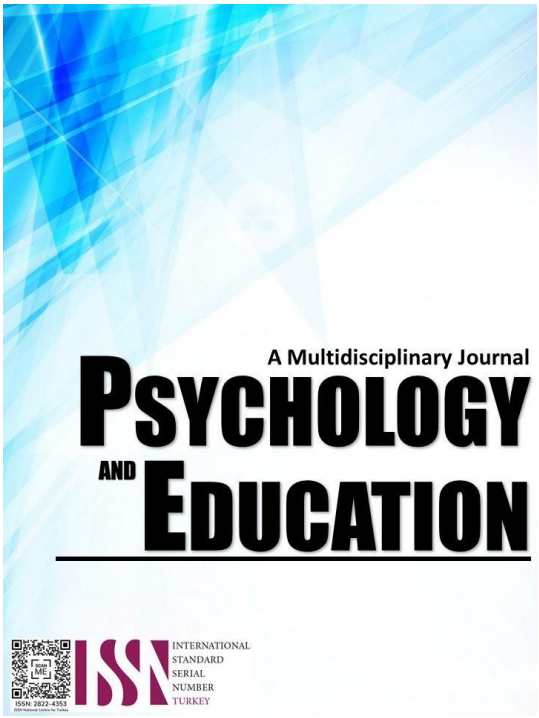
LIVED EXPERIENCES OF THE PANDEMIC SURVIVORS THROUGH THE LENS OF SR. CALLISTA ROY



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Research Article

Lived Experiences of the Pandemic Survivors through the Lens of Sr. Callista Roy

Vernel Iam P. Sendrijas,* Emmylou S. Tutor, Jimmy D. Bucar
For affiliations and correspondence, see the last page.

Abstract

Understanding the lived experiences of individuals is crucial for shaping effective health interventions and policies. This study explored and described the post-COVID-19 adaptation experiences of survivors in Tagbilaran City through Roy Callista's Adaptation Model, providing a detailed analysis of their recovery and ongoing challenges. The research employed a qualitative phenomenological approach, using purposive sampling to select participants who had recovered from mild to severe COVID-19 within the last 6 to 12 months. In-depth interviews, guided by Roy's Adaptation Model, were conducted to collect rich, qualitative data. Colaizzi's phenomenological method was utilized for data analysis, involving the extraction of significant statements, the formulation of themes, and the synthesis of comprehensive descriptions of survivors' experiences. The findings revealed significant themes across four modes: Physiologic (e.g., symptoms and post-COVID effects), Self-Concept (e.g., emotional impact and altered self-perception), Role Function (e.g., impact on personal and professional life), and Interdependence (e.g., social and workplace interactions). These themes underscored the complex and multifaceted impact of COVID-19 on survivors, encompassing physiological symptoms, psychological distress, social stigma, and altered personal identities. The study concludes that COVID-19 survivors in Tagbilaran City manage a complex recovery landscape, significantly influenced by their physical, emotional, and social experiences. Recommendations include developing comprehensive post-COVID care programs, enhancing mental health services, initiating public awareness campaigns to reduce stigma, and implementing flexible accommodations in workplaces and educational settings to support survivors' reintegration.

Keywords: *COVID-19 survivors, phenomenological study, adaptation model, lived experiences, post-COVID challenges, psychological impact, health interventions, Tagbilaran City, Roy Callista's adaptation model*

Introduction

COVID-19's impact has been devastating, wreaking havoc across the globe—financially, socially, and, ultimately, on health's adversaries. According to Worldmeter's statistics, there were a total of 5,781,769 fatalities worldwide. Every life that is lost is a tragedy. There are approximately 320 million people who have recovered after contracting the respiratory infection out of the 400 million identified cases.

Coronavirus disease 2019, also known as COVID-19, is highly infectious and pathogenic (Zhou et al., 2020) and has spread rapidly even up to the present day, resulting in a global pandemic. The COVID-19 virus is a new virus that belongs to the same virus family as severe acute respiratory syndrome (SARS) and certain types of common cold. COVID-19 has proven to be a disaster for humans. The disease was discovered last year in Wuhan, China's capital, and has since spread globally, resulting in the 2019–2021 coronavirus pandemic.

COVID-19 (coronavirus disease) has a wide range of effects on humans. The majority of COVID-19 virus-infected patients will have mild to moderate respiratory problems and will be able to recover without the need for hospitalization or special treatment (WHO, 2022). Those who have a severe and potentially fatal COVID-19 infection, on the other hand, must fight for their lives in an intensive care unit under the care of our medical professionals. Serious illnesses are more likely to strike the elderly and those who have pre-existing medical conditions such as heart disease, respiratory failure, or cancer.

The COVID-19 pandemic in the Philippines is part of the global coronavirus disease 2019 (COVID-19) pandemic. In an article released on March 9, 2020, by the World Health Organization (WHO), the first case in the Philippines was discovered on January 20, 2020, and it involved a 38-year-old Chinese lady who was taken to Metro Manila's San Lazaro Hospital. After more than a month of not documenting any cases, the Philippines confirmed its first local transmission on March 7, 2020. The virus has since spread throughout the country's provinces.

For the record, COVID-19 has resulted in 396,558,014 confirmed cases and 5,745,032 deaths worldwide (WHO, 2022). The COVID–19 has resulted in a total of 3,619,633 cases in the Philippines. There are 284,458 mild cases and 1,472 severe cases among the confirmed cases. On a local level, Bohol is not immune to the devastation caused by COVID-19. Bohol had 24,640 cases as of February 8, 2022, with 853 ongoing cases and 23,351 recoveries (DOH, 2022).

While aware of the devastating effects of COVID-19, particularly on the health of those who contracted the disease, the researcher's focus is on how people adapt to the various changes caused by the virus, specifically how it has greatly affected their physiologic status, self-conceptualization, role-functions, and interdependent relationships with others. Understanding the lived experiences of COVID-19 survivors has emerged as a new global challenge because of the current pandemic. Currently, only a few people have studied and

conducted research on what happens to survivors after COVID-19 infection.

It is understandable that COVID-19 attacks the respiratory system, compromising not only the patient's airway but also all other systems in the body. Unfortunately, people who recovered from COVID-19 did not have the same health status they had before the disease. The researchers were able to produce evidence of health issues affecting hospitalized COVID-19 survivors in a qualitative study conducted after an initial exploration in Nanning, China. Chenhui Wu et al. (2021) highlighted in their data that some survivors appeared to have diabetes because of COVID-19. My friend and I were both found to have high levels of blood sugar during COVID-19 treatment, even though we were both previously healthy. According to one of the study's respondents, "my friend has to take insulin now and may have to do so for the rest of his life, which is a bothersome challenge." Some survivors who are experiencing health problems have not visited the hospital since being discharged, except for mandatory re-examinations, despite being concerned that their physical symptoms were indicative of potential health problems. "In the hospital, I suffered with diarrhea for three months during the treatment, and I suspected that my liver had been damaged; now I have a lot of farts," the participant explained.

