

How Indonesia Nurses Cope in Covid-19 Pandemic?: A Qualitative Study

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ABSTRACT

Background: Nurses have to deal with various stressors, especially those who directly care for COVID-19 positive patients, such as the risk of contracting the disease, the availability of Personal Protective Equipment (PPE), the workload that tends to increase, community stigma and so on. Appropriate coping is needed by nurses in order to provide maximum quality of service for COVID-19 patients.

Purpose: The objective of this study was to explore how Indonesian nurses cope in COVID-19 pandemic.

Methods: The research was a qualitative phenomenology design study conducted in Jakarta Indonesia, from March – May 2021. Number of participants was seven who completed inclusion criteria. Data collection method using deep interview with participants through video conference.

Results: The finding of this study shows that there are 8 (eight) themes that represent how nurses cope with COVID-19 pandemic, namely facility, new work system adjustment, dealing with worry, work is pride, humanity, support system, spirituality engagement, and well preparation.

Conclusion: Nurses had positive coping mechanisms against the COVID-19 pandemic in Indonesia. The positive coping mechanisms are described in detail in the eight themes of this research.

Keywords: COVID-19; Pandemic; Coping; Nurses; Stress.

BACKGROUND

The COVID-19 pandemic is happening all over the world. Data from the World Health Organization (2020) as of April 26, 2020 recorded that 2,807,496 positive cases were infected with COVID-19, while in Indonesia it had reached 8,882 cases. DKI Jakarta is rated as the epicenter of the COVID-19 pandemic in Indonesia because it has the highest number of positive COVID-19 cases, which is 3,789 cases. This figure is predicted to continue to increase (Badan Nasional Penanggulangan Bencana, 2020). The increase in the number of positive cases of COVID-19 requires hospitals and medical personnel to be better prepared to face this pandemic. As part of the largest number of medical personnel in hospitals, nurses play a major role in efforts to deal with COVID-19.

Nurses have to deal with various stressors, especially those who directly care for COVID-19 positive patients, such as the risk of contracting the disease, the availability of Personal Protective Equipment (PPE), the workload that tends to increase, community stigma and so on. Appropriate coping is needed by nurses in order to provide maximum quality of service for COVID-19 patients. Coping is a person's mechanism in dealing with changes that occur or the burden felt in certain situations. If this coping mechanism is successful, the person will be able to adapt to the changes and burdens experienced (Ahyar, 2010).

Various studies have stated a lot about the public's response to the COVID-19 pandemic and efforts to prevent its spread, but not many have examined the nurse's response to stress and how to cope with the situation. Therefore, researchers are interested in researching nurses' coping during the COVID-19 pandemic.

OBJEVTIVE

The objective of this study was to explore how Indonesia nurses cope in COVID-19 pandemic.

METHODS

A qualitative phenomenology design was chosen to find out how Indonesian nurses cope during COVID-19 pandemic. A phenomenological approach is designed to explore and discover knowledge by using a scientific method by giving meaning or interpreting a number of things that has meaning to humans (Creswell & Creswell, 2018). Furthermore, the findings of study are based on real experiences of someone who involved in the phenomenon (Polit, D.F & Beck, 2013). The participant of this study were 7 nurses who work as COVID-19 health worker tim and obtained through the snowball sampling technique. Method of the approach used video call by Whatsapp application. The inclusion criteria were: 1) Indonesia citizen, 2) Work as a nurse in Jakarta Province, 3) Can communicate in Bahasa Indonesia. During the research no participant drop out.

The study was conducted Jakarta, Indonseia for 3 months, March – May 2021. Before the interview begin, the participant has read the informed consent and signed it. During data collecting process, only conducted by researchers and participants, family and other people was absent. The researchers themselves are the data collection tools, and thus they cannot be represented or delegated. The data collection tools consisted of audio recorders, field notes made during interview process and interview guideline made by researcher.

The interview data were analyzed using qualitative thematic analysis by searching for any themes that emerge. The analysis process is assisted with Atlasti software. This becomes important when looking into the description of a phenomenon or case. The stages of thematic analysis include: 1) developing manual code, 2) conducting reliability tests on the code, 3) summarizing the data and identifying the initial themes, 4) applying templates to the codes and supplementary codes, 5) linking the codes and identifying themes, and 6) strengthening and validating the theme (Fereday & MuirCochrane, 2006).

