

Overcoming Adversity: The Severe COVID-19 Illness Experience

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This viral outbreak of the novel SARS-CoV-2 has profoundly disrupted lives globally and has placed unparalleled burdens on individual physical and psychological health. It is imperative to comprehend the psychological journey of COVID-19 patients to provide them with effective care. This study aimed to explore the psychological illness experience of severe COVID-19 survivors from the first symptoms, to hospitalization, recovery, and post-discharge adjustment. Semi-structured interviews were conducted from November 2022 to April 2023, with 30 Romanian former COVID-19 patients. Thematic analysis of transcribed interviews identified four major themes: (1) a distant threat; (2) the tipping point; (3) the turning point; and (4) readjustment and growth. Some participants faced denial or uncertainty early on, misattributing symptoms and delaying seeking care. Hospitalization as a last resort brought anxiety, isolation, and closer confrontations with mortality perception. As symptoms improved, and participants received supportive care from both healthcare professionals and family members, hope and optimism appeared. Despite health improvements and feelings of safety, lingering anxiety persisted. Post-discharge adjustment involved managing lasting effects and selectively resuming activities. For some of the participants, reflection afterward prompted greater self-understanding, empathy and connection, and motivation for self-care. The results have implications for healthcare practitioners, policymakers, and researchers.

Keywords: illness experience, COVID-19 survivors, psychological impact, emotional impact, pandemic

Introduction

Over 700 million people worldwide have been infected with the novel SARS-CoV-2, 7 million people have tragically lost their lives since the beginning of the unprecedented COVID-19 pandemic, while over 675 million have recovered as of mid-2024 (World Health Organization, 2024). This viral outbreak has profoundly disrupted lives across globe. The World Health Organization's declaration of COVID-19 as a pandemic on March 11, 2020 underscored the virus's far-reaching consequences for human health and socioeconomic functioning (World Health Organization, 2020).

Research studies have documented some of the consequences on human health, social functioning, and psychological well-being following the confrontation with the disease. Long-term post-acute COVID-19 infection studies have highlighted the range of health consequences that people encounter, such as pulmonary, cardiovascular, hematologic, renal, central nervous system, or gastrointestinal manifestations using quantitative

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data (Higgins, Sohaei, Diamandis, & Prassas, 2021). A review comprising 43 qualitative research studies, has highlighted the mental health consequences COVID-19 survivors have, such as high level of post-traumatic stress symptoms, depressive symptoms, worsening mental health conditions for pre-existing psychiatric disorders, anxiety, poor sleep, and a psychological lower level of well-being (Vindegaard & Benros, 2020). For some of the survivors, the experience of severe COVID-19 illness fostered positive psychological changes, such as post-traumatic growth. Studies have identified some of the factors that lead to this positive outcome, such as coping strategies, personal inner strengths, resilience, social support, and the changed life perspective participants reported, such as greater appreciation for life, strengthened relationships, increased personal strength, and a deeper existential or spiritual outlook following adversity (Qie & Onn, 2023; Suci & Baban, 2024).

However, limited knowledge exists regarding the psychological illness experience of former COVID-19 patients who have suffered from severe manifestations. In a small sample of patients admitted to a hospital in China, the results identified five main themes: the attitudes towards the disease, the major sources of stress, the body and minds reactions, support factors, and psychological growth (Sun et al., 2021). A systematic review highlights the complex psychological course of COVID-19 patients. But just as medical systems and cultures vary from nation to nation, so do the experiences of illness and the psychological effects on affected individuals (Zhang et al., 2022).

As such, a thorough investigation of the psychological experience with COVID-19 within this vulnerable population in different cultures and communities is essential to enhance holistic intervention strategies and address the widespread psychological effects of the pandemic. Qualitative methods provide critical insights into understanding the complex perspectives underlying individuals' perceptions.

The present qualitative study aimed to gain a deeper understanding of the psychological experiences of individuals who were hospitalized for severe COVID-19, by exploring their perceptions from initial symptom onset to recovery and readjustment. By exploring the psychological dimensions of this illness experience, the findings not only contribute to a deeper understanding of the multidimensional nature of the illness but also provide data to improve the support systems and address the physical and psychological needs of COVID-19 survivors. Through inductive thematic analysis, we investigate the personal experience, influences, and dynamic perceptions that shape participants' ordeal.