According to Zhao et al. (2020) and Greenhalgh et al. (2020), the most common physical symptom reported by interviewees in the study was fatigue, which led to decreased physical motion. Hyperglycemia, hypertension, chest tightness, increased flatus, arthralgia, herpes zoster, palpitations, intercostal neuralgia, breathlessness, cough, throat pain, and irregular stools were also mentioned during the interviews. Because they had never experienced these health issues before, the interviewees reported them as possible side effects of the virus or its treatment.

In the same study, the researchers discovered that all of the interviewees were anxious about their physical health status to varying degrees. This anxiety was most intense in the first month after discharge, correlating with Cai et al. (2020) findings that COVID-19 survivors had a higher incidence of psychological distress in the early recovery stage. During this time, they were especially sensitive to and aware of their physical symptoms because they were concerned about whether they were fully cured or if they would have another positive RNA test.

Other physiologic changes were discovered in the study conducted in Pakistan. The researchers discovered a statistically significant relationship between the severity of COVID-19 and post-COVID-19 symptoms in a study titled "COVID-19 Sequelae: A Cross-Sectional Evaluation of Post-Recovery Symptoms and the Need for Rehabilitation of COVID-19 Survivors." Ayman Iqbal et al. (2021) discovered that an overwhelming majority (94.9 %) of their respondents experienced at least one post-COVID-19 symptom after analyzing long-term COVID-19 manifestations. The vast majority of people (82.9 %) reported chronic fatigue, poor sleep quality (56.3 %), anxiety (53.2 %), and dyspnea (50 %).

The findings are consistent with those of Kamal et al., who discovered that Egyptians with severe COVID-19 had more severe post-recovery manifestations than those with milder diseases. In this study, fatigue was found to be the most common post-COVID-19 manifestation, which is consistent with follow-up studies conducted in Italy, the United Kingdom (UK), and Egypt. In addition, dyspnea was a common post-COVID-19 manifestation reported in the current study. The presence of dyspnea after recovery could be explained by the fact that SARS survivors have respiratory compromise due to abnormalities in carbon monoxide diffusion lung capacity, forced vital capacity, and total lung capacity even six months after discharge.

The study's participants also reported neurological symptoms such as brain fog, tinnitus, poor sleep quality, depression, and anxiety. Approximately half of the study participants (56.3 %) reported poor sleep quality. Furthermore, when compared to males, a significantly higher number of females experienced post-COVID-19 hair loss, anxiety, depression, and fatigue. Almost half of the study participants (47.5%) reported post-recovery loss of taste and smell.

Aside from these physiological changes, what makes things more difficult for survivors are the social stigmatizations they have faced, despite the fact that they have recovered and are non-infectious. These have a significant impact on how they see themselves, affecting not only their confidence but also their role-identification and relationships with others as they return to their various communities. It is well understood that identity is defined as how a person makes sense of himself/herself in relation to others and local places in daily life (Hopkins and Pain, 2007).

Chenhui Wu et al. (2021) discovered that all 16 hospitalized survivors interviewed had been exposed to a variety of communication tones, including emotionally positive, neutral, and negative tones. Similarly, these survivors stated that their sense of identity shifted depending on where they lived (home, neighborhood, workplace, medical site, and virtual space). Because of their post-COVID-19 experiences, their identities, as well as the places where they conduct their daily activities, have been reshaped. Neighborhoods and workplaces, on the other hand, were designated as exclusion zones for COVID-19 survivors, who were viewed as potentially dangerous rather than vulnerable groups and labeled as "potential contaminating influences in these settings" (Laurie and Richardson, 2020, p14). Although the survivors were aware of the "widespread gossip," they did not feel singled out.

The goal of this study is to investigate and learn from the lived experiences of COVID-19 survivors and how they have adapted to the various changes they have experienced after recovery, particularly in physiology, self-concept, role-function, and interdependence aspects. It helps us understand these people's thoughts and feelings, especially when they are subjected to social labeling or stigma. This research will also help us to understand the health precautions that the disease-survivors are taking into account and putting into practice after they have recovered. Finally, the researcher hopes to gain insights into the lived experiences of COVID-19 survivors to

help healthcare providers develop necessary interventions to facilitate full recovery and holistic support for the study's identified respondents' needs.

Research Objectives

1. Investigate and learn from the lived experiences of COVID-19 survivors
2. how they have adapted to the various changes they have experienced after recovery, particularly in physiologic, self-concept, role-function, and interdependence aspects

Literature Review

The ongoing investigation of the effects of COVID-19 on the survivors' holistic health is indeed required in order for us to understand and establish certain interventions to support the survivors. International research is already being conducted on the lived experiences of individuals following COVID-19 infection, with the goal of examining their quality-of-life post infection. The purpose of this study is to learn how recovered individuals from around the world are coping with and living their lives after being infected with COVID-19.

There are three types of post-COVID conditions, according to the Centers for Disease Control and Prevention (2021). The first is New or Ongoing Symptoms, in which some people experience a variety of new or ongoing symptoms that can last weeks or months after being infected with the virus that causes COVID-19 for the first time. Unlike some other types of post-COVID conditions, which tend to affect only people who have severe illnesses, these symptoms can affect anyone who has had COVID-19, even if the illness was mild or there were no initial symptoms.

The second type is known as COVID-19 multiorgan effects. Some people with severe COVID-19 disease experience multiorgan effects or autoimmune illnesses that last for weeks or months after the illness, with symptoms that last for weeks or months. When your immune system mistakenly attacks healthy cells in your body, inflammation (swelling) or tissue damage occurs in the affected areas. While it is extremely rare, some people, mostly children, develop multisystem inflammatory syndrome (MIS) during or shortly after contracting COVID-19. If a person continues to have multi-organ effects or other symptoms, MIS can lead to post-COVID conditions.

The final one concerns the consequences of COVID-19 illness or hospitalization. During the recovery period, hospitalizations and severe illnesses for lung-related diseases, including COVID-19, can cause severe weakness and exhaustion. Furthermore, some of the symptoms that people with COVID-19 may experience after being hospitalized are like some of the symptoms that people with COVID-19 may experience after a few weeks. In some cases, it's unclear whether the symptoms are the result of hospitalization, the virus's long-term effects, or a combination of the two. Individuals who have had COVID-19 as well as those who have not been impacted by these circumstances.