This study was registered to the research ethic board of the Health Research Ethic Commission of the Health Research Ethics Committee, No.1309/KEP-UNISA/V/2020, published on May 12, 2020.

RESULTS

Out of seven participants, the age range of participants was at the age of 23 – 43 years. More than half of the total participants were male and bachelor degree holder (Table 1).

Table 1. Participant Characteristics (n=7)

Code	Age	Gender	Education	Length become Nurse
P1	39	M	Diploma	
P2	43	M	Magister	
P3	23	F	Bachelor	
P4	35	F	Bachelor	
P5	30	M	Bachelor	
P6	29	M	Bachelor	
P7	24	M	Bachelor	

P: Participants; F: Female, M: Male

The result of this study, there were 8 themes namely Facility, New Work System Adjustment, Dealing with Worryness, Work is Pride, Humanity, Support System, Spirituality Engagement, and Well Preparation.

Table 2. Theme and summary of participant statements

Themes	Statement
Facility	<i>"Tapi setelah saya tanya-tanya untuk APD di RS insaallah terpenuhi,, itu pertama saya meyakinkan itu.."</i> (P3, 23 tahun)
	"After I ask for personal protection equipment (PPE), insyallah enough.. First, I have to make sure about that" (P3, 23 years old)
	<i>"Fasilitas (tempat tinggal) dikasih, tes swab tiap bulan dilakukan buat semua nakes di sini"</i> (P7, 24 tahun)
	"For facility (shelter) is provided, swab test has done by health worker here" (P7, 24 years old)
New Work System Adaption	<i>"masuk pun memang dibatasi dari masing masing shift paling lama itu 3 jam atau 4 jam kita sudah berganti.."</i> (P1, 39 tahun)
	"When we enter patients' room, only 3 to 4 hours is allowed. After that we have to change" (P1, 39 years old)

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Themes	Statement
	<p><i>“shift pagi itu mungkin ada 2-3 pergantian, 4 masuk di bangsal covid dengan baju cover all.. sisanya ada di anteroom yang melakukan dokumentasi asuhan keperawatan” (P2, 43 tahun)</i></p> <p>“For morning shift maybe there are 2 to 3 shifting, 4 (nurses) stay in patients’ room and other nurses stay in anteroom to do nursing documentation. (P2, 43 years old)</p>
Dealing with Worriness	<p><i>“Kalau perasaan takut tertular ada. Seperti terpapar COVID-19 karna merawat pasien. Perasaan cemas pasti ada.. Tapi kalau sampai takut egak juga, karena kan kita sudah dilengkapi dengan APD yang lengkap, untuk masuk ke zona merah. Khususnya di ruangan perawatan.. (P6, 29 tahun).</i></p> <p>“There was fear of being infected. Like too much COVID-19 exposed due to taking care of the patient. There was a worrieness, but not too scary because we were already equipped with complete PPE before we enter the red zone, especially in the treatment room” (P6, 29 years old)</p> <p><i>“Awal-awalnya sih ya takutlah, was-was gitu ya.. Nanti ntar kita kena.. Tapi lama-lama udah biasa sih.. Sekarang mah santai aja, apa lagi sudah ada vaksinkan..” (P4, 35 tahun)</i></p> <p>“At the beginning I was so scared, worried.. Maybe we got infected. But after several time, we feel normal. For now, I feel so relax because already vaccinated. (P4, 35 tahun)</p>
Work is Pride	<p><i>“Kami tidak boleh menolak tugas.. apa lagi kita sudah sumpah profesi memberikan pelayanan terbaik untuk siapapun.. (P2, 43 tahun)”</i></p> <p>“We should not refuse our responsibility. Then we already declare our professional promises to provide the best service to anyone”. (P2, 42 years old)</p> <p><i>“(Saya) Bangga bisa bergabung sebagai tenaga relawan.. Yang membantu di..garda terdepan” (P6, 29 tahun)</i></p> <p>“I am so proud for being a COVID-19 nurse volunteer who held in frontline” (P6, 29 years old)</p>
Emotional Empathy	<p><i>“Sedih.. Saya merasa kasihan dengan mereka.. jadi tetap perlu saya” rawat (P3, 23 tahun)</i></p> <p>“I’m so sad. I feel bad for them, so that I take care of them” (P3, 23 years old)</p> <p><i>“Kasihan, empati.. gmana ya.. lebih menceritain gitu, ya mau ga mau harus menempatkan diri di posisi pasien.. gmana kalau pasien ini saya atau orang yang saya kenal gitu kan” (P5, 30 tahun)</i></p> <p>“I felt so poor, empathy., I have to put myself in the patient's position... what if this patient is me or someone I know, right?” P5, 30 years old</p>

