari (2020).²⁴

In this case, struggling in a state of helplessness also describes the effort of participants to gain access to hospital care and the attempt to survive in a powerless condition due to severe breathing problems and psychological distress. In this critical situation, remembering the people they love and care about can trigger the emergence of an inner spirit to fight difficult conditions.

Fostering a positive spirit from within indicates the importance of increasing enthusiasm and motivation from oneself when participants are in a critical condition. Moreover, it explains the significance of remaining focused on the treatment and the spirit to think positively and remain optimistic to boost the healing process. In this case, self-confidence, optimism, and positive thinking can reduce psychological stress by strengthening the immune system.²⁵ The immune system is the body's main line of defense against foreign invaders, including viruses and bacteria, and the production of antibodies and other immune system markers increases in response to positive feelings.²⁶ Furthermore, previous studies have indicated the presence of external and internal factors that influence motivation, wherein internal factors include the spirit to recover.²⁷ Furthermore, a study by Azari (2020) reported that in patients with COVID-19, high motivation and spirit to recover have encouraged them to follow advice from doctors and nurses and made them more cooperative with treatments and medical interventions.²⁴ Therefore, the spirit from within or motivation that emerged from the patients could boost their energy to recover from a critical condition and could support them in regaining their health following a severe illness.

Amplifying the support from doctors and nurses is critical for the healing process of patients. The participants expressed that the nurses, doctors, and other medical personnel were the closest people who were always there when they needed care and attention. Their presence is critical for the healing process of the patients, as the participants expressed that support from nurses and doctors is the most effective medication for them.

Strengthening the connection with family and the Almighty explains the significance of remaining connected to the family and staying close to God to boost the strength to recover from the critical illness. COVID-19 survivors claimed that their relationship with God and their families was a source of strength.²⁸ Participants expressed that remembering the presence of the family they loved increased their enthusiasm from within to remain strong and survive the pain and

illness caused by COVID-19. They revealed feeling more enthusiastic and stronger in undertaking care and treatment in the ICU after communicating with their families, who always encouraged and motivated them to survive and fight COVID-19. A previous study indicated that in the ICU, participants who received more frequent care by more than two members of their families presented better quality of life than those who received care by fewer members.²⁹

Furthermore, connection with the Almighty is a critical source of strength for participants to recover from critical conditions. Participants indicated that praying is a source of strength for them to survive a critical phase and has provided them a sense of serenity that encourages them to think positively. A study by Dermatoto et al (2020) on the spiritual experience felt by patients with COVID-19 suggested that when they interacted with God, they placed hope and confidence in healing that only with God's permission could they recover.³⁰ A previous study showed that during treatment in the ICU, praying reduced anxiety and created positive thoughts.³¹ Therefore, interacting with God and staying connected with the family are also important to boost the energy, which is imperative for the healing process of patients with critical conditions. It was previously mentioned (Segerstrom and Sephton, 2010) that positive thoughts are critical not only for creating positive energy but also for boosting the immune system, which is essential as the main defense against COVID-19 and other infections.

The meaning of the phenomenon of the life experiences of COVID-19 ICU survivors is explained in four main themes, which show the significance of the presence of love and care from significant people to trigger the emergence of a positive spirit of the self. The presence of positive thoughts, enthusiasm, and optimism within oneself increases strength and energy. This also indicates improving the body's immune system, which is important for the healing process of critically ill patients. The presence of nurses and doctors indicates the presence of psychosocial and full support for the care and treatment of critical illnesses and is perceived as the most effective medication. Lastly, to achieve the best possible clinical outcome, survive, and champion through the critical phase in their lives, the interaction of patients and their families and God are also important as sources of strength and energy for the healing process of critically ill patients.

Limitation of the Study

In this phenomenological study, we conducted face-to-face interviews with the Zoom meeting application, as a way for collected data. In this study, its limitation is mainly related to non-verbal expressions that it may not be able to fully capture by the researcher. This is because the interviews were carried out in the conditions where government regulations of limiting social interactions, were implemented. However, this study is important to understand the lived experiences of COVID-19 patients who survived through the critical condition.

Conclusion

The new insight resulting from the study is shown in the four main themes: struggling in a state of helplessness, fostering a positive spirit from within, amplifying the support from nurses and doctors as the most effective medication, and strengthening the connection with family and the Almighty. These themes suggested the presence of crucial aspects, namely, love and care from significant persons; positive thinking, motivation, and optimism within oneself; the need to maintain interaction with families and God; and the role of nurses and doctors being there for the patient, to strengthen all the support needed by critically ill patients. All of these aspects play a significant role in promoting the healing process and boosting the body's immune system in critically ill patients to enable them to survive critical conditions. Therefore, this study suggests the significance of designing psychosocial support for critically ill patients, including all the abovementioned critical aspects.

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Disclosure

The authors declare no conflicts of interest in this work.

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