The HSE Ireland website also has information similar to what the CDC posted on December 22, 2021. According to the HSE, it is common to experience health symptoms or side effects after taking COVID-19 (coronavirus). Some people experience no symptoms or side effects. The severity of the illness caused by COVID-19 can influence the severity of the symptoms or side effects. It can also depend on whether or not a person is hospitalized. Some people may require several months to return to normalcy following COVID-19. Some people recover quickly from COVID-19 and do not require much assistance. The length of recovery may be determined by the level of care received in the hospital. Everyone is unique. It's also important not to compare yourself to others. (HSE, 2021). It's exactly right. However, studying the differences and similarities in survivors' adaptations would greatly aid people in learning more about the post-COVID condition. Simultaneously, the findings of several studies would aid in the development of effective interventions for faster recovery and attainment of an optimum level of health.

A sample of 100 survivors from a large university hospital was evaluated in a study conducted in Europe about post-discharge symptoms and rehabilitation needs in COVID-19 survivors. The study's participants were between 29 and 71 days post-discharge from the hospital. Thirty-two of the participants required intensive care unit treatment, while the remaining 68 were managed in hospital wards without requiring ICU care. Following a thorough data collection, the study discovered that new illness-related fatigue was the most commonly reported symptom by 72 % of ICU participants and 60.3 % of ward participants. Breathlessness and psychological distress were the next most common symptoms. symptoms. The researchers suggested that COVID-19 survivors plan rehabilitation services to manage their symptoms and maximize their functional return. (Halpin et al. 2020). It was the first study from the UK to look at post-discharge symptoms.

Another study on the lived experiences of COVID-19 patients was conducted in South Korea, with the goal of providing an in-depth understanding of the lives of 16 patients who were discharged from the hospital after being treated for COVID-19. The study aimed to describe the patients' physical, psychological, and social issues. The study concluded that social stigma is a barrier to patients' return to normal lives in South Korea (Haeng-Mi Son et al., 2021). The study recommended that an individualized and comprehensive psychosocial rehabilitation program be implemented to strengthen the patients' resilience.

A study in Italy sought to characterize the health-related quality of life 90 days after discharge in a cohort of COVID-19 patients who had undergone invasive mechanical ventilation. The 15D instrument was used to assess the participants. Mobility, vision, hearing,

breathing, sleeping, eating, depression, distress, vitality, and sexual activity are all investigated by the 15D instrument. The study's findings show a significant decrease in the participants' physical and mental dimensions. (Gamberini et al. 2021)

In a study conducted at Sabzevar University on the lived experiences of patients with COVID-19 infection, the researchers discovered three themes: mental pressures, physical manifestations, and coping techniques. The researchers discovered that the most significant issues in COVID-19 patients were mental strains that were intertwined with physical manifestations. The majority of the participants relied on self-medication and spiritual support to cope with the illness. Furthermore, the study recommended that healthcare workers plan ahead of time to assist these patients psychologically and spiritually, as well as to alleviate the clinical manifestations of their disease.

Along this line, this study explored the lived experiences of the selected COVID-19 survivors in Tagbilaran City. As this study seeks to determine the survivors' health status, it also seeks to assess how they have adapted and lived their lives despite the various changes they experienced following infection, specifically in the physiological, self-concept, role-function, and interdependence aspects.

Methodology

Research Design

The researcher uses a descriptive qualitative phenomenological design. A phenomenological study is a form of qualitative research, with its epistemological grounds based on phenomenology, and it allows for the exploration of individuals lived experiences through researchers' phenomenological reduction, examining the meaning and essential structure of these experiences. Thus, the researcher considers this methodology to be appropriate to explore the lived experiences among COVID-19 survivors.

Respondents

The study will take place in Tagbilaran City, also known as the City of Friendship. Tagbilaran is the capital of the Philippines' province of Bohol and a third-class component city. Tagbilaran is made up of 15 barangays, has a population of 104,976 people, and has a 1.56 percent annual growth rate, according to the 2020 census. However, 44 percent of the city's population lives in the four urban districts, which also serve as commercial and trade hubs.

Tagbilaran City's COVID-19 alert level is now at level 1, suggesting that the city is seeing rare COVID-19 cases and outbreaks. In fact, Tagbilaran City has been free of COVID-19 cases for the past three weeks. As a result, the research will be conducted through a direct interview with the selected respondents, in line with the relevant local safety and health norms. Respondents will be questioned individually on a predetermined day after agreeing to participate in the study. Individual interviews will be performed at the respondent's convenience.

COVID-19 survivors from Tagbilaran City are the respondents in this study. The participants had either mild, moderate, or severe COVID-19 condition and were able to survive or recover from the disease. They have been purposefully chosen to share their lived experiences after surviving the condition. Nonetheless, the participants were identified through referrals and have given their consent to participate in the study's data collection. The researcher plans to have at least 5 respondents or until saturation is attained. Saturation is achieved when the researcher hears the same answers/response from the respondent over and over again or after 3 consecutive interviews. Additionally, the themes are selected based on the common answers collated from the responses of all the respondents.

Particularly, the researcher will firstly approach his close friends/relatives who were infected and survived the COVID-19 infection. If not enough, then additional respondents will be from the referrals from the researcher's acquaintances. To minimize confusion from the referred person, that individual should be a relative or close acquaintance to the person who suggested him/her. Firstly, the person who referred has to ask permission to his/her relative if they will agree to take part in the research as respondents, if they initially agree, then the researcher should send a formal letter and personally explain the purpose and the important points and considerations of the study as well as the data collection process. Once they will agree after reading and understanding the information from the researcher, the researcher will have them sign a consent.

Part of the letter and informed consent are the different ethical considerations during the data collection process. The researcher will have to emphasize that the information of the respondents will be kept confidential and that the respondents have the free will to stop if ever they don't feel like doing/completing the data gathering process

The inclusion criteria are as follows: the respondent must be a COVID-19 survivor, has had either mild, moderate, or severe COVID-19 condition, post hospitalized, on recovery stage within 6 months to 1year and age ranges from 18 – 65 years old. The participants are identified without taking these factors into consideration: their gender, their vaccination status prior COVID-19 infection, those with ages below 18 years old and above 65 years old, and those who are not diagnosed with COVID-19 infection even if they are presenting COVID-19 related symptoms.

In this study, purposive sampling will be used. This sampling strategy, also known as purposive and selective sampling, is used by qualitative researchers to find individuals who can provide in-depth and thorough information about the topic under inquiry. It's highly subjective, and it's defined by the qualitative researcher who creates the qualifying criteria that each participant must meet in order to

be included for the study.

Instrument

In this study, open-ended questions are used to gather the necessary information. An interview guide is created to be consistent in asking quality questions of each participant during the interview. In a semi-structured interview, the researcher who conducts the interview freely formulates questions and explores topics in greater depth to gain a better understanding of the participant's experience and point of view. The guide questions are written in accordance with Roy's Adaptation Model, specifically its four modes of adaptation.

