

Perspectives and Experiences among Health Staff Work Field Professionals Recovered from COVID-19: Qualitative Study

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Abstract

Background: COVID-19 had become one of the major health crises, as it threatened the lives of people of all nations, continents, races, and socioeconomic groups. Uncontrolled increases in COVID-19 cases necessitate urgent responses and require sometimes quarantine of the entire communities, **Aim:** This study aimed to explore the perspectives and experiences among Health staff work field professionals recovered from COVID 19. **Methods:** A Qualitative descriptive phenomenological research design is adopted on a purposive sample of 8 adult health work field survivors recovered from COVID 19. A face-to-face audio-recording interviews, using structured, semi-structured and open-ended questionnaire, were utilized to collect the data pertinent to the study. **Results:** Participants' ages range from 23 to 37 years old. Four main themes and seven related subthemes reflected and shaped the participants' perspectives and experiences which are their attitudes toward COVID 19, COVID-19 similar/unsimilar symptoms experienced, COVID-19: the generator of fear and worries, and lastly the experience of isolation. The seven related subthemes are negligence adhering COVID-19 preventive precautions, pay attention to the news, infection concealing with COVID-19: reasons and rationale, the isolation decision and challenge for quarantine, provoked emotion, realization of the value and meaning of things and home isolation as survival assisting practices. **Conclusions:** The findings of this study highlighted the perspectives and experiences among health staff work field professionals recovered from COVID 19. **Recommendations:** Further qualitative and quantitative studies are recommended.

Keywords: *Experiences, Health field professionals, Perspectives, Qualitative research, Recovered Covid 19.*

Introduction

COVID-19 is a novella infectious disease that emerged unpredictably and associated with a very high rate of infection, which leading to a high level of fear and anxiety of getting infected. As a result, coronavirus disease is rapidly spreading worldwide (Liu, et.al, 2020). As a result, COVID-19 was announced as a public health emergency which need an international concern on January 30, 2020 (World Health Organization, 2020) and is now a pandemic. Resultantly, the pandemic had led to serious restrictions on the human being's free movement and lockdown almost all the countries worldwide.

COVID-19 is not only a health pandemic also, it is a social event that disrupting the daily social life worldwide (Teti, et. al, 2020). In Egypt, the number of confirmed cases with COVID-19 were 175,677, the number of deaths were 10,150, while the number of recovered were 136,081 (World meter, 2021). However, the real views, perceptions, and experiences of people recovering from COVID 19 are not fully explored. There are a few blogs/you tube videos of the recovered patients. and corona survivors about their experiences (about how they had fought

with the infection, challenge, and the preparation to find a place for isolation, and how much they felt lonely during the isolation whether at home or hospital, etc.). Yet no descriptive data is available, and little research had being done to shed light on the experiences of those who have cached the virus and are fully recovered (Busby, 2020; Collinson, 2020 & KWCH, 2020).

A large body of evidence supports the importance of qualitative nursing research in times of health crises, epidemics, and pandemics. Adapting research methodology during COVID-19 is encouraged by the leading global health agencies (Dodds & Hess, 2020). Moreover, the World Health Organization and the Centers for Disease Control and Prevention recommend using the qualitative methods in epidemiologic investigations (Wolff et al., 2018). It could provide the privilege of getting insight into the lived experience with the disease, social responses, care perceptions, and epidemic response efforts, which are often missed by traditional quantitative methods. COVID 19 has resulted in a vast array of behavioral responses and experiences that are still largely unknown and best described by qualitative

inquiries (Teti, et. al, 2020). Given their open-ended nature and focus not just on “what” not on “how,” qualitative research methodology help to obtain and understand how people make meaning and sense of their experiences with the disease and its management (Schatz et al., 2013; Teti et al., 2015 & Leach et al., 2020).

Significance of the study:

The prevalence of COVID-19 infection among health professionals likely varies, and there are no definite statistics yet. However, a study conducted in China found that the overall infection rate among health staff was 3.8%, with the highest rate (10.5%) occurring among health staff who worked in the emergency departments (Feng, Chen & Fang, 2020). The study is significantly seeks to understand the perspectives and experiences of health professionals who have recovered from COVID-19. The study will provide valuable insights into the challenges and issues faced by these professionals. In addition, the study findings will help improve the support and care provided to health professionals who have recovered from COVID-19.

The Study Aim:

Consequently, this study aims to explore the perspectives and experiences among health staff work field professionals recovered from COVID 19.

Research questions:

Q1: What are the experiences of the health staff work field professionals recovered from COVID-19 during their sick period?

