

The Experiences about the Symptoms which Experienced Among the Patients With COVID-19 at Tidar 1 Adventist Church Surabaya

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Abstract

Coronavirus is a large family of viruses that cause disease in humans and animals. In humans, this virus usually causes respiratory tract infections, ranging from the common cold to the serious illness Severe Acute Respiratory Syndrome. Mild symptoms of uncomplicated acute upper respiratory tract infection may be accompanied by a fever above 38°C, fatigue, shortness of breath, cough, anorexia, malaise, sore throat, anosmia, ageusia, nasal congestion, or headache. Qualitative research method with closed interview techniques to 10 informants and types of audio data. The results of the study are that the process of contracting is mostly in the office and family; the symptoms felt are mostly anosmia and ageusia. The early symptoms of infection are mostly fever and anosmia, and the next symptoms usually take about 2 to 14 days to feel advanced symptoms. The mild symptoms are mostly flu, fever, and ageusia, the most severe symptoms are shortness of breath and anosmia. The symptoms begin to feel better in a few days; it usually takes 2-14 days to recover from the symptoms, and the most difficult symptoms are mostly anosmia, shortness of breath, cough, flu, ageusia, and myalgia. It is expected that further researchers will develop this research with quantitative methods and a larger sample of COVID-19 survivors.

Keywords: Coronavirus, COVID-19 Symptoms, Experiences

INTRODUCTION

Coronavirus is a large family of viruses causing disease in humans and animals. In humans, this virus usually causes respiratory tract infection (WHO, 2019). COVID-19 is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-CoV-2). This disease was first detected in December 2019 in Wuhan, China. Since then, this virus has spread across the world, causing the coronavirus pandemic from 2019 until this time. World Health Organization (WHO) has stated this virus outbreak as Public Health Emergency of International Concern (PHEIC) on January 30, 2020, and stated as pandemic on March 11, 2020 (Silo, 2020).

The transmission from human to human is limited, like in other countries, including China and Indonesia. The COVID-19 transmission is estimated similar to previous cases, MERS and SARS. This means that the transmission from human to human occurs through contact with droplets and contaminated objects. As of April 26, 2020, the number of COVID-19 cases continued to increase

to 8,882 cases throughout Indonesia and has spread in 34 provinces with 282 regencies/cities affected by this virus with a mortality rate of 8,265% (Kemenkes RI, 2020).

COVID-19 was first reported in Indonesia on March 2, 2020, with two cases (WHO, 2020). As of March 31, 2020, data showed 1,528 confirmed cases with 136 death cases (Kemenkes RI, 2020). The mortality rate due to COVID-19 in Indonesia is 8.9%, and this number is the highest number in Southeast Asia (WHO, 2020).

Meanwhile, in East Java Province, as of August 1, 2020, was reported confirmed COVID-19 cases in Surabaya with the number of Patient Under Monitoring was 5,192 cases. (Dinkes Jatim, 2020). From the data above, it can be concluded that COVID 19 cases in Indonesia continue to increase, indicated by a high mortality rate on COVID-19 and the increasing number of confirmed positive cases every month. This makes COVID 19 a highly prioritized health case this time.

The time from exposure to the onset of symptoms (called incubation period) is approximately 5 to 6 days. However, the study by (Marshall 2020) showed that symptoms could appear within three days after being exposed to 13 days later. This result continues to support CDC recommendation for self-quarantine and monitoring symptoms within 7-14 days after exposure. People with mild to moderate COVID-19 symptoms remain infectious within ten days since the onset of symptoms. People with more severe to critical disease or severe immune disorders may still be infectious within 20 days after the onset of symptoms (CDC, 2020).

Clinical symptoms on COVID-19 patients have a wide scope, starting from asymptomatic, mild symptoms, pneumonia, severe pneumonia, *Acute Respiratory Distress Syndrome* (ARDS), sepsis, and septic shock. Early symptoms are usually mild and appear gradually. Some infected people may not show any symptoms and still feel well (Huang, MD et al., 2020). Viremia and high viral load from the nasopharyngeal swab have been reported on asymptomatic patients (WHO, 2020).