Procedure

Individual in-depth interviews are conducted by the researcher in an individual personal conversation at the respondent's convenience time and location. The interview will last approximately one hour. All interviews will be recorded on audiotape. Small talk is used to establish rapport with each participant before the interviews begin. Data is collected until saturation is reached, at which point the interview recordings are transcribed. Saturation is achieved when the researcher hears the same answers/response from the respondent over and over again or after 3 consecutive interviews. Additionally, the themes are selected based on the common answers collated from the responses of all the respondents. Before beginning the interviews, the researcher will certainly obtain written consent from the participants and gather general information. Data will be collected between October and November of 2022.

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Part of the letter and informed consent are the different ethical considerations during the data collection process. The researcher will have to emphasize that the information of the respondents will be kept confidential and that the respondents have the free will to stop if ever they don't feel like doing/completing the data gathering process.

Confidentiality, anonymity, privacy, beneficence, and justice will be strictly adhered to. Number codes will be used to identify the participants. The data will be kept private, and each participant will be given a token of appreciation. All audio and transcripts will be saved on a password-protected computer, laptop, or mobile phone.

Participants had the option of seeing the study's findings or receiving a copy if they so desired. They will be treated with dignity and respect, and their rights and well-being will be prioritized. The study has no known conflicts of interest.

Data Analysis

The data is analyzed using Colaizzi's phenomenological method. Each interview's data is read by the researcher, who codes significant statements. The researcher collects and organizes the coded statements, then uses several rounds of discussion to derive and refine significant statements, themes, and theme clusters. The following is the detailed data analysis procedure: First, the researcher reads the interview transcripts several times to become acquainted with the data and extracts significant statements that are directly related to the study phenomenon. The researcher then constructs broader meanings from the significant statements, bracketing the presuppositions as much as possible. Themes are formed from similar meanings, and themes are integrated into theme clusters. The next step is to write a comprehensive description of the phenomenon that incorporates all revealed themes, and then condense the exhaustive descriptions into dense statements that capture the essential structure of the phenomenon. The researcher then goes over all of the steps of the analysis procedure to ensure that the study captured the essential structure of the participants' experiences.

To ensure that no biases were experienced during the interview, the researcher used the process of memoing. Memoing is the act of recording reflective notes about what a researcher (fieldworker, data coder, and/or analyst) is learning from the data. The objectives of the study were highly emphasized by the researcher to the respondents to gain truthful and sincere responses from them.

Ethical Consideration

Conflict of Interest. The researcher declares no conflicts of interest in his research. The respondents who meet the inclusion criteria are chosen fairly by the researcher. The study's sole goal is to better understand the respondents lived experiences for their benefit.

Withdrawal Criteria. There will be no need for participants to justify or explain their decision to withdraw from the study at any time they feel it is necessary. The consequences of their actions will be free of all participants' hands. Similarly, the researcher will not hesitate to accept the decision of the participants. Simply inform the researcher of the subject's decision to withdraw from the study, either verbally or in writing, as the subject prefers.

Privacy and Confidentiality. The researcher will keep all participants' personal information, as well as their responses, private. The following procedures will be used to collect data in this regard: There will be no identifying indicators (such as names or addresses) in

any of the questions that could reveal the identity of the respondents. If information that could be used to identify the participants is obtained, it will be crossed out and not included in the data and analysis gathered. Second, participants will only be asked to complete the questionnaire when it is convenient for them and in a comfortable setting. Finally, any sensitive information gathered will be appropriately tagged to ensure that the responses of the participants remain private and confidential.

Informed Consent. The significance of informed consent in protecting both the participants' and the researcher's integrity cannot be overstated. The researcher will use the following methods to obtain informed consent from participants: The researcher will explain the study's goal, purpose, risks, and benefits to the participants. The researcher will take the time to provide all participants with all of the information they need to make a decision on whether or not to participate. They will be fully informed about the study; The study will be conducted in a dialect or language that the participants fully comprehend and understand; After explaining the study and before beginning the interview, the researcher will ask the participants to sign the informed consent form; The interview schedule will be set when the respondent signs the informed consent form.

Risks. Participants will respond to questions about the study's topic via an online or virtual mode. As a result, the risks are minimal. Because the researcher is an experienced registered nurse (RN), if an unexpected event occurs during the private session, the researcher will provide the necessary assistance to help the participant regain concentration and stability.

Results and Discussion

This section presents the results and findings of the study. It aimed to elucidate the lived experiences of the selected COVID-19 survivors in Tagbilaran City, focusing on how they have adapted and lived their lives despite the various changes they experienced following infection through the lens of Roy Callista's Adaptation Model: physiologic, self-concept, role-function, and interdependence mode.

Lived Experiences of COVID-19 Survivors

Physiological Mode. Table 1 presents the generated themes and formulated meanings from the participants' narratives in terms of physiological mode in Roy Callista's Adaptation model.

Table 1. *Lived Experiences in Physiologic Mode*

Themes	*Formulated Meanings*
Theme 1: Acquisition of COVID-19	Volunteering and exposure to infected individuals
	Family members as a source of infection
	Work-related exposure, particularly among healthcare workers
	Social gatherings and interactions
Theme 2: Isolation Experience	Varied isolation settings: old airports, designated hotels, quarantine facilities, and hospitals
	Isolation periods ranging from 14 days to over a month.
	Challenges faced during isolation, including lack of social interaction and emotional distress
Theme 3: Symptoms and Post-COVID Effects	Common symptoms: sore throat, cough, fever, body malaise, loss of smell and taste, and difficulty breathing
	Severe symptoms requiring hospitalization in some cases.
	Lingering effects: reduced stamina, breathing difficulties, intermittent loss of smell and taste, changes in sleeping patterns, and emotional well-being

Theme 1: Acquisition of COVID-19. This theme emerged as a significant aspect of the participants' experiences, highlighting the various ways in which they contracted the virus. The formulated meanings associated with this theme include exposure through volunteering and infected individuals, family members as a source of infection, work-related exposure among healthcare workers, and transmission during social gatherings and interactions. These factors underscore the diverse routes of transmission and the increased risk associated with certain activities and occupations.

Participant 1, a 21-year-old male student, shared his experience of contracting COVID-19 while volunteering in the aftermath of Typhoon Odette:

"January 2022, Nivolunteer ko sa Odette arun makatabang, ako ra usa sa family, there was this time nga mubisita si Sen Dick Gordon, so nagpada cya ug national representative nga maoy unang napositive. Nagtagay mi dungan usa ra ka baso, kadto mao guro toy hinungdan." (In January 2022, I volunteered for Odette to help; I am the only one in the family. There was a time when Senator Dick Gordon visited, and he sent a national representative who was the first to test positive. We drank together with just one glass; that might be the reason and origin of it.)

