

# Experience of Physical and Mental Symptoms when Confirmed Positive COVID-19 among Community in Tarakan City, Indonesia

Experiencia de síntomas físicos y mentales al confirmarse positivo de COVID-19 en la comunidad de la ciudad de Tarakan, Indonesia

Ramdy Akbar Tukan<sup>1a\*</sup>, Eko Satriya Hermawan<sup>2b</sup>, Darni Darni<sup>3a</sup>, HENDY Lesmana<sup>4a</sup>, Dewi Wijayanti<sup>5a</sup>

## SUMMARY

**Introduction:** The coronavirus disease 2019 (COVID-19) is a disease that causes physical symptoms and psychological disorders in patients. The experience of people of Tarakan city who have been confirmed positive for COVID-19 is not yet known. Meanwhile, the number of positive cases of COVID-19 continues to increase. Therefore, this study aimed to explore the physical and mental experiences of COVID-19 patients in Tarakan City.

**Methods:** The research design employed a descriptive qualitative study. Analyzing the experience of physical and psychological symptoms confirmed positive

COVID-19. Participants in this study were 25 people. This research instrument was the researcher himself, employing an in-depth interview draft.

**Results:** This study resulted in 4 themes, namely psychological response when confirmed positive for COVID-19, psychological response during positive COVID-19, physical symptoms experienced during positive COVID-19, and the response of a partner or family while positive for COVID-19.

**Conclusion:** Participants with COVID-19 experienced psychological problems. Moreover, while being sick due to COVID-19, apart from experiencing physical problems, participants still experience psychological issues. Therefore, nurses must take a psychological approach in providing nursing care to obtain optimal nursing services for COVID-19 patients to recover faster.

DOI: <https://doi.org/10.47307/GMC.2022.130.s1.45>

ORCID ID: 0000-0001-8275-4997<sup>1</sup>

ORCID ID: 0000-0002-5692-5390<sup>2</sup>

ORCID ID: 0000-0002-9482-7812<sup>3</sup>

ORCID ID: 0000-0002-0528-5274<sup>4</sup>

ORCID ID: 0000-0001-8508-9320<sup>5</sup>

<sup>1</sup>Faculty of Health Sciences, Universitas Borneo Tarakan, Indonesia

<sup>2</sup>Faculty of Social Sciences and Law, Universitas Negeri Surabaya, Indonesia

\*Corresponding Author: Ramdy Akbar Tukan

E-mail: ramdyalovaa@gmail.com

Recibido: 1 de mayo 2022

Aceptado: 9 de mayo 2022

**Keywords:** COVID-19, Experience, Mental Symptoms, Physical Symptoms

## RESUMEN

**Introducción:** La enfermedad por coronavirus 2019 (COVID-19) es una enfermedad que provoca síntomas físicos y trastornos psicológicos en los pacientes. Aún no se conoce la experiencia de las personas de la ciudad de Tarakan que han sido confirmadas positivas para COVID-19. Mientras tanto, el número de casos positivos de COVID-19 sigue aumentando. Por lo tanto, este estudio tuvo como objetivo explorar las experiencias físicas y mentales de los pacientes con COVID-19 en la ciudad de Tarakan.

**Métodos:** *El diseño de la investigación empleó un estudio cualitativo descriptivo. El análisis de la experiencia de los síntomas físicos y psicológicos confirmó positivo COVID-19. Los participantes en este estudio fueron 25 personas. Este instrumento de investigación fue el propio investigador, empleando un proyecto de entrevista en profundidad.*

**Resultados:** *Este estudio resultó en 4 temas, a saber, la respuesta psicológica cuando se confirmó positivo para COVID-19, la respuesta psicológica durante positivo para COVID-19, los síntomas físicos experimentados durante positivo para COVID-19 y la respuesta de una pareja o familia mientras positivo para COVID-19.*

**Conclusión:** *Los participantes con COVID-19 experimentaron problemas psicológicos. Además, mientras están enfermos debido a COVID-19, además de experimentar problemas físicos, los participantes aún experimentan problemas psicológicos. Por lo tanto, las enfermeras deben adoptar un enfoque psicológico al brindar atención de enfermería para obtener servicios de enfermería óptimos para que los pacientes con COVID-19 se recuperen más rápido.*