Design and Methods

Study Design

To address the research aims we conducted a qualitative study using semi-structured one-on-one telephone interview. We included participants who (a) have been hospitalized for severe COVID-19, and (b) were adults (+18 years).

Participants were recruited through advertisements on social media, snowball sampling, and referrals from physicians. A purposive sample of former Romanian COVID-19 patients (N = 30) was recruited. To minimize risk of bias, we included participants from different regions and hospitals.

Data Collection & Analysis

A semi-structured interview guide was used to explore participants' perspectives on the COVID-19 illness experience. The interview guide encompassed questions that explored perceptions of the COVID-19 illness

experience from the onset to recovery, difficulties, coping strategies, personal features, and positive or negative changes throughout time. Following each interview, participants were invited to share additional reflections through a final open-ended question. Interviews were conducted from November 2022 to April 2023 lasting on average 40 minutes. Interviews were audio recorded and transcribed verbatim. We used an inductive approach for the thematic analysis (Braun & Clarke, 2023).

Results

Interviews were conducted with 30 participants, with mean age 64, all residing in Romania (see Table 1). The medium stay in hospital was 17 days, with 24% of participants having been hospitalized in an Intensive Care Unit. At the time of the interviews, all participants were discharged.

Table 1

Characteristics of Study Participants

Category	N	%
Gender (%)		
Male	15	50.0
Female	15	50.0
Other	0	0
Age group (%)		
31-45	3	10.0
46-60	2	6.7
61-70	11	36.7
70+	14	46.7
Residence (%)		
Big town	9	30.0
Medium/small town	11	36.7
Rural area	10	33.3
Marital status (%)		
Single	2	6.7
Married/living with partner	20	66.7
Divorced	1	3.3
Widow	7	23.3
Education (%)		
Less than highschool	9	30.0
Highschool	15	50.0
Higher education	6	20.0
Vaccinated status (%)		
Yes	23	76.7
No	7	23.3

Five main themes were identified from the qualitative analysis: (1) a distant threat; (2) the tipping point; (3) the turning point; (4) readjustment and growth.

1st Theme: A Distant Threat

Many participants initially dismissed or were uncertain about mild COVID-19 symptoms, often misidentifying the illness. Symptoms like cough, fatigue, or pain were initially attributed to common colds, indicating a lack of

awareness or acknowledgment of COVID-19's seriousness. For some participants, these mild concerns prompted worry or mild anxiety, and thus a willingness to seek medical assistance from the primary care provider. Obtaining accurate diagnoses was challenging for many participants who sought medical opinion due to delayed COVID-19 confirmations, highlighting gaps in initial diagnostic procedures. Participants either received mild medication for presumed colds or self-administered such medication without a prescription, justifying this behavior due to the perceived non-severity and lack of diagnosis. Other participants who did not seek medical help, relied instead on alternative methods like consulting other professionals in their family or self-testing. Self-administered COVID-19 tests sometimes yielded false negatives, furthering doubts about having the disease, and thus they decided to manage symptoms based on personal judgment, highlighting their disbelief that initial mild symptoms could rapidly escalate. Participants shared a disbelief that COVID-19 would seriously impact them. Due to the mild nature of symptoms and delayed diagnosis, individuals experienced some concern, but not enough to fear for their lives.

As one participant described:

I can't say that I believed or knew what to believe, because I had taste and smell. I had low appetite and told my wife -I can't eat! Days passed by, and I thought maybe it's just a cold. And we didn't think about Covid. I thought it was a different kind of cold, because not much was known about Covid, cases started to appear here and there. I went to my family doctor and asked her for a referral to a lung specialist, but she gave me a referral for my spine instead, saying that the pain could also be from there. I told her I wasn't feeling well and that I had back pain, and that's how it started. It came as something unplanned indeed, and no, the vast majority didn't believe that Covid existed or that it would be like this. (P.1)

During this stage of mild symptoms, many participants expressed a sense of control, trust, and unrealistic optimism, assuming their perceived good health would facilitate a quick recovery. However, as symptoms persisted with fluctuations, for some of the participants worry and self-isolation behaviors increased, prompted by the fear of contagion and the responsibility to protect loved ones. Even without a positive COVID-19 diagnosis, many participants took precautionary measures, including isolation and rigorous hygiene, to shield family members from potential infection. Family, acquaintances, and friends provided emotional support and practical assistance in managing concerns and helping with casual tasks. As one participant described:

At the beginning I had mild symptoms, with a slight dry cough, back pain, without fever. I must admit that I didn't think things would worsen. I thought I would get through it, having very good health always, never having any issues, I thought it would pass. When I thought about it, on the seventh or eighth day, I thought I'm at the end, not imagining that things could go haywire. Then I worried about those I encountered despite wearing all the protective gear. I isolated myself in one room, my husband in another. I didn't leave unless necessary, and every time I did, I disinfected everything afterward. It protected him (my husband) so well that he didn't get sick. I worried for him, and for others, of course. And for myself, but to a lesser extent. (P.25)

2nd Theme: The Tipping Point

For many of the participants, the tipping point was when controlled symptoms started deteriorating to the point of needing hospitalization and escalating fear. The initial sense of safety or denial of the virus's seriousness was replaced by a realization of vulnerability upon positive diagnosis and severe symptoms manifestations. These intense symptoms coupled with uncertainty about their condition, fear of death, and long waits for medical assistance exacerbated apprehension. For each participant, specific worsening symptoms prompted fear and anxiety, such as spiking fevers, breathing difficulties, intense coughing, or plummeting oxygen levels, necessitating urgent hospitalization. This phase challenged individual's mental health as COVID-19's risks

became personal. Participants described this as a terrifying period, fearing they might die gasping for air. As one participant described:

When I saw I had two lines up to 40 degrees temperature, that was it! I called the ambulance and, of course, I went through a rough moment, I waited hours, until I started shaking, my flesh trembling, then I heard my name and went into the hospital. When they took me to infectious diseases department, I said that I surely have Covid. I've had colds before, but not this strong. (P.1)

For many, symptoms persisted for days despite medication, and desperation grew while enduring this mental and physical toll. Psychological symptoms such as severe anxiety, panic, despair, hopelessness, or depression were prompted by physical symptoms such as chest tightness, breathing difficulties, constant sweating, nightmares, or insomnia. This experience coupled with isolation from loved ones, dehumanizing protective gear on staff, and witnessing roommate deaths made hospitalization an ordeal. Participants described thoughts about preferring a peaceful outdoor death over being plastic-shrouded in intensive care and expressed regret over leaving unspoken words to the loved ones. As one participant describes:

From the seventh day, things worsened from day to day, and to such an extent that on the 9th day, I woke up without air, with dyspnoea. And if at first, I controlled these symptoms with exercises and with what I knew I had to do, on the ninth day things got harder and harder. The fatigue was marked; with the slightest effort, I would get tired and couldn't breathe, my saturation level dropped, and then I was hospitalized. I was admitted during a time when hospitals were overcrowded. It was beyond their (the doctors') capabilities to handle all that and it was very, very hard to find a spot (in the hospital). At that time, I truly had a high level of anxiety. My thoughts went in a direction that normally wouldn't go. They sounded like this: that I would rather die somewhere next to a tree than in the hospital, that I hadn't told my child many things I wanted to tell him. For instance, I hadn't told my son how much I loved him. I hadn't told my parents many things, and I definitely didn't want to die there. It was clear, who in God's name would want to die in the hospital in two plastic bags? (P.25)

Common coping responses included seeking reassurance from doctors, talking by phone with the loved ones, turning to God will, while withdrawing from social contact. The challenging isolation in the hospital coupled with extreme stress of facing potential death and life challenges, contrasted with the high-quality medical care received by the dedicated medical staff. Participants recounted human care from doctors, feeling emotionally alleviated and physically attended to, yet isolated. The doctors' regular visits to each patient, offering a platform to articulate symptoms and emotions, instilled a sense of safety, security and being listened to. The perception of receiving consistent respectful and empathetic care engendered trust in the medical professionals. The encouragement received during these interactions proved impactful, linking medical care to well-being for many participants and fostering a sense of security. As one participant stated:

The symptoms did not improve at all with medication and because of the cough, I was not at ease. I saw that it wasn't getting better, and I was afraid it would get even worse. I wasn't weak, but I couldn't walk, and that dry cough was bothering me, I couldn't sleep because of it. And I had no appetite. So I was scared. After hearing all those stories about people being hit hard, it made it worse. While I was in the hospital, the family couldn't come close; they just brought me packages, and supported me like this. My brother would come, bring a package, but could only leave it downstairs, as he couldn't approach the hospital. The nurses brought it upstairs. But I had faith. I didn't think about death or fear, I thought about God. And I made it. I got through it with help, with medication, with exceptional doctors and nurses. I kept thinking that I wouldn't stay in the hospital that long, but it was pointless because the doctor said I had to stay there, it didn't matter that I didn't feel pain, the lungs needed to recover. I had faith, but I was still scared. Even in the hospital, I was worried something might happen. Even though you're there with medication and doctors in the hospital, still something bad can happen. You see, especially during Covid, people avoided hospitalization as much as possible, trying not to end up there, fearing it would get worse by going. (P.29)

Or as another one described:

It was a complicated period because my wife was nine months pregnant. My father was in the terminal stage of cancer at that time, and I wanted to get out of there to see my dad at least one more time. Likewise, I wanted to see my child, so I was quite worried, but at the same time, seeing the doctors who were taking care of me day and night there, I had a sense of peace. I was somehow reassured that everything possible was being done, and I trusted that everything would be fine. At the same time, I believed that God, together with the doctors, would help me get through this. I took it as a new experience for us, and in the end, we got through it well. However, it affected us that we couldn't see our child in the first seven days, neither I nor my wife, after the birth. My wife was much more affected psychologically than I was. For me, it was a great fight for survival at that moment. Not necessarily to see or touch my child—I knew it was impossible—but I was focused on getting better so that I could get out of the hospital and take care of him. The fact that we were both in the same hospital room was practically also one of the main things that helped us. (P.4)

3rd Theme: The Turning Point

As the most intense symptoms began fading, glimmers of hope appeared. The cessation of relentless perspiration marked a positive turning point for many. Some participants described a clear moment when they just knew they had beaten COVID-19, or found themselves to a turning point upwards, often coming days before being officially discharged. This certainty emerged while still feeble, but many symptoms abated. Despite extensive lung damage evident on scans, there was a significant disparity between the objective findings on radiography recounted by the doctors and the self-perceived health status of participants. At those times, participants reported feeling well, due to lack of pain, despite their lungs being unable to fully function, according to doctors' scans. This lack of overt symptoms, such as shortness of breath or pain, provided reassurance to them, contributing to the perception of healthiness. Feeling not defeated by the disease also boosted morale.

As one participant described:

I got my appetite back while in the hospital and started coughing less. I didn't feel weak; I felt strong and courageous. But they told me after the tests that both of my lungs were 20% affected. I thought it was strange because I didn't feel any pain. My appetite returned, I coughed less and I thought I was somewhat fine. The doctor kept checking on me, examining my lungs every two days. I just couldn't sleep well, even there in the hospital. But I didn't think it was bad because I wasn't in pain. If it doesn't hurt... (P.26)

Participants actively sought tangible proof of recovery, emphasizing observable improvements in symptoms like increasing appetite, reduced sweating, better breathing, less coughing, improved sleep, and an overall sense of well-being—signs perceived as the body healing itself. This proactive monitoring of personal progress reflected a need for assurance amidst the uncertainties of COVID-19. As symptoms gradually subsided, over different timelines ranging from 4-5 days to 16-17 days of hospitalization, a palpable sense of composure emerged, with growing confidence in recovery. Eagerness for anticipation of discharge was integral to participants' mental and emotional well-being during this critical phase. The diminishing fear associated with the virus was attributed to the subjective sense of feeling better, accumulating experience with the disease, increased knowledge about self-protection, and improved management strategies—all nurturing the belief that health was returning, despite persisting loneliness and worry over the uncertain course of the illness and other challenges during hospitalization.

As one participant described:

After some days, I simply started to stop sweating. So, another proof that I was on the right track in hospital. After that, once I stopped sweating, it got easier. After about 16 or 17 days, I started to feel better. I told my wife, "I feel fine now, I'm cured, I feel this". And things went well, so when it was time for my final X-ray, I surprised the doctor. I didn't

have any problems, I walked in on my own and he said, “Sir, are you jumping around now? When you came in, you were like a vegetable”. Well, what can we do? That’s how it is. And I realized I was cured. I kept thinking about when they’d call me to be discharged. (P.1)

Daily hospital visits from spouses and children, though restricted to grounds and delivered with care packages, uplifted spirits. Many participants expressed gratitude and the importance of the empathy and compassion from family members, care providers, or friends calling to check on their progress. It was emphasized the crucial role played by support systems, including healthcare professionals, family members, and friends, in contributing to the participants’ recovery. Care teams providing compassionate support were credited by many participants for their recovery. Encouragement from physicians augmented hope as objective measures improved. It highlights the importance of compassionate care from medical teams, encouragement from physicians, and the emotional support provided by loved ones, even though it is restricted to phone and packages.