This quote illustrates how close contact and shared objects during community involvement can lead to infection. Similarly, Participant 2, a 32-year-old female nurse, attributed her infection to her father's behavior:

So, I think ang beginning adto kay akong papa, during the pandemic kay mag suroy2 gihapon. Akong papa sigeg suroy2 di siya

maconfine kay mag mask man pod lagi daw siya. And then he started feeling nga dili OK." (The beginning of that was, I think, despite the pandemic, my father keeps on going out and traveling. My father kept roaming around; he wouldn't allow himself to be confined because he thought wearing a mask was enough. Then, he started feeling unwell.)

The participants' experiences of acquiring COVID-19 through various means highlight the complex nature of virus transmission and the challenges in preventing infection, particularly in high-risk settings. The findings suggest that individuals engaged in frontline work, such as healthcare and community support, are at increased risk of exposure. Also, the role of family members in spreading the virus emphasizes the importance of adherence to safety measures within households.

The theme of acquisition of COVID-19 implies the need for interventions and policies to mitigate the risk of transmission in various settings, which includes providing adequate personal protective equipment (PPE) for frontline workers, promoting safe practices in workplaces and communities, and implementing effective contact tracing and isolation protocols. Furthermore, public health messaging should emphasize the importance of adherence to safety measures within households and the role of individual behavior in preventing the spread of the virus.

These experiences align with existing literature on the transmission dynamics of COVID-19, which has identified close contact, occupational exposure, and family clusters as significant factors in the spread of the virus (Hanardi & Rochmawati, 2022; Purnama & Sofiana, 2023; Sitorus et al., 2023; Nafilyan et al., 2021). Household members and healthcare workers experience elevated transmission risk (Purnama & Sofiana, 2023; Nafilyan et al., 2021), and specific occupations with frequent public contact see increased COVID-19 mortality (Ibiebele et al., 2021; Kleebayoon & Wiwanitkit, 2023).

Research also suggests potential for human-to-animal transmission (Zhang et al., 2020), with asymptomatic and pre-symptomatic spreaders playing a key role, especially in close family settings (Barrett et al., 2020). To disrupt transmission, contact tracing, quarantining, and active surveillance were recommended (Purnama & Sofiana, 2023; Iwasaki et al., 2021), alongside avoiding close contact, crowded, and poorly ventilated spaces (Hawkins, 2020). Occupational risks also showed disparities across race and ethnicity (Bowe et al., 2021), and environmental factors like air pollution may impact disease severity.

Theme 2: Isolation Experience. This theme emerged as a central aspect of the participants' narratives, capturing the varied settings, challenges, and psychological impacts they encountered during their isolation period. The formulated meanings associated with this theme include diverse isolation environments, ranging from old airports and designated hotels to quarantine facilities and hospitals, prolonged isolation periods extending beyond the standard 14 days, and the emotional and social challenges faced during isolation, such as lack of interaction and psychological distress.

Participant 1 described his experience of being isolated in an old airport and later transferred to a hotel:

Adto mi giisolate sa old airport while waiting for the result. Giprovide-dan rami ug mats. Pagkapositive nako, gibalhin mi sa Panglao sa giabangan nga hotel sa Redcross. Per room 2 ka taw. 2 weeks mi gi-isolate. (We were isolated at the old airport while waiting for the result. Mats were provided for us. Upon testing positive, we were transferred to Panglao to a designated Red Cross hotel. There were two persons per room, and we isolated for two weeks.)

This quote highlights the improvised nature of isolation facilities and the standard 14-day isolation period. Participant 5, a 32-year-old female nurse, shared her prolonged isolation experience following surgery:

After nako naoperahan, ingon ang doctor nga I'm at a downside kay bag-o ko naoperahan so my immune system was low. 26 days ko nakaconfined sa facility kay di man jud ko mag negative." (After I underwent surgery, the doctor said I'm at a disadvantage because I was recently operated on, so my immune system was low. I was confined in the facility for 26 days because I just couldn't test negative.)

This account exemplifies the additional challenges and extended isolation faced by individuals with pre-existing health conditions. The isolation experiences described by the participants shed light on the profound impact of separation and confinement on their physical, emotional, and social well-being. The lack of social interaction and the uncertainty surrounding their condition contributed to feelings of loneliness, anxiety, and psychological distress.

The theme signifies the need for comprehensive support systems and interventions to mitigate the adverse effects of isolation on individuals' well-being. This includes providing clear communication and information about the isolation process, facilitating virtual social connections, and offering mental health support services. Moreover, the experiences of participants with pre-existing health conditions underscore the importance of tailored support and monitoring for vulnerable populations during isolation. The findings also emphasize the need for post-isolation support and follow-up to address the long-term psychological impact of the experience.

These findings are consistent with the growing body of literature on the mental health consequences of isolation and quarantine measures during pandemic. Robb et al. (2020) identified significant increases in anxiety and depression among older adults in London, attributing these mental health declines directly to social isolation enforced by lockdown measures. Similarly, Loades et al. (2020) reported that children and adolescents experienced heightened risks of depression and anxiety due to prolonged social isolation, with potential long-term effects on their mental health.

Moreover, Sepúlveda-Loyola et al. (2020) found that the mental and physical health of older adults deteriorated under social isolation,

signifying the need for comprehensive interventions that address these adverse impacts. These studies emphasized the critical need for tailored support and intervention strategies to mitigate the psychological and physical toll of isolation on vulnerable population.

Theme 3: Symptoms and Post-COVID Effects. It captures the diverse range of physical and psychological manifestations experienced by the participants during and after their COVID-19 infection. The formulated meanings associated with this theme include common symptoms such as sore throat, cough, fever, body malaise, loss of smell and taste, and breathing difficulties, with some participants requiring hospitalization due to severe symptoms.

Moreover, the theme encompasses the lingering effects reported by participants, such as reduced stamina, persistent breathing issues, intermittent loss of smell and taste, sleep disturbances, and emotional well-being concerns. Participant 3, a 22-year-old male student, described his symptoms:

After 2 days sa gikan gikuha si ate for quarantine, nanawag napod kay gihilantan naman ko, then akong panit kay sakit naman gunitan, bisag huyupon lang kay sakit kayo, sensitive na kayo, then lower back pain ug luya lawas, gamayng sip on, ping ot pa una then dina ko kasimhot." (After 2 days since my sister was taken for quarantine, I also started experiencing symptoms. I received a call because I was having difficulty breathing, and my skin was extremely sensitive and painful, even with a gentle touch. I also had lower back pain and overall body weakness, a slight fever, and started sweating profusely before feeling extremely cold.)