Mild symptoms in patients with acute upper respiratory tract infection without complications can present with a fever above 38°C, fatigue, out of breath without wheezing, cough (with or without sputum), anorexia, malaise, sore throat, anosmia, ageusia, nasal congestion, or headache. In several cases, patients also complain of diarrhea and vomiting (Kam et al., 2020). In severe cases, this disease can cause pneumonia, severe acute respiratory syndrome (SARS), acute kidney failure, and even death. Symptoms of severe pneumonia are indicated by fever or under supervision for respiratory tract infection with one of the: respiratory rate >30x/minute, Acute Respiratory Distress Syndrome (ARDS), or oxygen saturation (SpO₂) <90% on room air (Isbaniah & et al., 2020). On the other hand, acute kidney failure as the COVID-19 complication not only increases the mortality rate due to COVID-19 but also can increase the risk of CKD. Kidney damage can occur due to a direct attack of the virus or the cytokine storm caused by the abnormalities of the immune system (Novianty, 2020).

METHODOLOGY

The study conducted was qualitative research with a descriptive design using a purposive sampling technique. The population of this study was members in Tidar 1 Adventist Church, Surabaya, with the number of the population being 10 informants of COVID-19 survivors who were not hospitalized. This study aims to find out how the experiences of symptoms experienced by the COVID-19 patients.

Ten informants have filled out informed consent and are willing to be interviewed by the researcher. The research data were collected using a closed interview method from July 8, 2020 - to July 18, 2021. The type of data resulted was in the form of audio data.

RESULTS AND DISCUSSIONS

In this study, the population of the study was members in Tidar 1 Adventist Church, Surabaya, with 10 informants. After conducting a study through interviews with informants according to the gender, age, last education, it can result as follows:

Table 1: Informant Demographic

<i>Variable</i>	<i>Category</i>	<i>Frequency (n)</i>	<i>Percentage (%)</i>
Gender	Male	5	50
	Female	5	50
Age	17 - 25 years	5	50
	26 - 35 years	5	50
Education	Junior High School	2	20
	Senior High School	1	10
	Diploma/Bachelor	5	50
	Postgraduate	2	20

Source: Indonesian Ministry of Health (2009)

10 informants were interviewed to find out the experiences of symptoms experienced by COVID-19 patients in Tidar 1 Adventist Church, Surabaya. Experiences were divided into eight problem identifications. The researcher conducted interviews with 10 informants with a recording process, coding for every interview result, and then manifested into transcript form.

The first identification reads, “How did you get infected with COVID-19” the informants’ answers are stated as follows:

Informant 1:

“..I just found out that one marketing in my office was positive, Thursday/Friday we finally took PCR again and positive..”

Informant 2:

“...on Monday I still worked normally. Then on Wednesday, our marketing was infected. Then, we were all asked to take swab PCR. And the result was positive...”

Informant 6:

“..I was at home for five days. The last time I went out to the office, and 5 days after that, I got the symptoms. I think I was infected from the office...”

Informant 3:

“...during the pandemic, I was often at home. The one who often went out and had many mobiles was my sister. Then, someone in her office was infected by Covid. After my sister took a swab, I also took it and positive...”

Informant 5:

“...first time I found out that my uncle was sick, and we were in the same house for almost 3 or 4 days with the big family in the villa. Then we knew that the swab was positive. So we positioned that we were infected, and we thought we were positive too...”

Informant 10:

“...because at the end of the year, we had a family gathering. The one who was infected was probably my cousin because he could not taste and smell. So when we were in the villa, no one was wearing a mask, well, everyone was infected...”

Informant 7:

“...actually, my brother felt the symptoms first, long before me. A week after that, because of tired celebrating a new year, well finally I was infected...”

Informant 2:

“...Well, actually, all my families infected Covid. The first who had symptoms was my mom. She only went to the grocery store around our house. I was stated as people without symptoms, but my swab result was positive...”

Informant 9:

“...my dad was sick at the first week of January, and I took care of him. So yeah, I was infected...”

Informant 8:

“..I may be infected because of basketball practice, and there were so many people. When practicing, it was impossible to wear a mask..”

