



# COVID-19 Survivors Experiences, Emotions, and Health Consequences Following Intensive Care Unit Hospitalization

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## DESCRIPTION

COVID-19 patients were said to view hospitalisation as a genuine and mentally distressing experience, with the risk of developing post-horrendous pressure side effects. The goal of the study was to learn about COVID-19 survivors' mental experiences during and after ICU hospitalisation, as well as any significant health outcomes. From October 2020 to January 2021, a subjective report was directed in Italy through semi-organized telephone or video interviews with COVID-19 survivors, who were haphazardly enlisted among individuals who openly delivered their accounts on papers, TV, or web-based entertainment.

A total of fifteen people (three women and twelve men with an average age of 56.4 years) were assessed. Four major themes emerged: (i) dread; (ii) seclusion and forlornness; (iii) ignorance of the gravity of the situation as a defensive mechanism; and (iv) "Long COVID" as a result of the illness on physical and mental health.

During their stay in the hospital, 66.7 percent of members experienced mild or severe feelings of unease and misery. After being released, 86.7 percent returned to their original qualities. The findings suggest that long-COVID is a significant issue in determining how to improve patient satisfaction. It is critical to ensure a comprehensive take in control beginning prior to release and continuing with care after release in the community where they live.

The SARS-CoV-2 infection causes Covid disease (COVID-19), which causes mild to severe respiratory illness in the majority of infected people [1]. Certain individuals with segment (e.g., older) and basic ailments (e.g., cardiovascular disease, respiratory disease, malignant growth) are, however, doomed to develop the disease in an extremely severe manner. According to the research, the risk of being treated with a mechanical ventilator in an Intensive Care Unit (ICU) is higher in men and those with a history of hypertension, diabetes, or mental illness, increasing the risk of progressing to a basic condition.

Regardless, anyone can become genuinely ill with COVID-19, with the risk of dying at any age and the possibility of overcomers of severe entanglements affecting various organs and body frameworks, including the pneumonic, cardiovascular, and sensory systems, as well as mental effects. Around 5% of hospitalised patients with extreme clinical circumstances (e.g., respiratory disappointment) require intrusive mechanical ventilation and concentrated care, according to the most recently updated COVID-19 web-based case library.

To be sure, these patients had serious clinical complexities of an illness that appeared out of nowhere at the time of the review. As a result, the current study aims to identify survivors' unique experiences (e.g., feelings, stresses, and health outcomes) and collect relevant data about mental experience during ICU stays and any post-hospitalization outcomes to empower patient and family-centered models of care and ensure coordinated, safe, and evidence-based activity for future pandemics, thereby limiting pessimism and adding to acculturation.

The outcomes demonstrated that a large portion of the review members owned up to the ICU for the SARS-CoV-2 infection disease chiefly experienced sentiments like trepidation, dejection, and tension during hospitalization, and they had physical and mental results after release from the clinic (long-COVID). In view of the new Italian regulation 77/2020 that characterizes a medical attendant job as critical to oversee COVID-19 patients locally, it is significant to recognize patients in danger for long-COVID and ensure a comprehensive take in control beginning before the release and proceeding with care after release locally where they reside.

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## CONFLICT OF INTEREST

The author declares there is no conflict of interest in publishing this article has been read and approved by all named authors.

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