This quote illustrates the range of physical symptoms experienced, including fever, body aches, and loss of smell. Participant 4, a 32-year-old male nurse, shared his post-COVID experience:

Nagnegative nako, pero hangak gihapon ako pamati. Ug musaka ug stairs, kay dali ko hangakon. Dugay to nawala, abot ug months." (I tested negative, but I still feel breathless. And when I climb stairs, I get easily breathless. It took a long time to recover, months even.)

This account highlights the prolonged nature of some post-COVID effects, such as breathing difficulties and reduced stamina. The findings related to symptoms and post-COVID effects emphasize the significant physical and psychological burden experienced by COVID-19 survivors. The diverse symptomatology and persistence of symptoms beyond the acute illness phase highlight the disease's complex nature and its potential long-term impact on health and quality of life. Consequently, there's a need for long-term care for these survivors. Providers should be aware of these effects and offer appropriate support, including rehabilitation and mental health services.

These experiences align with the growing body of literature on the prolonged effects of COVID-19, often referred to as "long COVID" or "post-acute COVID-19 syndrome" (Lagadinou et al., 2021). Research indicates that 10-15% of those infected with SARS-CoV-2 experience lingering symptoms such as shortness of breath, fatigue, and cognitive dysfunction, which significantly affect their quality of life (Nalbandian, Desai, & Wan, 2022). Breathing exercises, including Traditional Chinese and diaphragm exercises, have been found effective in alleviating symptoms like breathlessness and fatigue during rehabilitation (Naralia & Permatasari, 2021). Furthermore, a comprehensive understanding and a multidisciplinary approach to care are essential for managing long-term complications and improving survivors' overall health outcomes, as highlighted by Nalbandian et al. (2021).

Self-Concept Mode. Table 2 presents the essence of the participants' lived experiences in self-concept mode as shown in the emergent themes.

Table 2. *Lived Experiences in Self-Concept Mode*

Themes	*Formulated Meanings*
Theme 1: Self-Confidence and Emotional Impact	Loss of self-confidence due to social stigma, discrimination, and fear of spreading the virus.
	Hesitation to interact with others even after recovery.
	Feelings of fear, stress, depression, and hopelessness during the COVID-19 experience.
	Emotional distress due to isolation, uncertainty, and severity of symptoms
	Changes in mindset and outlook on life
Theme 2: Post-COVID Self-Perception	Gradual regaining of confidence for some, while others continued to struggle with emotional challenges and altered self-perception

Theme 1: Self-Confidence and Emotional Impact. The theme emerged as a significant aspect of the participants' experiences, capturing the profound psychological effects of the COVID-19 experience on their self-perception and emotional well-being. The formulated meanings associated with this theme include a loss of self-confidence due to social stigma, discrimination, and fear of spreading the virus, hesitation to interact with others even after recovery, feelings of fear, stress, depression, and hopelessness during the COVID-19 experience, emotional distress due to isolation, uncertainty, and severity of symptoms, and changes in mindset and outlook on life.

Participant 3, a 22-year-old male student, shared the impact on his self-confidence:

Nawala jud siya. Makawala ug confidence jud sir. Akong mga friends gud kay dina mudool nako. Likay likayan bitaw ka. Gibuwagan pajud kos akong uyab. Maong I was very emotionally unstable that time jud." (He really disappeared. It really shattered my confidence,

sir. Even my friends, they're avoiding me. You know how people tend to steer clear. Even my partner broke up with me. That's why I was very emotionally unstable during that time.)

This quote illustrates how the social stigma and avoidance from others eroded the participant's self-confidence and led to emotional instability. Participant 5, a 32-year-old female nurse, described her emotional struggle:

At first jud, mawad an kag paglaom, di ka kasabot. Samot na sa first confinement. Kadtong first case nako, I felt nga I went to depression, hilak ka every day. Kanang feeling nimo nga dina mu-negative imong result, dina ka maulian." (At first, you really lose hope, you don't understand. Especially during the first confinement. During my first case, I felt like I went into depression, crying every day. That feeling when you don't see your result turning negative, you lose hope.)

The findings related to self-confidence and emotional impact highlight the significant psychological toll of the COVID-19 experience on individuals' self-perception and mental well-being. The social stigma, discrimination, and fear of spreading the virus contributed to a loss of self-confidence and hesitation to engage in social interactions, even after recovery. The isolation, uncertainty, and severity of symptoms further exacerbated the emotional distress experienced by the participants, leading to feelings of depression, hopelessness, and a changed outlook on life.

The lingering emotional and self-confidence issues faced by COVID-19 survivors highlight the need for accessible mental health support. To address this, healthcare providers should prioritize assessing and managing the psychological well-being of these individuals, considering the potential for long-term mental health effects. Psychosocial interventions like cognitive-behavioral therapy and support groups can be effective in managing emotional distress and promoting coping mechanisms. Public health efforts should also focus on reducing social stigma through education and messaging, fostering empathy and support for COVID-19 survivors.

These experiences align with the growing body of literature on the mental health consequences of the COVID-19 pandemic, which has documented increased rates of anxiety, depression, and post-traumatic stress among individuals affected by the virus. The COVID-19 pandemic has significantly impacted mental health, with studies showing increased anxiety, depression, and PTSD. Fear of the virus, isolation, financial strain, and constant bad news are all contributing factors. To address this, comprehensive mental health support, including therapy and support groups, is crucial. (Xiong et al., 2020; Vindegaard & Benros, 2020).

Theme 2: Post-COVID Self-Perception. The theme captures the ongoing challenges and changes in self-perception experienced by the participants in the aftermath of their COVID-19 infection. The formulated meanings associated with this theme include a gradual regaining of confidence for some individuals, while others continued to struggle with emotional challenges and an altered sense of self. The COVID-19 experience had a lasting impact on participants' self-perception, with some reporting ongoing difficulties in adapting to their post-illness reality.

Participant 3, a 22-year-old male student, described the lingering effects on his self-perception:

Dali nako mawad an pag asa run, and give up. I also easily got discouraged nowadays. Maong karun medyo dili kaayo ko focused on things nga need ko mag serious and focus, like sa studies." (It's easy for me to lose hope now and give up. I also find myself easily discouraged these days. That's why I'm not very focused on important and serious things, like my studies.)

This quote illustrates how the COVID-19 experience has led to a tendency to lose hope, give up easily, and struggle with focus and motivation. Participant 5, a 32-year-old female nurse, shared her ongoing emotional challenges:

Kadtong after sa second, diba before sa second COVID kay mag punga ko, after ana any instance kay muhangat rako, then mahadlok ko ug magCOVID napod ko." (Before the second one, I was doing well, but after that instance, I would feel hot, and then I would get scared of getting COVID again.)

The findings related to post-COVID self-perception highlight the persistent nature of the psychological impact of the COVID-19 experience. While some participants reported a gradual improvement in their self-confidence, others continued to grapple with emotional challenges and a sense of vulnerability.

