

## Factors Affecting Nurse Anxiety During The Covid-19 Pandemic

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### ABSTRACT

**Background:** The covid-19 pandemic that has occurred in almost all countries in the world has had an impact on various aspects of life. Indonesia as one of the countries facing the covid-19 pandemic is still showing an increase in the number. Patients with covid-19 require appropriate treatment, especially if the patients shows severe symptoms of respiratory system disorders. Nurses as health care providers in hospital are required to provide the best and professional service. Nurses are faced with situations that can increase stress and anxiety. It is necessary to conduct an assessment of the factors that cause anxiety in nurses during the covid-19 pandemic.

**Methods:** This study aims to determine the factors that influence nurses' anxiety during the COVID-19 pandemic. This research is a descriptive analytic study with a cross sectional study design. The population in this study were all nurses at dr. Asmir Salatiga Hospital. The instrument used to assess the level of anxiety using the Hamilton Anxiety Rating Scale (HARS) questionnaire. Data analysis using chi square test.

**Results:** Among the 7 factors studied, there are 4 factors that have been shown to affect nurses anxiety. The factor that influence the nurse's anxiety during covid-19 pandemic are years of service (p value 0.047), marital status (p value 0.048), knowledge (p value 0.042) and environment (0.039).

**Conclusion:** The factors that influence the nurse's anxiety during covid-19 pandemic are years of service, marital status, knowledge and environment with  $p < 0.05$

Keyword : factors anxiety; nurse; covid-19

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**Background.** The COVID-19 pandemic, which was set by the World Health Organization (WHO) on March 11, 2020, is now occurring in almost all countries in the world, which has an impact in the form of changes in various aspects of life. The number of new confirmed cases is increasing and many people have died. Until now, the number of COVID-19 sufferers in the world is 15,784,287 people (WHO, 2020). Indonesia as one of the countries facing the COVID-19 pandemic is still showing an increase in the number of confirmed cases as many as 98,778 people (Kementerian Kesehatan, 2020). The dr. Asmir Hospital Salatiga also provides services to patients with COVID-19. So far, Covid-A9 services have been carried out in a special room, with special health workers and personal

protective equipment, which often do not meet the requirements

Health services for patients with COVID-19 in hospitals are carried out by the health team as the front line in the fight against COVID-19. Nurses as health workers in hospitals are required to provide the best and professional service. Nurses are people who are in constant contact with patients infected with COVID-19, so the risk of transmission for nurses is very high. Prevention of transmission is done by using PPE (personal protective equipment). Complete PPE such as masks, gloves and Hazmat clothes are standard clothing to protect nurses from contamination. However, due to the high need for personal protective equipment in the community, these tools are rare and expensive so that not all health care facilities have these standard clothing. Nurses

responded to the lack of PPE by using modified and very minimal PPE such as the use of a raincoat as a replacement (Gani, A Taufik, 2020).

Problems in treating COVID-19 patients are not only about PPE but also include public anxiety. News coverage on social media is growing very fast and cannot be stopped. Information in the form of negative news, hate speech and hoax news is increasingly circulating in the media. The news triggers psychological turmoil such as the emergence of excessive suspicion, anger, anxiety and even panic. Public panic develops over the negative stigma against health workers. This stigma gives birth to rejection behavior towards nurses (Gani, A, Taufik, 2020).

Anxiety in nurses is a normal emotional response to the assessment of threatening and stressful situations such as the current pandemic (Gani, A Taufik, 2020). Previous research has shown that anxiety is related to knowledge. The level of formal education is the basis of one's intellectual knowledge. The higher the knowledge, the greater the ability to absorb and receive information so that knowledge and insight are wider (Mubarokah, 2019).

Based on this phenomenon during the covid-19 pandemic, it is deemed necessary to conduct research on the factors that influence the anxiety of nurses as the front line in dealing with patients in the era of the covid-19 pandemic. The results of the study are expected to be a reference for formulating strategies in maintaining the psychological condition of nurses to remain in an optimal state.

**Methods.** This research is a descriptive analytic study with a cross sectional study design. The population in this study were all nurses at dr. Asmir Salatiga Hospital. Determination of the number of samples is done by total sampling (n=112). The instrument used to assess the level of anxiety using the Hamilton Anxiety Rating Scale (HARS) questionnaire. Data analysis using chi square test.

**Result and Discussion.** Based on the data collected, from 112 respondents, univariate analysis to show the frequency distribution of the characteristics of the respondents can be seen in table 1.

Table 1. frequency distribution based on respondent characteristics

Characteristic	Frequenc y	Percentage (%)
Gender	n=112	
Male	31	27.7
Female	81	72.3
Age (years old)		
< 30	57	50.8
31 – 40	46	41.1
41 - 50	7	6.3
> 50	2	1.8
Level of education		
Bachelor	36	32.1
Diploma	76	67.9
Working periode (years)		
0 - 5	54	48.2
6 – 10	39	34.8
11 – 15	11	9.8
> 15	8	7.2
Marrital status		
Married	90	80.4
Not married	19	17
Widow /widower	3	2.6
knowledge		
Good	89	79.5
Enough	23	20.5
Less	0	0
Environment		
Good	88	78.6
Enough	24	21.4
Less	0	0
Level anxiety		
Normal level	5	4.5
Mild anxiety	27	24.1
Moderate anxiety	78	69.6
Severe anxiety	2	1.8
Panic level anxiety	0	0

Most of the respondents were women (72.3%). age of respondents less than 40 years as much as 91.9%. The percentage of respondents with a nursing diploma is 67.9%. The working period of most respondents was less than 10 years (83%). marital status of respondents who are married is 80.4%. most of the respondents are at the level of good knowledge that is equal to 79.5%. The environmental conditions of the respondent's workplace are in the good range of 78.6%. The level of anxiety was moderate (69.6%) and there were only 1.8% with severe anxiety.