Q2: What are the perspectives of the health staff work field professionals recovered from COVID-19 during their sick period?

Material and Methods

Design. The ultimate purpose of the current study is to offer a holistic understanding of recovered COVID-19 participants' experiences, views, and perceptions. Therefore, the research investigators utilized a qualitative descriptive phenomenological approach to achieve the aim. Phenomenological approach is the best to gather 'deep' information and perceptions through inductive qualitative methods such as interviews, discussions, and observations and present it from the research participants' perspective (Speziale, 2016 & Creswell, 2017).

Participants/Informants

A Purposive sample of 8 recovered COVID 19 participants was recruited to be interviewed for the current study. Participants were chosen to be a source of data based on the following criteria: adult, health staff work field professionals recovered from COVID-19 from both genders, able to communicate through talking and had no mental/psychological

problems or any cognitive impairment that would prevent them from expressing their self-experiences and able to sign a consent form.

Instruments

The data pertained to the current study was collected using the following tools.

- A structured questionnaire (interview guide) was designed by the research investigators, and it covered the participants' personal data such as age, gender, place of residence, level of education, occupation, and marital status, as well as the time spent for recovery.
- Face-to-face, open-ended semi-structured interviews were conducted by the research investigators with an interview guide that included several open-ended questions to facilitate the study participants' free, extensive, and deep reflective descriptions. In addition, interviews were recorded using a high-quality audio recording device to ensure the accuracy of participants' experiences.
- The study tools tested for Credibility, Audit ability, Transferability/Fittingness, and confirm ability.

Trustworthiness of Data

According to Stahl & King (2020), the four criteria of confirmability, dependability, credibility, and transferability were adhered to by the investigators' practices to increase rigor. In order to ensure the interviews yielded rich and detailed data on participants' experiences, the transcribed interviews were reviewed. Two research investigators were involved in data analysis to ensure the findings reflected the range and depth of data. Finally, the investigators checked the study's dependability through revision with other experts and member checks. To achieve confirmability, all pieces of evidence for all steps were maintained.

Ethical Consideration. Written Approval from the Institutional Review Board of the National Cancer Institute, Cairo University with (N0; 21110-110-003) was obtained to conduct the study. After receiving all the relevant information, every participant was given a choice to participate. The study's purpose, nature, and importance were explained to the participants who met the inclusion criteria. Signed consent forms were obtained from the study subjects. Respondent's anonymity and confidentiality were ensured through assigned codes to participants' transcribed sheets, which are kept private in a locked drawer. The audio-recorded data was permanently erased after data collection was completely stopped.

Pilot Study A pilot study was conducted on two participants with the same inclusion criteria to ensure the feasibility of the study and the study tools for data collection, as well as to examine issues related to the research design and time required to fill out the sheet. Based on feedback from the pilot study, no

modifications were made to the study tool. Therefore, participants share in the pilot study was included in the study sample.

Procedure

After receiving the institutional and authoritative personnel approval, data were collected during 2020-2021. The investigators recruited COVID 19 recovered participants who met the criteria for inclusion, and direct face-to-face contact was initiated through individual audio-recording interviews conducted in their natural settings. At the time of each participant's interview, the study's purpose, significance, and nature were explained. Each interview was initiated using the mother language, as the understandable language for all participants who were encouraged to express themselves freely in their own words. An average time for each interview was ranged from 45 minutes to 1 hr. until guided questions were covered. Field notes were made immediately following the interviews. Data collection interviews were terminated; participants exhausted their descriptions of the phenomena under study, no new codes, categories, and themes emerged, and there were repetitions of similar data among participants (data saturation).

Data analysis

The investigators' data analysis was consistent with **Lacey & Luff's (2018) & Gibbs (2017)** steps of analysis. Data analysis started at the same moment of data collection. The investigators maintained an attitude of bracketing (separating investigator's knowledge regarding COVID 19). The recorded interview data were transcribed, coded, and analyzed using an iterative process. Each transcript was read repeatedly to achieve a holistic and intuitive understanding of the participants' verbatim. All transcripts were divided into discrete segments of expressions of the participants' experiences; the repeated words were removed considering that the essential participants' descriptions were not altered. Codes were given to the reduced data. The coded data were organized into categories with titles for each part of the data collected. Themes developed and emerged from these organized categories of data, and the final refined themes and related subthemes (sentences conveying the participants' narrations), were then assigned to the previously organized categories of data.