**Palabras clave:** *COVID-19, experiencia, síntomas mentales, síntomas físicos.*

## INTRODUCTION

The emergence of the Coronavirus Disease 2019 (COVID-19) has become an issue that has received immense attention worldwide (1,2). This virus spread in various parts of the world, resulting in many people being infected. Based on Worldometers data, until May 2021, the number of COVID-19 cases around the globe reached  $\pm$  171 million cases and those who died reached  $\pm$  3.5 million people (3). According to data compiled by the COVID-19 Handling Task Force in Indonesia until May 2021, the total number of COVID-19 cases reached around  $\pm$  1.8 million patients, and  $\pm$  50 thousand people died (4). Meanwhile, in Tarakan City, COVID-19 cases reached  $\pm$  6,000 people, and those who died reached  $\pm$  100 people (5).

The government made various efforts to prevent the spread of the virus, starting with issuing Presidential Decree No. 7 of 2020 concerning establishing a task force for the acceleration of handling COVID-19. This regulation explains the health protocol rules, campaigns for washing hands with masks, and social distancing establishing the social

restrictions. In addition, a vaccination program has been undertaken intensively to form herd immunity (2,6-8) 965 SARS-CoV-2 genomes from samples acquired March 15, 2021, through September 20, 2021, in the Houston Methodist hospital system. This sample represents 91% of all Methodist system COVID-19 patients during the study period. Delta variants increased rapidly from late April onward to cause 99.9% of all COVID-19 cases and spread throughout the Houston metroplex. Compared with all other variants combined, Delta caused a significantly higher rate of vaccine breakthrough cases (23.7% for Delta compared with 6.6% for all other variants combined). Symptoms of COVID-19 infection begin to appear after an incubation period of 5-6 days. A study reported that the time between COVID-19 symptoms emergence and ending in death was 6-41 days with an average of 14 days. The physical symptoms most often found in patients with COVID-19 are fever, dry cough, and shortness of breath (9). However, researchers found other symptoms of patients infected with COVID-19 besides physical symptoms, namely severe mental or psychotic symptoms. Most COVID-19 patients have no history of mental illness and become psychotic a few weeks after contracting the coronavirus (10-12).

The psychological experience of COVID-19 patients, the experience of suffering from COVID-19, provide a traumatic experience for sufferers, one of which is helplessness during the COVID-19 treatment period, which results in changes in the emotional, cognitive, motivational, and behaviour of someone who has suffered from COVID-19 (13,14). Indeed, from various scientific references, it is stated that in addition to medical symptoms, patients also experience psychological symptoms (15). Patients with psychological problems will have difficulty controlling symptoms (16). Therefore, health workers need to pay attention to the psychological issues experienced by COVID-19 patients. Providing the proper treatment can help patients achieve healing, adhere to treatment, and improve their quality of life (17,18). Based on this background, the authors were interested in digging deeper into the life experiences of COVID-19 patients related to the physical and mental symptoms experienced.

**METHODS**

This study used a descriptive qualitative study to analyze the experience of physical and psychological symptoms of the people of Tarakan city who are confirmed positive for COVID-19 (19). This method focuses on the participant’s experience of physical symptoms and feelings and finds patterns of participant characteristics. This scientific approach ensures the authenticity of the experiences provided by participants to comply with scientific standards (20,21).