As one participant described:

I have good friends, everyone called me by phone. And many times I asked them to call me in the afternoon because there were medical visits in the morning, and once the treatments were done then we could talk until midnight. Everyone checked in on me, even people from my former workplace, even though I retired 10 years ago. The manager and the director also called me. Family members would come to the gate, but no one could get close to the hospital. And every day, they would bring fresh water, packages with some food and everything I needed. I didn’t lack anything. I would look out the window, we would talk on the phone, and they waited every day for me to come home. In the beginning, the doctor said to eat as well as possible because the treatment required it. I believe that having your family by your side during difficult times it is important, as well as your own strength of character and physical strength. These are the things that helped me the most during those times: communication, family, everyone’s attention, including siblings, and everyone I consider family. Secondly, I think it’s your state of mind, character, and physical strength. (P.29)

4th Theme: Readjustment and Growth

For many participants, discharge prompted happiness to leave isolation, and joy to be with the loved ones, coupled with a sense of regaining freedoms. All these were contrasted by lasting fear, anger, helplessness, anxiety, or hesitation to resuming full activity. The process of recovery from severe COVID-19 was characterized by a gradual process of reintegration into daily life and many ambivalent feelings. Physical lingering symptoms such as fatigue, weakness and tiredness, pulmonary incapacity impairing normal breathing, sleep disturbances, and psychological symptoms, persisted for weeks or months for many, reflecting the residual effects of the illness. Despite reassurance from follow-up medical examinations indicating nearly complete lung recovery, some participants self-consciously limited social interactions out of concern for potentially endangering others with lingering infection, but also due to fear of reinfection. For most, recuperation continued long after hospital discharge. As one participant stated:

After being discharged, of course, I was happy, like when you leave a hospital and come home. But I feel that I get irritated more quickly, I get agitated and angry faster. I was a bit more reserved, thinking that I might bring something back with me, so I didn’t go out much, and I didn’t allow many visits; I waited to see that everything was okay. If I felt a bit tired, I preferred to stop rather than continue with my tasks and I didn’t want to overexert myself. Since then, I’ve been careful and followed all the recommendations from the cardiologist. Effort up to the allowed limit, not forced, under no circumstances. (P.29)

Or as another participant recounted:

I resumed life gradually. I was afraid of going home because after staying on oxygen for a month, even though things were okay in the end, I had fears about incidents. But I didn’t have much time to dwell on that because the little one came

home, and my attention shifted to him. I had to quickly transition from “Oh, what if something happens without oxygen?” to “I have a child, and I need to take care of him”. And I mobilized pretty quickly. The fears didn’t go away, as I still had panic attacks from time to time. I still had a dry cough, not very often, I had some sharp pains in my back. I also had a complication after intensive care, two pulmonary infarctions, micro-pulmonary embolism, and these came with severe back pain, in that lung area, but they went away after some months. For two to three weeks, I felt a pronounced state of fatigue, but similarly, after about two to three months, I was almost back to how I was before. Indeed, I had panic attacks after discharge, but they disappeared over time. Then there were periods, especially with effort, when I felt like I didn’t have enough air. I had some psychological issues after Covid. But I think it’s normal that after an experience like mine, with ICU care and complications. (P.4)

Or as another participant described:

A month passed by, and I returned to work tired, I am a nurse. I was undergoing treatment in a room, and after I had to sit for a while. This had never happened before. Also, the anxiety remained for a while. The fear that I didn’t have enough air. What would I do if I ran out of air? It was very difficult. Now my life was no longer in danger, but the anxiety persisted. The chest pains, the fatigue, also lasted after discharge. And I felt like I had concentration problems. I would check myself three times to make sure I didn’t forget anything. I know for sure that I was constantly checking myself because I felt I wasn’t performing as I wanted, and I would check everything many times. It was difficult for a few months. Besides this experience, I had an experience where they suspected me of leukemia, and that was a tough period to manage, as I was very young with a small child. After that episode, this one seemed the hardest to manage. (P.25)