Results

Table (1): Participant's Demographic Characteristics (no = 8)

No	Age	Gender	Address	Marital status	Level of education	Occupation
1	23	Female	Giza	Single	Bachelor	Nurse
2	24	Male	Giza	Single	Bachelor	Nurse
3	27	Female	Giza	Single	Bachelor	Nurse
4	28	Female	Cairo	Single	Bachelor	Nurse
5	37	Female	Cairo	Single	Bachelor	Nurse
6	25	Female	Giza	Single	Bachelor	Nurse
7	25	Female	Cairo	Married	Bachelor	Physician
8	26	Male	Cairo	Married	Bachelor	Physician

Table (2): Themes & subthemes identified through transcribed participants' interviews (no = 8).

Theme	Subtheme	Sample of supported quotations
1-Attitudes toward COVID-19 infection.	1-1-Negligence adhering to COVID-19 preventing precautions.	<ul style="list-style-type: none"> ▪ "A physician or nurse in charge of duty or some colleagues have symptoms of corona; they don't inform about it, they obliged to come for work, that's exactly what happened to us (Participants 1, 7 & 8). ▪ "I was assigned to care for a pre-arrest Corona positive patient, the hospital's resources were not enough, and I was not wearing a face mask" (participant 2). ▪ "I was talking on the phone, and I did not put in my mind. A close contact colleague in my shift; I greeted her and hugged her, and then I discovered that she was already infected" (participant 3).
	1-2-Pay attention to following the news	<ul style="list-style-type: none"> ▪ "On Facebook, I saw a post to a very fit young man who wrote that she contracted the virus, indicating that the matter is not easy and she has died (participant 2). ▪ "I have a friend who did not have a corona, but from a lot of news around her, she was deluded that she had a corona, and she would not leave the house at all" (participant 4).

Theme	Subtheme	Sample of supported quotations
		<ul style="list-style-type: none"> ▪ " Every once in a while, someone wrote on Facebook that he has contracted corona, and I wrote that I infected, and I recovered. Furthermore, I gave people some advice that worked for me (participant 4).
	<p>1-3-Concealing the infection with COVID-19; the reasons and rationale.</p>	<ul style="list-style-type: none"> ▪ "Even our neighbors who did not know that I was infected would always tell me that you come to bring us the corona from the hospital."(Participant 1). ▪ "When you tell people that you are infected with corona, their reactions remain monstrous." (Participant 4). ▪ "I hide from my mother that I contracted corona because we had a concept about corona that the one who catches the infection will die." (Participant 5).
<p>2- COVID-19 similar/unsimilar symptom experience.</p>		<ul style="list-style-type: none"> ▪ "When the symptoms first appeared, I felt a terrible cracking in my body and muscle aches above what you can imagine. After that, a high temperature developed that reached 38.5 °C and continued for three days " (All participants). ▪ "There is mild shortness of breath, and the sense of smell and the ability to taste the food is lost with me for 12 days " (participant 3). ▪ ".....due to the unsimilar symptoms, for example, I had no dry cough, no abdominal colic, and diarrhea as some people may have when infected with the virus....so I advised people on Facebook of the importance of following up with doctors" (participant 5). ▪ "The symptoms were different for me than for my brother, father, and aunt. It is not a condition that someone experiences shortness of breath " (participant 6). ▪ " in first, I felt throat pain, ...my temperature was so high, and my whole body was so tired to the condition that I could not open my hands. After that, I had a severe headache, dry cough, rapid, shallowness, shortness of breath, palpitations, and diarrhea. The dry cough was so intense, especially at night. I could not taste any food and lost my sense of smell ". (Participants 7 & 8).
<p>3-COVID-19 infection; the generator of fear and worries.</p>		<ul style="list-style-type: none"> ▪ " At first when I started to suspect that I had symptoms of the corona, I was afraid and 100 feelings inside me and I did not know what to do...the fear was for my brother occurred after I was isolated because my brother did not know how to do the swab and he could not find a place to isolate . " (participant 1). ▪ "I was worried that my family would know that I have corona, and when the result came out positive, I told myself I would not inform them and go to the quarantine..... " (participant 2). ▪ "My worries appeared when my father got tired and went to the hospital for swabbing, he is old. Especially that my father is 65 years old....."(participants 3). ▪ " I am afraid of exposing myself to this experience and getting this illness again. God knows what the coming tiredness will be. At this moment, I feel that I have more panic than the time before....." (participant 4). ▪ " I was terrified that my family get the infection from me and get hurt because of me, especially that the rumors say that the symptoms are transmitted ten days after acquiring the infection..... "(participant 5). ▪ "When I came out of quarantine, people were afraid of me, and I was afraid, and I was out because I don't know who I would deal with, the disease carrier or the patient..... (participant 6). ▪ " I was afraid to die and leave my children. No one but me can take care of my children....." (Participant 7).