Themes	Statement
Support System	<p><i>"Keluarga juga dukung.. di suruh hati-hati.. Ya udh mau gmana lagi karna kerjaan, anggap aja amal ibadah" (P4, 35 tahun)</i></p> <p>"My family also support me, remind me to always be careful. I have no choice, let count it as a blessing" (P4, 35 years old)</p> <p><i>"Hmm, support dari pemerintah salah satunya ini difasilitasi tempat tinggal selama kita jadi relawan, ditambah apa namanya ini.. ada insentif sejak maksudnya kayaa.. penghargaan gitu dari pemerintah untuk nakes yang bekerja di zona merah" (P6, 29 tahun)</i></p> <p>"Hmm, support from government was like providing a shelter during our work as Covid19 nurse volunteer. After that, there was a special financial reward as an appreciation from the government to the health care team in red zone" (P6, 29 years old).</p>
Spirituality Engagement	<p><i>"Yang jelas pertama, kepada Tuhan saya senantiasa bersyukur semakin menguatkan iman" (P1, 39 tahun)</i></p> <p>"At first, I thank God because this strengthen (my) faith" (P1, 39 years old)</p> <p><i>"Kalau soal itu paling pertama kita berdoa., untuk dijauhkan dari apa namanya.. wabah ini, agar kita tidak tertular covid19 (P6, 29 tahun)</i></p> <p>"At first We pray and asking God to protect us from this type of virus so we would not being infected"</p>
Well Preparation.	<p><i>"hmm bner2 waktu itu kami dlu sebelum ada praktik ada pelatihannya, mandatory hanya untuk pake APD nya, jadi harus bener2 kaya belajar lagi" (P3, 23 tahun)</i></p> <p>"At the time, before we have duty there was a training session just to wear PPE" (P3, 23 years old)</p> <p><i>"..kerja dari hati aja, sebenarnya.. karena merawat Covid itu kompleks ga cuma pasiennya yang ribet tapi keluarganya juga bisa ikut ribet.." (P5, 30 tahun)</i></p> <p>"Working with compassion. Because nursing COVID-19 patient was so complex, not only for the patient but also their family." P5, 30 years old</p>

DISCUSSION

The COVID-19 pandemic has had a very big impact, especially in health care services. Precious studies had shown the effect of this pandemic to physical dan psychological of health care provider, including nurses. The paragraph below explained how Indonesian nurses cope in COVID-19 pandemic.

Facilities for Nurses

Facilities for nurses are important because of the high risk of exposed COVID-19. A study conducted by Murdiyanto, Suryadi, Nuryati and Wijaya (2021) showed that 51,9% of health workers could not avoid contact with patients with a distance of less than 1 meter. As many as 85.5% of health workers were exposed to COVID-19 when providing direct services to patients, while the remaining 14.5% did not provide direct services to patients. COVID-19 pandemic has increased the need of personal protective equipment (PPE). At the beginning of pandemic, Indonesian nurses experienced inadequate number of PPE to protect them (Hartono, Sarnianto, Saragi (2020). As time flied, this problem has been resolved due to increasing number of PPE production.

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The COVID-19 PPE for nurses is an essential facility that should be provided by the hospital management to prevent virus transmission. Adequacy of PPE is one of many factors in workplace that influence nurses' confidence (Nowell et al. 2021). Furthermore, the hospital management also gives facility to every nurse to undergo Covid19 screening test monthly, so that whenever they have a positive result, they have to rest and isolate themselves in a room that specially prepared for health workers. Moreover, some hospital also provide shelters to their nurses during their duty. This is also a way to prevent the transmission of virus to nurses' family members. In addition, hospital management also provide food on side and groceries to boost their health. This action is in line with a study conducted by Cho, Sagherian, and Steege (2021), they found that the most frequently reported by nurses was the basic needs, including food.