From the results of interviews, it can be concluded that the process of infected COVID-19 to Informants are: 6 Informants were infected from their family members, 3 Informants were infected from the workplaces, and 1 Informant was infected from a public place. This is in accordance with what (CDC, 2020) that people with COVID-19 seem to have infected others who are more than 1 meter away. This transmission occurs in a closed space with inadequate ventilation. Infected people are in the same room at the same time or not long after people with COVID-19 leave. The available data show that it is more common for the COVID-19 virus to spread through close contact with people with COVID-19 than through airborne transmission.

This is also supported by the statement from WHO on (Satgas COVID-19, 2020) page, which stated that COVID-19 is no longer transmitted through droplets (containing virus from cough and sneezing), but the virus can survive in the air, floating up to 8 hours after coming out from the patients' body when sneezing or coughing, and no longer needs a liquid medium to survive. In a closed room, this virus lasts longer and lands faster in the body of an uninfected person because the air only spins around the room.

The second identification reads, “What symptoms have you experienced when suffering from Covid?” The informants' answers are as follows:

Informant 1:

“...the symptoms just feel that night just the flu. After that, I began to lose smell and taste... it was just like flu, and my nose was runny, not like severe flu..”

Informant 3:

“..I couldn’t smell and taste...”

Informant 4:

“...high fever, body pain, got tired easily, terrific headache and mild flu...”

Informant 4:

“...cough.. I couldn’t smell anything...my tongue still could taste...then I felt weird when I was going to take a breath. On Saturday began to breathe heavily (shortness)..”

Informant 6:

“...mild cough, and a few days later I got fever and flu with losing smell...”

Informant 7:

“...fever, and felt like cold, after 3-4 days I couldn’t smell and taste...”

Informant 8:

“..I couldn’t smell, and after a long time, I couldn’t taste...”

Informant 9:

“..I couldn’t smell, taste, my body felt weak, and my breath started to get short...”

Informant 10:

“...I got a cold and runny nose at first, but at that time, I couldn’t taste anything. I also couldn’t identify the smell. The worst thing was shortness of breath. Walking 5 steps was fully tired. Then, the last I was cough...”

From the results of the interviews, it can be concluded that the symptoms experienced by Informants when suffering from COVID-19 are anosmia (partial or total loss of smell), ageusia (the loss of taste function on the tongue), shortness of breath, cough, flu, fever, malaise (fatigue/weak), myalgia (muscle pain), shivering, and headache. This is in accordance with what (Hidayani, 2020) that COVID-19 symptoms are fever $\geq 38^{\circ}$ C, fatigue (malaise), dry cough, anorexia, myalgia (muscle pain), shortness of breath, loss of taste and smell, pharyngeal pain, diarrhea, nausea, vertigo, headache, vomiting, and abdominal pain.

The third identification reads, “How did you feel the early symptoms of being infected by Covid?” The informants’ answers are:

Informant 1:

“...and the symptoms just felt like flu that night...”

Informant 3:

“...on Wednesday, I couldn’t smell...”

Informant 4:

“...on Friday night, I got high fever, no loss of smell and no loss of taste...”

Informant 5:

“...my dad began to get worse, and I started to get cough...no flu, the cough wasn’t too intense..”

Informant 6:

“...the early symptom was just a very mild cough and didn’t get a fever...”

Informant 7:

“..I was fever, really got a fever, and I felt like I got cold at first...”

Informant 8:

“...at first I couldn’t smell, I was afraid...”

Informant 9:

“...at first, I was like I couldn’t smell, couldn’t smell this or that..”

Informant 10:

“...at first I felt flu and runny nose...”

From these results, it can be concluded that when informants felt the early symptoms of COVID-19, the informants felt fever, cough, anosmia, flu, and fatigue. This is in accordance with what was stated by (WHO, 2020) that the initial symptoms usually appear 2-14 days after contact with the infected person. The most common initial symptoms of COVID-19 are fever, fatigue, dry cough, loss of appetite, aches, shortness of breath, sore throat, diarrhea, red eyes, headache, and loss of taste and smell.