The fear of reinfection, the lingering physical symptoms, and the memories of the illness experience contributed to an altered sense of self and ongoing difficulties in adapting to post-illness life.

Notably, the enduring psychological impacts of COVID-19 on survivors necessitate comprehensive long-term care, integrating both physical and mental health support. Studies have shown that post-COVID symptoms, often referred to as "long COVID," can significantly affect survivors' quality of life, manifesting as persistent fatigue, cognitive impairments, and psychological distress. Integrated rehabilitation programs, especially those led by interdisciplinary teams including psychologists, are crucial in helping survivors manage these symptoms and improve their quality of life (Harenwall et al., 2021).

Furthermore, the provision of psychosocial support, such as cognitive-behavioral therapy and peer support groups, has been emphasized as effective in alleviating emotional distress and enhancing coping strategies (Dubey et al., 2020). Public health initiatives should also prioritize educating the public about the long-term consequences of COVID-19 to reduce stigma and promote a more empathetic understanding of the challenges faced by survivors, thereby fostering a supportive environment for their recovery.

Table 3. *Lived Experiences in Role Function Mode*

Themes	*Formulated Meanings*
Theme 1: Family and Social Relationships	Mixed experiences with family relationships: support and understanding from some, while others faced challenges and concerns about spreading the virus. Hesitation and avoidance from friends, neighbors, and colleagues due to fear of infection. Social stigma affecting relationships and interactions.
Theme 2: Work and Education Impact	Difficulties in fulfilling work or educational responsibilities due to physical and emotional impact. Adaptation to online work or taking time off for recovery.

Theme 1: Family and Social Relationships. The theme of family and social relationships emerged as a significant aspect of the participants' experiences, capturing the impact of COVID-19 on their interactions and connections with loved ones and the broader social network. The formulated meanings associated with this theme include mixed experiences with family relationships, with some participants receiving support and understanding from immediate family members, while others faced challenges and concerns about spreading the virus to vulnerable loved ones. Also, the theme encompasses the hesitation and avoidance from friends, neighbors, and colleagues due to fear of infection and the social stigma affecting relationships and interactions.

Participant 3, a 22-year-old male student, described the impact on his social relationships:

Sukad adto nasakit mi, mura mig unsa ka hugaw. Hehehe. Aside nga di mi pagawson sa balay. Among mga silingan ug ako mga amigo dili mudool namo, siguro mahadlok pod sila matakdan. Stigma majud pod cya gud that time." (Since we got sick, it felt like we were some kind of contamination. Hehehe. Aside from not being allowed inside the house, our neighbors and my friends wouldn't come near us. Perhaps they were afraid of getting infected. Stigma was strong at that time.)

This quote illustrates how the fear of infection and social stigma led to avoidance and strained relationships with neighbors and friends. Participant 5, a 32-year-old female nurse, shared a contrasting experience of support from colleagues:

Kung sa akong line of work, wala ray mafeel nga kausbanan with my duties pagbalik nako, and factor adto is that akong workmates are supportive even among nurse managers. (In my line of work, there won't be any changes in my duties when I return, and a factor in that is my supportive workmates, including the nurse manager.)

Remarkably, the impact of COVID-19 on interpersonal connections and the resultant social stigma and isolation are significant challenges, as reflected in the literature on infectious disease outbreaks. The stigma associated with infectious diseases can lead to substantial psychological distress and social exclusion, as evidenced by experiences during the Ebola outbreak, where individuals faced significant stigmatization upon reintegration into their communities, affecting both adults and children (Crea et al., 2022).

Similar issues have been noted in other settings, where the fear of infection led to widespread social stigma and discrimination against those perceived to be infected by COVID-19, negatively affecting their mental health, and exacerbating social isolation (Mariam & Abayneh, 2020). Effective interventions should include family-centered therapy and public education aimed at combatting stigma and promoting understanding, ensuring that survivors receive the support they need while maintaining essential social connections.

Theme 2: Work and Education Impact. The theme captures the challenges and disruptions experienced by the participants in their professional and academic lives due to the COVID-19 illness. The formulated meanings associated with this theme include difficulties in fulfilling work or educational responsibilities due to the physical and emotional impact of the illness, as well as the need to adapt to online work arrangements or take time off for recovery.

Participant 3, a 22-year-old male student, described the impact on his studies:

Siguro tungod kay wala nako nibalik sa sa skwela, I prefer nga muwork sa lang kay di man sad ko kafocus kaayo sa study." (Perhaps because I didn't go back to school, I prefer working instead because I'm not very focused on studying.)

This quote illustrates how the COVID-19 experience has affected the participant's ability to focus on his studies and led to a preference for work over education. Participant 5, a 32-year-old female nurse, shared her experience of returning to work:

"Kung sa akong line of work, wala ray mafeel nga social stigma with my coworkers, they are even supportive." (In my line of work, there's no sense of social stigma with my coworkers; they are even supportive.)

The findings related to work and education impact highlight the significant disruptions caused by COVID-19 on individuals' professional and academic functioning. The physical and emotional toll of the illness, coupled with the need to adapt to new work arrangements or take time off for recovery, posed challenges in meeting work and educational responsibilities.

These experiences align with the literature on the occupational and educational consequences of the COVID-19 pandemic, which has documented the impact on job security, productivity, and academic progress. To aid COVID-19 survivors in returning to work or studies, various studies have emphasized the importance of offering flexible work arrangements and tailored support. Employers and educational institutions are encouraged to provide flexible work options, such as remote work and modified workloads, to accommodate

the ongoing recovery needs of survivors. This approach not only supports their physical recuperation but also addresses their psychological well-being, aiding in smoother transitions back to work or school environments (Ghimire et al., 2023; Sunaryo et al., 2022).

Moreover, healthcare providers play a crucial role in assessing the impact of COVID-19 on survivors' capabilities and providing guidance on managing the physical and emotional demands of re-entering the workforce or academic settings (Shifrin & Michel, 2021). Such comprehensive support mechanisms are vital for fostering successful reintegration and long-term well-being of COVID-19 survivors.

Interdependence Mode. Table 4 presents the essence of the participants' lived experiences in the interdependence mode as shown in the emergent themes.

Table 4. *Li Lived Experiences in Interdependence Mode*

Themes	*Formulated Meanings*
Theme 1: Family and Community Response	Family response: concern, support, and precautionary measures, with a mix of emotional support and initial hesitation
	Friends and neighborhood response: avoidance and hesitation, especially during early stages of recovery, affected by social stigma and fear of infection
Theme 2: Workplace Response	Varying levels of support and understanding from colleagues and workplaces
	Encounters with stigma and avoidance in some cases
	Support from managers and coworkers in other instances

Theme 1: Family and Community Response. The theme emerged as a significant aspect of the participants' experiences, capturing the varied reactions and support they received from their loved ones and the wider community. The formulated meanings associated with this theme include a mix of concern, support, and precautionary measures from family members, with some participants receiving emotional support while others encountered initial hesitation and fear.