The sample was collected using the purposive sampling method. In this case, 25 participants were obtained, consisting of people from Tarakan city who were confirmed positive for COVID-19. In this case, the inclusion criteria include 18-55 years old, confirmed positive for COVID-19, and are willing to become participants. The research was conducted in October and November 2021. In-depth interviews were conducted at the participants’ homes, at the participants’ workplaces, and via mobile phone, according to an agreement with participants who met the inclusion criteria until the data was saturated and no new topics were generated. Participants were selected among those who met the requirements to participate in this study. The instrument of this research was the researcher himself. One-to-one interviews were conducted in a separate room in a quiet, undisturbed atmosphere. Interviews were recorded and kept confidential. Interviews took place 50-60 minutes per person. Then the data obtained from the interviews were analyzed to clarify the situation experienced by patients who were confirmed positive for COVID-19 by exploring and exploring the patient’s experience in detail and depth, finding the meaning contained in a phenomenon. The analysis phase starts from Reading and re-reading, Initial noting, Developing emergent themes, Searching for connections across emergent themes, Moving to the next cases, and Looking for patterns across cases. Ethical review This research was reviewed and approved by the Ethics Committee of the Faculty of Health Sciences, Universitas Borneo Tarakan with Ethics Number: 013/KEPK-FIKES UBT/II/2022.

**RESULTS**

Participants in this study were 25 people who had been confirmed positive for COVID-19. Based on gender, there were 12 men and 13 women. The age range of the most participants is 11 people in the age range 31-40 years, seven people are in the age range 21-30 years, and seven people are in the age range 41-50 years. The most recent education of participants was at the last Diploma 3 education as many as 21 people. Then, most participants’ religion is Islam as many as 17 people. Table 1 shows participant characteristics.

Table 1  
Participant characteristics (n = 25)

Characteristics	n	%
Gender		
Male	12	48
Female	13	52
Age		
21-30 yo	7	28
31-40 yo	11	44
41-50 yo	7	28
Last Education Degree		
Vocation	21	84
Bachelor	3	12
Master	1	4
Religion		
Islam	17	68
Christian	7	28
Others	1	4

The results of this study were obtained through in-depth interviews with participants and field notes. From the results of data analysis, researchers got four themes that became the results of this study. The themes obtained about the experience of physical and mental symptoms after being confirmed positive for COVID-19 are: 1) Psychological responses when confirmed positive for COVID-19; 2) Psychological response during positive COVID-19; 3) Physical symptoms experienced during positive COVID-19; 4) The response of a partner or family while positive for COVID-19 (Table 2).

Table 2  
Theme Identification through Interview with Participants

Theme	Sub-themes
Psychological response when confirmed positive for COVID-19	The feeling of rejection you feel when you receive information that is confirmed positive for COVID-19
Psychological response during positive COVID-19	The feeling of acceptance felt after receiving positive confirmed COVID-19 information Fear of serious symptoms There are no psychological symptoms experienced while experiencing COVID-19 illness
Physical symptoms experienced while positive for COVID-19	Pain in the respiratory system Sensory system: a lost sense of taste, lost sense of smell Musculoskeletal system: body aches, joint pain Cardiovascular system: headache, weakness, fatigue, the difficulty sleeping
The response of a partner or family while positive for COVID-19	Feeling sad, worried, and not understanding Supports the healing process Partner no response

### **Theme 1. Psychological response when confirmed positive for COVID-19**

The psychological response, when confirmed positive for COVID-19 shown by participants, is an inner mood or feeling that is expressed expressively and verbally. Psychological responses when confirmed positive for COVID-19 are classified into two sub-themes.

#### **Sub-themes: The feeling of rejection you feel when you receive information that is confirmed positive for COVID-19**

The responses felt by the participants were surprised, fear, sadness, anger, anxiety, and anxiety. Surprised expressions appear when patients imagine the impact of experiencing COVID-19 illness. Feelings of fear when seeing a positive test result for COVID-19, worrying that the disease will transmit to the family, especially families with comorbidities that can cause death. As stated by the participants below:

*“There is a sense of fear, anxiety, not feeling well with neighbors near the house for fear of transmitting” (P4)*

*“... I am unfortunate because I have tried my best to implement the health program, but I am still exposed and what makes me most sad is that I have to be separated from my family temporarily because I have to be treated at the RSUKT...” (P6)*

*“Shock and disbelief that COVID-19 can be confirmed, even though at first there are symptoms, but still think that only the common cold” (P7)*

*“... At first, I felt unfortunate and included being a person who couldn't accept the fact that he had been confirmed positive for covid 19..” (P10)*