Bivariate analysis was conducted to determine the relationship of each factor to the level of anxiety experienced by respondents. The factors that influence the nurse's anxiety are working periode with p value 0.047, marital status with p value 0.048, knowledge with p value 0.042 and environment with p value 0.039.

Covid-19 has caused an increase in the morbidity and mortality rate of the world's population. Approximately 15% of people with COVID-19 will experience severe severity and severe health complications. Between 5-10% of sufferers experience serious symptoms that require intensive care in a special treatment room. has caused the death of more than 200,000 people (Alharbi, 2020).

The management of COVID-19 in the form of symptomatic treatment and administration of oxygen is the main handling effort. Nurses as one of the health workers at the forefront of handling COVID-19 are required to be able to provide fast and appropriate care. However, the sudden change in the patient's condition, the experience of dealing with many severe cases and even facing death can cause increased stress on nurses. Nurses experience increased anxiety as a result of the many cases of COVID-19 they are facing (Rosyanti, 2020).

Anxiety is an unclear feeling of fear accompanied by uncertainty, helplessness, isolation and insecurity. Anxiety conditions experienced by an individual can be communicated interpersonally so that it can be transmitted to other individuals. Likewise,

anxiety in nurses can be contagious or affect the anxiety of other nurses and also to patients (Haryanto, 2020). Anxiety as a form of a person's subjective experience cannot be observed directly and the feeling is present without a specific object triggered by ignorance and new experiences (Retnowati, 2019). The impact of anxiety on nurses is the disruption of the nursing service system that can even turn off the nursing service and will affect the handling of Covid-19 patients.

Factors that can affect the occurrence of anxiety in nurses vary widely. Gender is said to affect the occurrence of anxiety, especially in women, but in this study it was not proven that gender had an effect on the occurrence of anxiety in nurses with  $p = 0.402$ . The results of this study also showed that age did not have a significant effect on nurses' anxiety levels ( $p$  value 0.305). This finding is in line with the results of previous research conducted by Haryanto (2020) that of respondents with an age range of 22-56 years, there was no significant relationship between age and anxiety level ( $p$  value 0.092).

This study shows that tenure has a significant effect on the level of anxiety in nurses with a  $p$  value of 0.047. The results of the study are not in accordance with research conducted by Fatkhuroji (2017) which states that there is no relationship between tenure and anxiety of intensive care nurses. However, the working period in the COVID-19 situation has an influence on nurses' anxiety.

The working period is the length of time that has been passed by a person in doing a certain job. In general, tenure is considered to have an influence on the emergence of stress. This assumption is partly because the length of work describes a person's experience in mastering his field of work so that stress on nurses can be caused by duties and responsibilities for the safety of their patients (Maydinar, 2020).

Marital status was proven to have a significant effect on anxiety levels in nurses with  $p$  value 0.048. Nurses who have marital ties tend to have a higher level of anxiety than

nurses who are not married. This fact is supported by the findings of Ta, Gesselman, Perry, Fisher and Garcia (2017) that marital status can be a trigger for anxiety because marital status has important implications for social behavior, health, and well-being, and its effects on stress. When a nurse is married, the nurse is not only worried about transmitting the disease to herself but also worried about transmitting it to her family members. Nurses' anxiety conditions that are directly related to Covid patients should receive attention from institutions such as organizing organized counseling (Alwani, 2020).

Knowledge about covid-19 also has an influence on the anxiety level of nurses with a p value of 0.042. In general, nurses' knowledge of COVID-19 is quite good. Nurses' high level of knowledge about COVID-19 can be obtained in various ways, including by providing special training on handling COVID-19. Increased knowledge can lead to increased awareness of nurses about the transmission of COVID-19. The lower the knowledge about infectious diseases, the more risky it is to carry out a stigma that will make a person close himself to others and it will be difficult to prevent transmission. Nurses as respondents in this study have demonstrated adherence to health protocols to prevent transmission to themselves and others.

Environmental factors have been shown to have a significant influence on nurses' anxiety during the COVID-19 pandemic with a p value of 0.039. This significance value proves that the environment plays an important role in causing anxiety in nurses. Issues related to the environment include the availability of personal protective equipment, lack of counseling, lack of care facilities and social support. Social support is needed to maintain physical and psychological health. Poor social support and the stigma of transmitting disease by nurses to others can increase nurses' anxiety conditions. Fear, worry and other factors causing pressure that continue to develop in society to the refusal of nurses serving in hospitals to return to their home environment are a source of great

anxiety for nurses (Yunere, 2020). Nurses with a high workload, high exertion, not only have an impact on psychology but also on their general welfare.

**Conclusion and Suggestions.** Factors that affect nurses anxiety during the COVID-19 pandemic include knowledge, years of service, marital status and the environment. Knowledge is the basis for taking steps to prevent disease transmission, the higher the knowledge, it is expected to avoid anxiety. A long working period will increase responsibility, especially in suddenly changing conditions. This is what triggers anxiety in nurses. Marital status increases nurses' anxiety, because nurses do not only think about themselves but also think about the safety of their families. The environment contributes to increasing nurses' anxiety, especially as a result of the lack of personal protective equipment and social support.

Based on the results of this study, it is hoped that hospital institutions can pay attention to nurses by providing special training related to the management of covid-19, providing time for counseling, meeting the need for personal protective equipment, setting work schedules that allow adequate rest time and physical and psychological support. against nurses. Institutional concern for nurses can improve the quality of health services in hospitals.

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