The fourth identification reads, “How did you feel about the next symptoms?” the informants’ answers are stated as follows:

Informant 1:

“...after that, I just realized that I lost my sense of smell and taste. Several times I just realized that the food had no taste. When cooking, I didn’t know the burnt smell...”

Informant 3:

“...during quarantine, the symptoms still existed, only couldn’t smell and couldn’t taste until I recovered..”

Informant 4:

“...after that, I felt easier to get a tired, terrific headache, but a sense of smell and taste was still normal, little flu, no cough, no sore throat.. and until the 14th day everything was normal..”

Informant 5:

“...when I cook noodles, I came to my room, and I was confused because my noodle had no smell at all. I ate it, and I felt that I had lost my sense of smell. The next day it is so weird when I take my breath. Then, on Saturday, I felt terrific shortness of breath. When I took a breath more, I got a bad cough...”

Informant 6:

“..2 days after coughing, I got fever at night, then flu, and loss of smell...”

Informant 7:

“...after 3-4 days, I couldn’t smell and taste, then I did steam therapy using eucalyptus oil..”

Informant 8:

“...at first I just couldn’t smell, then finally my tongue couldn’t taste anything. I just could spicy taste..”

Informant 9:

“...after one day I couldn’t taste, the food felt like so bland, no taste. Then I felt weak all the time. Then I started to have short breaths, and I couldn’t take a long breath...”

Informant 10:

“...2 days after losing the smell and taste, I just felt shortness of breath, and the last one was cough...”

From the results, it can be concluded that when experiencing further symptoms of COVID-19, the informants took about 2 to 14 days to feel further symptoms from the early symptoms. This is in accordance with what was stated by (Marshall, 2020) that time from exposure to the onset of symptoms (known as incubation period) is estimated within 2 to 14 days even though the symptoms usually appear within four or five days after exposure. People with COVID-19 can be infectious within 48 hours before experiencing the symptoms. People may actually be most likely to spread the virus to others within 48 hours before they begin experiencing the symptoms.

The fifth identification reads, “Can you tell us what symptoms you feel are mild/easy to recover?” the informants’ answers are:

Informant 1:

“...nothing, I was still sleepy...the flu went away within five days after taking medicine...”

Informant 3:

“...nothing..”

Informant 4:

“..The flu, because the flu wasn’t too severe. It was just in the morning, and my nose was runny...”

Informant 5:

“...the sense of taste, because it was not 100% when it was really severe, I still could taste salty and spicy, but sweet was not..”

Informant 6:

“...the fastest was fever. I took Sanmol only three pills, and it cured me...”

Informant 7:

“...fever, just taking a fever reducer, and I felt okay...”

Informant 8:

“...my symptoms just couldn’t smell and taste, so it was only five days to recover...”

Informant 9:

“...taste the food. Taste the food coincided with the act of smelling. So the smell was back, then the taste was back too...”

Informant 10:

“...nothing was easy, taste and smell were also quite struggling, 3-4 days just recovered...”

From the results, it can be concluded that the mild symptoms or easy to recover when suffering COVID-19 are flu, fever, and ageusia (loss of taste on the tongue). This is in accordance with what was stated by (Gandhi et al., 2020) that the mild symptoms include fever $>38^{\circ}\text{C}$, dry cough, sore throat, malaise (fatigue), and myalgia (muscle ache). Anosmia and ageusia also include mild symptoms.

Sixth identification reads, “Then, what are the symptoms that you feel the most severe? Can you tell us?” the informants’ answers are:

Informant 1:

“...the smell and taste...”

Informant 3:

“..anosmia, but when I smelled something bad, it would be the same as the first time I could smell after being sick..”

Informant 4:

“...headache and body ache. It really pained from head to toe..”

Informant 5:

“...breath (shortness), When I breathed, it was not only heavy but also painful, like being stabbed. So I was really breathless like a dog breathing...”

Informant 6:

“...the longest recovery was anosmia, anosmia from 2nd day of fever until one week..”

Informant 7:

“...I think the throat was certainly bothering me. It was like dry but not coughing...”

Informant 8:

“...nothing...”

Informant 9:

“...I think it was sluggish...”

Informant 10:

“...shortness of breath, it tortured me..”