For some of the participants, the experience of severe COVID-19 catalyzed existential contemplation and shifts in personal perspectives upon life, fostering a greater appreciation for living one day at the time, gratitude for surviving, cherishing each moment and valuing life. This transformation extended to interpersonal relationships, as individuals re-evaluated their social circles and prioritized meaningful connections with the loved ones. Social reintegration was marked by a more selective approach, turning towards those who provided genuine support during hospitalization while avoiding acquaintances who had distanced themselves during contamination. Nonetheless, an effort to maintain meaningful connections and resume a semblance of normalcy in social life was evident, underscoring the importance of social support in the recovery process. This newfound perspective prompted a recalibration of priorities, with a stronger emphasis on family, health, and personal well-being. As one participant described:

I selected the people who surrounded me before. I made a sort of selection of those who called me by phone, who asked about me, and those who didn’t. You need to have a selection of people because there are plenty who smile in front of you, speak nicely if they speak at all, and behind your back, they don’t care. And I tried to live each day as if it was my last, live in the moment, live each day one by one. I think differently because if you’re not sought when in difficult times, then you truly form some ideas about life. (P.1)

For many of the participants, a commitment to more proactive health behaviours was evident. This significant insight prompted individuals to maintain regular medical check-ups, protect themselves in crowded places, closely monitor their bodies for any concerning symptoms, and quickly consult doctors when anything felt amiss. This heightened vigilance was accompanied by a commitment to embracing preventative measures, such as the decision for vaccination as a health measure, underscored a cautious yet optimistic outlook on recovery. As another participant affirmed:

After discharge, I had another lung check-up, something was seen on the edge of the lungs, but the doctor said it might be older, and overall, the lungs looked clean. They gave me another treatment; I also bought vitamins with my own money, the same as they gave me in the hospital. The doctor told me to continue the treatment, so I did another month of treatment. The doctor kept encouraging me to go and not be afraid of the vaccine, so I went and got two vaccinations. But I

still have a fear. I'm careful about everything when I go out, especially in crowded places. This is what I've learned: to take care of myself as much as I can, to avoid getting sick. To be more cautious if possible. To be aware of these things, to take care of myself, to be attentive to everything. (P.26)

Some of the narratives highlighted the transformative power of illness in fostering a deeper understanding of shared human experiences and the need for increased attention. The contrast between apparent health and sudden deterioration witnessed in first person heightened terror. Many participants reported gains in self-understanding, empathy, and compassion for others' struggles, fostering a desire to leave a positive impact on the lives of others and contribute to others' well-being. They realized how easily life can be lost and how crucial it is to leave a meaningful legacy. Others described identifying more deeply with the human condition and becoming more attuned to others' needs. Another impact was increased empathy and compassion for what other Covid patients experience. An interviewee who worked in healthcare gained first-hand understanding of patients' struggles to follow instructions. Some marked a shift to living life more fully. As one participant described:

I have learned that people need more attention. And if there was something I could do to make it better, I felt I must do it. I started to think about how easily we can die, and how important it is for something to remain after us. (P.20)

Discussion

This qualitative research contributes to a better understanding of the lived experience of individuals who were hospitalized for severe COVID-19 in Romania. Through in-depth, semi-structured interviews, the study captures the multifaceted journey of participants, from the initial dismissal of symptoms to the profound transformations following their recovery. By examining the experience in its entirety—physical, emotional, and existential dimensions—this research highlights the significant and transformative impact of severe illness on individuals' lives.

The narratives highlighted the pervasive underestimation of COVID-19's severity among participants during the initial mild symptom stage. Many attributed their symptoms to common illnesses, reflecting a lack of awareness or acknowledgment of the potential severity of COVID-19. This finding aligns with previous research on the psychological factors influencing risk perception during pandemics (Roozenbeek et al., 2020). The optimism bias, wherein individuals underestimate personal risk, and the normalization of mild symptoms due to their ubiquity, may have contributed to the initial dismissal of COVID-19 as a credible threat.

The pivotal moments when participants experienced a rapid deterioration of symptoms, necessitating hospitalization, escalated fear, uncertainty, and grappling with potential mortality, profoundly challenged participants' mental well-being, highlighting the emotional turmoil and existential distress associated with life-threatening conditions and the psychological impact of severe illness (Carenzo et al., 2021; Sukut & Ayhan Balik, 2021).