Furthermore, the theme encompasses the avoidance and hesitation from friends and neighbors, especially during the early stages of recovery, influenced by social stigma and fear of infection. Participant 1, a 21-year-old male student, described the reactions of his family members:

Gikasuk an ko nila, sa akong family members, samot sa akong auntie, "mao na kay sige laag tua unsai nakuha nimo sa redcross". Kay nay chances makatakod bitaw, mao toy concern nila sa ako adto time-ma samot nga napositive ko. Pero sila mama ug papa supportive sila nako." (They scolded me, especially my family members, particularly my auntie, 'That's what you get for constantly going out, who knows where you got it, maybe from Red Cross.' Because there's a chance, that's their concern during that time, especially when I tested positive. But my mom and dad were supportive of me.)

This quote illustrates the mix of concern and support from family members, with some expressing worry about the risk of infection while others remained supportive. Participant 5, a 32-year-old female nurse, shared her experience of receiving support from her partner:

In all fairness to Cedrick, mu-offer siya nga dad an kog gamit like mga sanina, pero ug dad-an ko until ra sa guard. Mu-offer siya ug lutuan ko nila like adobo. However, muingon kog dili, mafeel jud nimo nga down ka bitaw, so any kind of help dili ko ganahan." (To be fair to Cedrick, he offered to bring me things like blankets, but he only gave them to the guard. He also offered to cook for me, like adobo. However, I told him no, because you really feel down, so I didn't want any kind of help.)

The findings related to family and community response highlight the complex dynamics that arise when an individual is diagnosed with COVID-19. The mix of concern, support, and precautionary measures from family members reflects the challenges of balancing the desire to provide care with the fear of infection. The avoidance and hesitation from friends and neighbors, influenced by social stigma, underscore the need for greater understanding and empathy towards those affected by the illness.

These experiences align with the literature on the social and familial impact of infectious disease outbreaks, which has documented the emotional distress, stigmatization, and disruption of support systems (Lee et al., 2005; Desclaux et al., 2017). COVID-19 survivors and their families need social and emotional support. Family-centered care, community education, and support groups can address these challenges and create a more compassionate environment (Hart et al., 2020; Logie & Turan, 2020; Ping et al., 2020).

Theme 2: Workplace Response. The theme captures the varied experiences of support and stigma encountered by the participants in their professional lives following their COVID-19 diagnosis. The formulated meanings associated with this theme include varying levels of support and understanding from colleagues and workplaces, encounters with stigma and avoidance in some cases, and the provision of support from managers and coworkers in other instances.

Participant 4, a 32-year-old male nurse, described the initial stigma and avoidance from colleagues:

Sa work, initially, naglagot lang mi kay mga health workers baya mi tanan, mga nurses ug doctors paman unta, mao pay mag una una ug ingon nga "ahhh sila ra ana kay sila bitaw nag unsa, exposed na sila ana."" (At work, initially, we just felt resentful because we're

all healthcare workers, mostly nurses and doctors, so it's like they're the ones who are doing something, they're the ones exposed to that.)

This quote illustrates the frustration and resentment felt by the participant towards colleagues who stigmatized and avoided them due to their COVID-19 exposure. Participant 5, a 32-year-old female nurse, shared a contrasting experience of support from her workplace:

Kung sa akong line of work, wala ray mafeel nga social stigma with my coworkers, they are even supportive. Ang among nurse manager gani, maskin wala ko niingon nga muborrow ko ug money, but she let me borrow money. And it helped." (In my line of work, there's no sense of social stigma with my coworkers; they are even supportive. Even though I didn't ask to borrow money, she offered to lend me some, and it helped.)

The findings related to workplace response highlight the varied experiences of support and stigma encountered by COVID-19 survivors in their professional lives. The stigma and avoidance from colleagues, particularly in healthcare settings, reflect the fear and misconceptions surrounding illness.

The research on workplace culture and its impact on COVID-19 survivors underscores the crucial role of creating a supportive environment to address stigma, support mental health, and promote resilience. Studies highlight the need for employers to establish clear guidelines on infection control, confidentiality, and non-discrimination to create a safe working environment (Bruns et al., 2020).

Similarly, training to combat stigma and the implementation of employee assistance programs are essential to support mental health and foster a culture of resilience in the workplace (Kniffin et al., 2020; Giorgi et al., 2020). These measures are vital for ensuring that COVID-19 survivors are reintegrated successfully and sustainably into their professional roles, enhancing both individual well-being and organizational health.

Conclusions

Considering the findings, this study concludes that the lived experiences of COVID-19 survivors in Tagbilaran City are multifaceted and deeply impactful, particularly when viewed through the lens of Roy Callista's Adaptation Model. Survivors described contracting the virus through various means, such as exposure in community settings and within their households. They faced numerous challenges, including isolation, persistent physical symptoms, and significant emotional distress. The presence of social stigma and shifts in self-perception further influenced their mental health and social interactions, often leading to a sense of disconnection and psychological strain. Despite these difficulties, participants highlighted the critical role of support systems—particularly family, workplaces, and healthcare providers—in their recovery and adaptation. These findings underscore the complex and enduring effects of COVID-19, reinforcing the necessity for sustained physical and mental health interventions tailored to the needs of survivors.

In light of these insights, several recommendations are proposed. First, it is essential to develop comprehensive post-COVID care programs that address survivors' long-term physical, psychological, and social needs. These programs should include routine follow-up assessments, rehabilitation services, and robust mental health support. Second, accessible and affordable mental health services must be provided, including counseling, peer support groups, and self-care resources. Integration of mental health screening and support into primary care settings is also vital. Third, public awareness campaigns should be launched to combat social stigma and discrimination linked to COVID-19. Such efforts should promote empathy, understanding, and communal support for those affected. Fourth, employers and educational institutions are encouraged to offer flexible arrangements and accommodations for COVID-19 survivors, such as remote work or study options, modified workloads, and extended deadlines, along with dedicated support services to aid reintegration. Lastly, fostering a culture of empathy, resilience, and collaboration across healthcare systems, workplaces, and communities is crucial. This can be achieved by partnering with local organizations and support groups to ensure a coordinated and holistic approach to survivor care and well-being.

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Affiliations and Corresponding Information

Vernel Iam P. Sendrijas, RN, MAN
Holy Name University – Philippines

Emmylou S. Tutor, RN, MAN
Holy Name University – Philippines

Jimmy D. Bucar, PhD
Collegio de Loboc – Philippines