#### **Sub-theme: The feeling of acceptance felt after receiving positive confirmed COVID-19 information**

In addition to being afraid and sad when they heard positive for COVID-19, another feeling was that participants were sincere and accepted that they were positive for COVID-19 because they thought that their health condition would be better after undergoing treatment. Participants had no other choice but to undergo treatment and quarantine for 14 days. In addition, participants

thought that the treatment steps were for the good of themselves and their partners and families so participants were sincere and resigned to being diagnosed with COVID-19. As stated by the participants below:

*“I’m fine, and I feel grateful because I’ve experienced it, so I know and don’t worry if I get hit again with a note that I stay alert to my surroundings” (P7)*

*“Just take it easy” (P22)*

*“It’s normal because I’m used to seeing patients with COVID-19” (P23)*

**Theme 2. Psychological response during positive COVID-19**

While experiencing COVID-19 illness, psychologically, it causes symptoms of stress, boredom while undergoing the quarantine process, and self-isolation for 14 days.

**Sub-theme: Fear of severe symptoms**

Quarantine is a procedure in handling COVID-19 so that clients who are sick with COVID-19 and need quarantine will feel shocked, feared, and boredom. This condition was found in some participants with complaints of stress and boredom and fear of severe symptoms such as respiratory failure.

*“Psychologically experiencing pressure due to fear of being able to infect vulnerable families because of comorbid” (P2)*

*“Stress because you can’t work, do your usual activities, don’t meet people, worry/worry about spreading it to the people closest to you” (P3)*

*“Stressed because when it was confirmed that COVID-19 had to be isolated in the hospital, there was no one to accompany homesickness” (P20)*

**Sub-theme: There are no psychological symptoms experienced while experiencing COVID-19 illness**

Participants most often expressed feelings of relaxation and no psychological symptoms

experienced while experiencing COVID-19 illness. Participants said that what was experienced was nothing to regret. Feelings of sincerity and resignation made them able to accept the conditions experienced at this time so that there was no feeling of worry. As stated by the participants below:

*“No psychological/mental complaints since (I) confirmed positive for Covid” (P8)*

*“Nothing, I just relax” (P12) (P22)(P23)*

*“Alhamdulillah, (I) experienced no serious symptoms” (P18)*

**Theme 3. Physical symptoms during COVID-19 illness**

**Sub-theme: Respiratory system (cough, cold, flu, shortness of breath, sore throat)**

This study revealed the physical complaints experienced by clients positively exposed to COVID-19. In addition, through in-depth interviews conducted with all participants, almost all participants experienced respiratory system disorders, including coughs, colds, flu, sore throat, and shortness of breath. The examples of expressions from participants related to the above were as follows:

*“Shortness of breath, weakness, cough and runny nose” (P5)(P7)(P9)(P13)(P12)(P14) (P16)(P20)*

*“Cough, slightly runny nose, dizziness” (P21)*

*“Cough, burning sensation in the throat, cannot sleep” (P23)*

**Sub-theme: Disorders of the sensory system (lost sense of taste, sense of smell lost)**

The following physical symptom most often experienced by clients who were positive for COVID-19 was the loss of several sensory functions, namely the sense of taste and smell. The examples of expressions from participants related to the above were as follows:

*“The senses of taste and smell are lost” (P2)*

*“Food tasted bland with no taste” (P4)*

*“At first I had a fever, and a few days later my sense of smell and taste disappeared” (P8)*

**Sub-theme: Disorders of the musculoskeletal system (body aches, joint pain)**

The following physical symptoms that were most often experienced by clients who were positive for COVID-19 were disorders of the musculoskeletal system, namely aches throughout the body and pain in the joints of the bones. The examples of expressions from participants related to the above were as follows:

*“High pulse, the body feels sore, tired quickly” (P1)*

*“The body feels sore, the joints hurt, the senses of taste and smell are lost” (P2)*

*“Fever, joint pain, shortness of breath, nausea, headache, no appetite, cough, insomnia” (P15)*