Theme	Subtheme	Sample of supported quotations
		<ul style="list-style-type: none"> ▪ “ my source of concern was constantly about the possibility of contracting corona as I was dealing with many cases suspected of being infected with the virus and that I transmit the infection to my family and that I do not have a place to book anyone infected from my family, this was my concern frankly.... ” (participant 8).
4-The experience of isolation.	<p>4-1- The decision and challenge for quarantine isolation</p> <p>4-2- Emotion provoked</p> <p>4-3- Realizing the value and meaning of things</p>	<ul style="list-style-type: none"> ▪ "When the result of the swabs came out positive, I searched for a place for quarantine. At first, I couldn't find a place. When I found a place, I was a little reassured..." (participant 1). ▪ "When I admit the quarantine, I felt that the matter is serious...." (participants 6). ▪ "A physician allowed me to admit the quarantine as he checked my abnormal CT chestin quarantine, I was given a lot of drugs for 11 days " (participant 5). ▪ " This is not my first infection crisis; I contracted typhoid infection when I was young.....and when I contracted swine flu, I was tired.....so I had no doubt I would recover from corona.....I spook myself a lot and say it takes a period of time..... I will get rid of this crisis successfully by the will of God. I can be strengthened in this way.....now I have confidence in myself that any matter I can deal with " (participant 3). ▪ I was worried about being locked up.... But, instead, I was imprisoned in a room with nothing but a beautiful bed, sleep,.... eating, treatment and a TV with three channels.....is a very boring routine....." (participant 6). ▪ "I felt I am a human being experiencing a new matter between life and death...."(participants 7 & 8).
		<ul style="list-style-type: none"> ▪ " Being exposed to the Coronavirus infection made me realize the value of using gloves," the meaning of sterility, the meaning of isolation; the concept of dealing with the other even he has no symptoms changed for me" (participant 1). ▪ " ...I felt the difference when I was in quarantine and at home and lived with my family....(participant 6).
	4-4-Home isolation survival assistive activities	<ul style="list-style-type: none"> ▪ " My mother prepared everything; she saw videos about home isolation... we were watching videos about isolation as if we got a doctorate in isolation. (participant 1). ▪ " My mother assigned personal tools for me like plate, spoon, etc.....she sprinkled vinegar and lemon unfortunately, we did not have a steamer. My mother used to put a bunch of herbs, onions, garlic, and salt in a pot on the stove. When they boiled and steam came out, I inhaled steam and did this topic twice a day, so my shortness of breath was improved... most of the time, sitting in my room.....I was following my case with a doctor online" (participant 3). ▪ " We had four people contracted corona at home, and we were trying to separate everyone in separate rooms....we used to sterilize with chlorine diluted with water and spray even in the airwe whipped the ground also with chlorine.....(participant 4). ▪ " I always used to drink a mixture of herbs, including cloves, ginger, thyme, blackberry, star anise, and cumin. My mother used to prepare it for me and add white honey and lemon to this mixture, and I used to drink it as much as possible; this helped me a lot at this time..." (participant 6).

Discussion:

The study aimed to explore and describe COVID-19 Health work field survivors' perspectives and experiences following the recovery period. The findings revealed four main themes and seven related subthemes. The four themes are attitudes toward COVID 19, COVID-19 similar/unsimilar symptoms experienced, COVID-19: the generator of fear and worries, and the experience of isolation. The seven related subthemes are negligence adhering to COVID-19, preventing precautions, paying attention to the news, concealing the infection with COVID-19, the reasons and rationale, the decision and challenge for quarantine isolation, emotion provoked, realizing the value and meaning of things and home isolation survival assistive practices.

A considerable number of qualitative researches highlighted the attitudes toward the novel COVID-19 infection that are consistent with this study's findings as participants of this study expressed a diversity of attitudes that include; negligence in adhering COVID-19 preventing precautions. The marked shortage of Personal Protective Equipment (PPE) and the direct contact with the admitted infected patients and the infected colleagues who were free of symptoms at the moment of contact were narrated as the main reasons for catching COVID 19 infection. All of these were in line with **Iheduru-Anderson (2020)**, whose study explored the lived experiences of acute care nurses working on the frontline during the COVID-19 disease outbreak. Anderson reported that; the critical shortage of PPE for nurses and other health care workers placed them at risk of contracting the virus, becoming sick, and even dying. **Liu et al. (2020)** also support the study findings as they mentioned that; the lack of protective health recourses was a great challenge to health care providers.