While the symptoms gradually alleviated and hope emerged, many participants actively sought tangible proof of improvement, emphasizing the importance of observable signs of progress in fostering resilience and optimism. The role of compassionate care from medical staff and emotional support from loved ones was underscored as crucial in shaping a positive overall experience during this critical phase. This finding aligns with the existing literature on the therapeutic value of empathetic care and social support in promoting recovery (Lown, Rosen, & Marttila, 2011; Khan & Sultan, 2023).

While discharge prompted joy and a sense of regaining freedom, lingering physical symptoms, fear, anxiety, and hesitance to resume full activity persisted. This highlighted the complex interplay of physical, emotional, and social challenges faced by participants upon hospital discharge, the long-term impact of severe illness and the multidimensional nature of recovery (Bellan et al., 2021; Larsson et al., 2023).

Notably, the study found profound psychological and existential transformations among participants. Many developed a heightened awareness of mortality and the fragility of health, fostering an insight for life appreciation and a recalibration of priorities towards family, well-being, and meaningful relationships. This finding aligns with the literature on post-traumatic growth, wherein individuals report positive psychological changes following adversity (Qie & Onn, 2023; Suciú & Baban, 2024). Moreover, participants reported gains in self-understanding, empathy, and compassion, reflecting a deeper connection with the human condition and a desire to contribute positively to societal well-being.

The transformative impact of severe COVID-19 extended to participants' approach to health management. Many expressed a commitment to proactive health behaviors, such as maintaining regular medical check-ups, closely monitoring bodily symptoms, and embracing preventative measures. This heightened vigilance underscored a cautious yet optimistic outlook on recovery, aligning with the literature on illness perceptions and their influence on health behaviors (Leventhal & Colman, 1997).

The findings underscore the importance of comprehensive support systems, encompassing compassionate medical care, emotional support, and access to mental health resources, to facilitate holistic recovery and promote resilience in the face of adversity, and the need for continued research and interventions to address the lasting effects of COVID-19 and promote holistic well-being among survivors.

Limitations

While the study provides valuable insights into the lived experiences of individuals who suffered from severe COVID-19, it is important to acknowledge its limitations. First, the study was conducted in a specific cultural context (Romania). Additionally, the recruitment strategy (social media advertisements, snowball sampling, and referrals from physicians) may have introduced selection bias, as individuals willing to participate in such a study might have different characteristics or experiences compared to those who did not participate. Furthermore, the retrospective nature of the study, with interviews conducted even several months after hospital discharge, may have introduced recall bias and potential distortions in participants' recollections of their experiences. Despite these limitations, the study contributes to a deeper understanding of the multifaceted impact of severe COVID-19 on individuals' lives.

Future Directions

Future research could explore the long-term trajectories of psychological and existential transformations among COVID-19 survivors, investigating the sustainability and potential positive or negative impacts of these changes over time. Additionally, cross-cultural and comparative studies could provide valuable insights into the role of cultural factors in shaping illness experiences and coping strategies. Furthermore, developing and evaluating targeted interventions for COVID-19 survivors could improve their quality of life and help them adjust to the new normal. These interventions should address the specific psychological and social challenges faced by survivors. Such interventions could focus on promoting post-traumatic growth, and providing psychosocial support tailored to the unique needs of this population.

Conclusions

This qualitative study offers profound insights into the lived experiences of individuals hospitalized for severe COVID-19 in Romania, unveiling the multifaceted impact of the illness and for some the positive transformation following trauma. The narratives illustrate the pervasive underestimation of COVID-19's severity initially, underscoring the need for increased awareness and prompt diagnosis. The research also underlines the profound psychological and existential toll of grappling with potential mortality, highlighting the importance of mental health support during critical illness. Notably, many participants reported positive psychological changes following recovery, reflecting the potential for post-traumatic growth. The complex interplay of physical, emotional, and social challenges faced from illness to recovery, emphasized the need for comprehensive support systems. Moreover, the therapeutic value of empathetic care and emotional support from healthcare professionals and loved ones in shaping positive experiences and fostering adjustment is emphasized. Overall, this research contributes to a deeper understanding of holistic recovery's multidimensional aspects and the transformative capacity of the human nature in overcoming adversity.

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Institutional Review Board Statement: The study was conducted in accordance with the 1964 Helsinki declaration and its later amendment and approved by The Ethical Committee of the Institute for Population and Human Studies Bulgarian Academy of Science (PD-2-140/15.08.22).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

Conflicts of Interest

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