**Sub-theme: Disorders of the cardiovascular system (headache, weakness, fatigue, difficulty sleeping)**

The following physical symptoms most often experienced by clients who were positive for COVID-19 were cardiovascular system disorders, namely headaches, weakness, fatigue, difficulty sleeping, and examples of expressions from participants related to the above were as follows:

*“High fever, body aches/aches all over, very dizzy head, no appetite” (P3)*

*“Headache, fever, chills” (P4)*

**Theme 4. Couple response**

Every couple loves and cares about their partner’s health. However, diseases, especially COVID-19, make couples unable to contact because they have to keep their distance and use personal protective equipment (PPE). In addition, complaints caused by the COVID-19 disease make several couples respond differently. In this study, it was described that the partner made several efforts and supported the participants’ health.

**Sub-theme: Sad, confused, and worried.**

Complaints caused by the COVID-19 disease made several couples give different responses, namely the response of being sad, worried, and not understanding. The examples of expressions from participants related to the above were as follows:

*“My partner is worried about my condition and worried about the health of our whole family” (P6)*

*“The initial partner’s response was a shock, but after I gave understanding, and the family could understand what I was explaining, so the response of my wife and family became calm and always supported me when I was confirmed positive for Covid 19” (P14)(P17)*

*“My partner responded that he felt sorry and sad at first, calmed me down and accepted the results, and immediately advised me to self-isolate” (P20)*

**Sub-theme: Supporting the healing process, giving support, encouraging**

Complaints caused by the COVID-19 disease have made several couples respond positively by supporting the healing process and encouraging support. The examples of expressions from participants related to the above were as follows:

*“Always available and on standby” (P13)*

*“Calm and accept the results, and immediately carry out independent isolation” (P18)*

*“Giving enthusiasm for healing, strengthening each other” (P19)*

**Sub-theme: Couple no response**

Some couples did not give a significant response when participants experienced COVID-19 illness. The examples of expressions from participants related to the above were as follows:

*“It is normal and understandable” (P15)*

*“It is normal because the family thinks that it is important to recover according to the health protocol” (P23)*

## DISCUSSION

The psychological response of participants in this study showed that the majority responded with feelings of fear, shock, surprise, disbelief, sadness, and anxiety. Participants had a grieving response when they understood that they were experiencing COVID-19. The grieving response experienced by participants when experiencing a deadly disease was more due to fear of transmitting the disease to their partners and family, and fear of leaving their family. The results showed that participants felt fear, shock, disbelief, anxiety, sadness, and anxiety because they felt they would lose their lives (died). This result is in line with previous research that loss can be grouped into five categories: loss of external objects, a familiar environment, loss of close people, loss of aspects of self, and loss of life (22). Furthermore, a study conducted in Indonesia showed that patients who knew that they were confirmed positive for COVID-19 had feelings of fear, sadness, anxiety, shock, and disbelief (23). Based on the explanation above, the grieving participant's response is common according to the participants' psychological perspective. Grief responses can also be found in patients according to the severity of COVID-19. The expression of grieving patients was a natural feeling.

The psychological response of participants during the COVID-19 showed feelings of stress, boredom, fear, anxiety, mental down, no complaints, and relaxation. The feelings felt by the participants indicated that they drained their energy, time, and mind. COVID-19 had various problems related to physical disorders in almost all systems in the body. This makes participants stressed and even bored because they have to be self-isolated or quarantined. Participants also felt worried and afraid that COVID-19 could potentially infect their spouse and closest family while being sick. Research conducted previously explained that most people have difficulty maintaining physical and mental health conditions and have consequences experiencing psychological disorders such as depression, anxiety, severe stress, and fatigue during quarantine due to COVID-19 (24). Other risk factors identified were feeling unsupported, concerns about personal health,

fear of carrying the infection and transmitting it to family members or others, isolation, feelings of uncertainty, and social stigmatization (25,26). Other studies supporting the research results stated several manifestations of helplessness experienced by COVID-19 sufferers, including emotional, motivational, and behavioural symptoms, which all decrease and affect a person's depression (10,27).