From the results, it can be concluded that the most severe and difficult to recover based on the informants' experiences when suffering from COVID-19 are shortness of breath, anosmia, headache, myalgia, dry throat, and malaise. This is in accordance with what was stated by (Berlin et al., 2020) that severe symptoms usually begin approximately one week after the onset of symptoms. Dyspnea is the most common symptom of severe disease and is often accompanied by hypoxemia.

The seventh identification reads, “Can you tell us when you feel the symptoms start to reduce/start to feel better?” informants' answers are:

Informant 1:

“...almost more than two weeks before PCR, the symptoms just disappeared...”

Informant 3:

“...When I would eat instant noodle. The smells suddenly back to normal...”

Informant 4:

“...the headache always occurred in the afternoon to evening. Then finally, on the 5th day, the headache really disappeared, but my body was still in pain...”

Informant 5:

“...on the next Monday until Wednesday, I felt better. The pain period was about 14 days, but the recovery period for 100% was more than one month and two months...”

Informant 6:

“...for the fever, I took Sanmol 3 times, then recovered, for the anosmia, I did steam therapy then recovered..”

Informant 7:

“..When I could smell and taste, my throat still felt something stuck and annoying. After 2 or 3 days, I already felt better...”

Informant 8:

“...when I was eating with my family. I ate a lot, and suddenly I could taste the food. It was the 5th day, and it was just a stinging taste...”

Informant 9:

“...I tried the food, and I could taste it. And I was like, ‘it smells so good,’ but weak and shortness of breath just disappeared two days after I could smell and taste...”

Informant 10:

“...the longest one was cold, cough, and shortness of breath. I couldn’t smell and taste within 3 to 4 days. For the cold and cough, I kept taking medicine, and then it went away. And for the shortness of breath, I practiced walking in my room...”

From the results, it can be concluded that when they felt the symptoms of COVID-19 began to recover, Informants needed 2-14 days to recover from the symptoms, and even took approximately two weeks for recovery. This is in accordance with what was stated by experts in the CDC that symptoms of COVID-19 can appear within 2-14 days after the body is exposed to coronavirus. Therefore, the duration of the disease depends on several factors.

If someone has a mild case, CDC experts stated that someone might experience symptoms for only a few days. They will feel better within a week or more (CDC, 2020). This statement is also strengthened by Watkins, who stated that many people have symptoms for two weeks or some people are longer, and others have a shorter duration (Miller, 2020).

The eighth identification reads, **“Based on your experiences, which symptoms are the most difficult to recover?”** informants’ answers are:

Informant 1:

“...anosmia and loss of taste...”

Informant 3:

“...anosmia...”

Informant 4:

“...body aches, my body was like being stabbed..”

Informant 5:

“...shortness of breath, cough..”

Informant 6:

“...anosmia...”

Informant 7:

“...for me, it was a loss of smell...”

Informant 8:

“...loss of taste...”

Informant 9:

“...weak and shortness of breath..”

Informant 10:

“...the longest one was cold, cough, and shortness of breath, the smell was quite long because I also had a cold...”

From the results, it can be concluded that the most difficult symptoms to recover when suffering from COVID-19 are anosmia, shortness of breath, cough, flu, ageusia, and myalgia. This

is in accordance with what was stated by CDC (2021) that some people experience a continuous series of symptoms that can occur for weeks or months after first being infected by COVID-19. The symptoms are difficulty breathing, fatigue, cough, headache, joint or muscle pain, feeling like being stabbed by a needle, fever, dizziness, anosmia, and ageusia.

CONCLUSION

Regarding the experiences of COVID-19 symptoms experienced by COVID-19 survivors, it can be concluded that the transmission of COVID-19 occurs through contact between colleagues, families, and from public places. Symptoms experienced from mild to severe (the most difficult to recover) symptoms are anosmia (partial or total loss of smell), ageusia, shortness of breath, cough, flu, fever, malaise, myalgia, shivering, and headache. These symptoms appear after 2-14 days of contact with infected people. Some people experience a continuous series of symptoms that can occur for weeks or months after first being infected by COVID-19. It is expected for further researchers to develop this study using a quantitative method and a larger sample of COVID-19 survivors.

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