Preferring to hide being infected with COVID 19; another attitude highlighted by the participants in the current study and their families, they viewed this matter as a secret that should not disclose to others claiming to avoid provoking anxiety among the neighbors and relatives. This reaction was mainly to avoid any painful untoward reactions from the others. **Shaban et al. (2020)** reported an obvious agreement with this result, highlighting the negative and destructive societal responses to participants being infected and diagnosed with COVID-19.

Similar symptoms experienced occurred among the participants at the beginning of the illness, including fluctuated fever, body aches, dry cough, fatigue, tachypnea, dyspnea, and chest tightness. Unsimilar symptom experiences were also noticed among their verbatim, which included diarrhea, loss of smell, and taste for a considerable number of days. Two participants clarified that their colleagues tested

positive for the virus, although they had no symptoms. **Huang et al. (2020) & Adhikari et al. (2020)**. Supported the mentioned signs and symptoms as they declared the most common reported symptoms were fever, cough, myalgia or fatigue, pneumonia, and complicated dyspnea. In contrast, less commonly reported symptoms to include headache, diarrhea, hemoptysis, running nose, and phlegm-producing cough.

There are four main reasons narrated and expressed by participants to view COVID 19 as a constant source of generating fear, worries, and terror during the entire experience with infection. The first reason is being a source to transmit the infection to the family members, especially the parents. The second reason is that the virus and its treatment are not well known even amongst health care providers, including physicians. The third reason is testing positive when the swab is retaken. The fourth one is the possibility of getting infected with COVID 19. These results were in agreement with **Pérez-Fuentes, et. al (2020)**, who analyzed the perception of threat from COVID-19 on the cognitive and emotive state of the individual. They reported anxiety, sadness, and depression experienced by the participants. **Moreover, Sahoo, et. al (2020)** highlighted the participants' self-blaming behavior as a source of transmitting the infection contributing to the fate of others.

In the context of the experience of isolation among the study participants, they reported the aroused feelings during the isolation experience, whether in the hospital or even at home, varied to include both positive and negative ones. The feeling of fear, anxiety, uncertainty, doing a daily routine, and boredom are among the negative ones while feeling the power to overcome any adversity and a feeling of trust in self which are among the positive ones. These findings approached the review of the literature made by **Linda, et. al (2017)** on the patient experience of isolation source for MRSA or other infectious diseases, and the authors found that anxiety, uncertainty, feeling loneliness, depression, and stigma all are a negative feeling exhibited by the participants of previously conducted studies. Furthermore, self-esteem and sense of control were found lower and contributed to the detrimental effect on their coping with the situation. At the same time, this contradicts the current study findings as participant 3 narrated the repeated exposure and successful recovery of different infectious diseases in life, establishing the belief that there is no doubt about the recovery from coronavirus, which all study participants successfully achieved.

Surviving and recovery is the great target reflected by specified phrases and stories of the study participants,

which pushed them to try different practices; self-isolation, nutrition practices, and adherence to the measures known to prevent the spread of infection, such as the use of mask and gloves. These match with a recent study done by **Jafarzadeh-Kenarsari, et. al (2022)**, who explored the lived experiences of home quarantine during the COVID-19 pandemic in Iranian families as they reported self-isolation and home-quarantining were practiced by the participants to ensure the health and safety of their close contacts including family members. The participants of the current study faced a mysterious and deadly virus. This challenging period made them realize and sense the importance of PPE, which may be an important tool to save their lives which is evident in their verbal phrases, hence realizing the value and meaning of things subtheme emerged. This was in line with **Gordon & Thompson (2020)**, who reported that PPE is a fundamental element essential to limiting the acquisition and transmission of the virus to protect health professionals, the people who they care for, and the wider community.

Conclusions

Overall recovered COVID 19 perspectives and experiences were highlighted and shaped by this study through four themes and the related seven subthemes. The study elaborated their attitudes concerning COVID 19, COVID-19 similar/unsimilar symptoms experienced, COVID-19: the producer of fear and uncertainties, and lastly the experience of isolation. The seven related subthemes are negligence adhering COVID-19 preventive precautions, pay attention to the news, infection concealing with COVID-19: reasons and rationale, the isolation decision and challenge for quarantine, provoked emotion, realization of the value and meaning of things and home isolation as survival assisting practices.

Recommendation

1. Future research should be done focus on the psychological well-being of recovered COVID-19 health work field professionals.
2. Further qualitative and quantitative studies in the same field are recommended.

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