In the third theme, the physical symptoms experienced during positive COVID-19 included coughing and colds, flu, shortness of breath, sore throat, headache, weakness, insomnia, joint pain, lost sense of taste, sense of smell, body aches, and tired. However, it can be grouped into four sub-themes: disorders of the respiratory system, sensory system, musculoskeletal system, and cardiovascular system. The condition of the participants in this study was mild to moderate symptoms, so the patients looked healthy. According to several previous studies, this follows the statement that the physical symptoms experienced by COVID-19 patients were the majority of mild and moderate symptoms (9,10,28,29).

On the theme of the partner's or family's response, as long as participants were positively exposed to COVID-19, which includes sadness, worry, not understanding, tiredness, supporting the healing process, giving support, encouraging, the partner has no response. Several participants explained how their partner or family felt when they found out that their family member was diagnosed with COVID-19. In this case, the feelings were sad and worried about the health and safety of family members (15,30). Individuals, families, and communities are experiencing feelings of hopelessness, sadness, and loss due to the pandemic.

## CONCLUSION

Physical experiences of COVID-19 patients include mild and moderate symptoms such as coughing, cold, flu, shortness of breath, sore throat, headache, weakness, insomnia, joint pain, loss of sense of taste, loss of sense of smell, body aches, tiredness. Psychological experiences during COVID-19 illness show feelings of stress,

boredom, fear, anxiety, and mental breakdown. Thus, it is hoped that nurses can provide a psychological approach in applying nursing care to obtain optimal nursing services for COVID-19 patients to recover faster.

## ACKNOWLEDGEMENT

Thank you to the Chancellor and research and community service institutions (LPPM) for the DIPA Research Fund, Universitas Borneo Tarakan.

## REFERENCES

1. WHO. Coronavirus disease (COVID-19). 2021. Available from: [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)
2. Nidom R V, Ansori ANM, Indrasari S, Normalina I, Kusala MKJ, Saefuddin A, et al. Recent Updates on COVID-19 Vaccine Platforms and Its Immunological Aspects: A Review. *Syst Rev Pharm.* 2020;11(10):807-818.
3. Worldmeter. COVID Live - Coronavirus Statistic. Worldometer. 2020. Available from: <https://www.worldometers.info/coronavirus/>
4. Worldmeter. Indonesia COVID - Coronavirus Statistics [Internet]. Worldmeter. 2020. Available from: <https://www.worldometers.info/coronavirus/country/indonesia/>
5. Satgas COVID-19 Kota Tarakan. Data Pantauan COVID-19 Kota Tarakan [Internet]. Pemerintah Kota Tarakan. 2021. Available from: [https://id.wikipedia.org/wiki/Kota\\_Tarakan#cite\\_note-TARAKAN2020-1](https://id.wikipedia.org/wiki/Kota_Tarakan#cite_note-TARAKAN2020-1)
6. Christensen PA, Olsen RJ, Long SW, Subedi S, Davis JJ, Hodjat P, et al. Delta Variants of SARS-CoV-2 Cause Significantly Increased Vaccine Breakthrough COVID-19 Cases in Houston, Texas. *Am J Pathol.* 2022;192(2):320-331.
7. Mudatsir M, Wulandari L, Fajar JK, Soegiarto G, Ilmawan M, Purnamasari Y, et al. Predictors of COVID-19 severity: A systematic review and meta-analysis. *F1000Research.* 2020;9:1107.
8. Supremo A, Bacason S, Sañosa AR. Sociodemographic correlates of older adult acceptance of the COVID-19 vaccine. *J Ners.* 2022;17(1):2-7.
9. Li Y, Su S, Luo B, Wang J, Liao S. Physical activity and depressive symptoms among community-dwelling older adults in the COVID-19 pandemic era: A three-wave cross-lagged study. *Int J Disaster Risk Reduct.* 2022;102793.
10. Liu D, Epskamp S, Isvoranu A-M, Chen C, Liu W, Hong X. Network analysis of physical and psychiatric symptoms of hospital discharged patients infected with COVID-19. *J Affect Disord.* 2021;294:707-713.
11. Nursalam, Sukartini T, Priyantini D, Mafula D, Efendi F. Risk Factors For Psychological Impact and Social Stigma Among People Facing COVID-19: A Systematic Review. *Syst Rev Pharm.* 2020;11(6):1022-1028.
12. Pramukti I, Strong C, Sitthimongkol Y, Setiawan A, Pandin MGR, Yen C-F, et al. Anxiety and suicidal thoughts during the COVID-19 pandemic: Cross-country comparative study among Indonesian, Taiwanese, and Thai university students. *J Med Internet Res.* 2020;22(12):e24487.
13. Zhang H, Xie F, Yang B, Zhao F, Wang C, Chen X. Psychological experience of COVID-19 patients: A systematic review and qualitative meta-synthesis. *Am J Infect Control.* 2022; doi: 10.1016/j.ajic.2022.01.023
14. Megatsari H, Laksono AD, Ibad M, Herwanto YT, Sarweni KP, Geno RAP, et al. The community psychosocial burden during the COVID-19 pandemic in Indonesia. *Heliyon.* 2020;6(10):e05136.
15. Usher K, Durkin J, Bhullar N. The COVID-19 pandemic and mental health impacts. *Int J Ment Health Nurs.* 2020;29(3):315.
16. Tan BYQ, Chew NWS, Lee GKH, Jing M, Goh Y, Yeo LLL, et al. Psychological impact of the COVID-19 pandemic on health care workers in Singapore. *Ann Intern Med.* 2020;173(4):317-320.
17. Atalan A. Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective. *Ann Med Surg.* 2020;56:38-42.
18. Latif AI, Irwan AM. Models and benefits of palliative care for the quality of life of people with HIV: A systematic review. *HIV Nurs.* 2019;19(4):80-85.
19. Nassaji H. Qualitative and descriptive research: Data type versus data analysis. Vol. 19, Language teaching research. Sage Publications Sage UK: London, England; 2015.p.129-132.
20. Smith JA, Shinebourne P. Interpretative phenomenological analysis. *Am Psychol Assoc.* 2012.
21. Sun N, Wei L, Shi S, Jiao D, Song R, Ma L, et al. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am J Infect Control.* 2020;48(6):592-598.
22. Banerjee C. Grieving to Grieve. *J Pain Symptom Manage.* 2019;57(3):695-697.
23. Maulidah F, Sufi Aisyatus N. Membentuk Pribadi Yang Sehat Mental. *J Bimbingan Konseling Islam.* 2021;3:48-55.
24. Rosyanti L, Hadi I. Dampak psikologis dalam memberikan perawatan dan layanan kesehatan pasien



## EXPERIENCE OF PHYSICAL AND MENTAL SYMPTOMS

- COVID-19 pada tenaga profesional kesehatan. *Heal Inf J Penelit.* 2020;12(1):107-130.
25. Ortiz-Calvo E, Martínez-Alés G, Mediavilla R, González-Gómez E, Fernández-Jiménez E, Bravo-Ortiz M-F, et al. The role of social support and resilience in the mental health impact of the COVID-19 pandemic among healthcare workers in Spain. *J Psychiatr Res.* 2022;148:181-187.
  26. Khan MA, Atangana A, Alzahrani E, Fatmawati. The dynamics of COVID-19 with quarantined and isolation. *Adv Differ Equations.* 2020;2020(1):425.
  27. Azari AA. Pengalaman Psikologis Ketidakberdayaan Post COVID-19 di Jember (Studi Kasus). *Med J Al Qodiri.* 2020;5(2):65-71.
  28. Ramadhani DNAM, Soedirham O. Analisis Pengalaman Psikologis Perawat Dalam Menangani Pasien COVID-19. *Heal Tadulako J (Jurnal Kesehat Tadulako).* 2021;7(3):158-167.
  29. Ren S-Y, Gao R-D, Chen Y-L. Fear can be more harmful than the severe acute respiratory syndrome coronavirus 2 in controlling the coronavirus disease 2019 epidemic. *World J Clin cases.* 2020;8(4):652.
  30. Wang C, Pan R, Wan X, Tan Y, Xu L, McIntyre RS, et al. A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain Behav Immun.* 2020;87:40-48.