New Work System Adaptation

Based on research conducted by Kusumaningsih et al. (2020) explained that during the COVID-19 pandemic the average nurse experienced too much work, or the physical workload was in the high category (55%). The study also concluded that there is a significant relationship between the physical workload of nurses and patient safety, in other words, if the workload increases, there will be a decrease in the implementation of patient safety which can cause things that are not good for patients and for health service providers. Changes in the workload of nurses during this pandemic are fortunate to be quickly adapted by the participants in this study. Adaptation or adjustment can be interpreted as a process that synergizes harmoniously between the demands of internal factors, namely self-motivation and external factors, namely reality (Choirudin, 2015). In the work system of COVID-19 nurses, changes were implemented in several ways, this was due to several things such as the influence of PPE, the level of dependence and the emergency of COVID-19 patients.

Overcoming Anxiety

The health care worker have significant mental health issues during Covid19 pandemic (Singh et al. 2021). According to the results of research conducted by Yuniswara (2020) entitled Description of Mental Health of Nurses Handling COVID-19 Patients, the mental condition of nurses can be described through emotional, cognitive, and behavioral components with aspects of worry, anger, fear, sadness, happiness, distress, optimism, and germ aversion. All participants in this study expressed the same feeling when caring for COVID-19 patients, which is anxiety of being infected. This feeling elevated when there is inavailability of PPE and pressure from family to quit the job (Zartash et al. 2020). Fortunately, this feeling did not interfere with the participants' activities and sense of responsibility as a nurse. Over time this feeling diminished and gradually disappeared.

This study was supported by previous researchers, although nurses' feelings were described more variedly. Although filled with feelings of worry, it did not reduce the caring behavior carried out by nurses. Based on research conducted by Yustisia, Utama and Aprilatutini (2020), the caring behavior of nurses during the pandemic is manifested in several concrete actions including caring attitudes towards meeting patient needs, being responsible for meeting patient needs, friendly in serving patients, calm and patient attitude in serving. patient, always ready to meet the needs of clients, provide motivation to clients and an attitude of empathy towards clients and families. Furthermore, change in psychological health of nurses should be constantly monitored during this crisis situation to mitigate the impact (Chen et al. 2020; Foli et al. 2021; Van Steenkiste et al. 2021) and such intervention should be individual-centered to resolved individual problem (Eftekhar Ardebili et al. 2021).

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Work is Pride

A nurse is a professional health worker who has been sworn in to provide the best service for the community regardless of the circumstances, regardless of ethnicity, race, religion and nation. This is the strength for the participants in this study to continue to carry out the services that should be provided to patients. Although there are doubts and fears of being exposed, because it is an obligation, it is always ready if assigned to any part related to COVID-19 patients while maintaining the quality of services provided. The quality of service of a nurse is influenced by several things including commitment, motivation and a sense of professionalism of a nurse.

The commitment of a nurse will appear in the quality of service. Likewise with motivation and a sense of professionalism. If these three things are high enough to be owned by nurses, of course it will be very good for the quality of service provided to patients, and indirectly improve the quality of hospital services as well (Saat, 2015). Nurses' commitment to their profession is an intrinsic motivation to continue caring to their patient, instead of being afraid of infection risk (Natividad, Aljohani, & Gamboa 2021). Lastly, having a sense of professional achievement would help nurses to be resilience during this pandemic (Huang, 2019).

Emotional Empaty

The COVID-19 pandemic situation also had an impact on participants related to their relationship with the surrounding environment. Participants experienced deep empathy toward their patient so that it gave them power to continue their work. Nurses put themselves as patient family member or the patients itself. In other words, level of empathy would determine nurses attitude in delivering patients care (Lou et al. 2021). Empathy is defined as a feeling when we can literally lived other's experience (Demetriou and Nicholl 2022). Furthermore, spiritual intelegency is one factor that could elevate level of empathy in nurses during the Covid19 pandemic (Aliabadi et al. 2021). Nurse become more careful or critis about what they should or should not do because little mistake may lead to the death of patients. Nurses also try to maintaining a safe distance and minimizing the changes of virus transmitting (Santoso, Sunarto and Supanti (2021).

Social Support

In carrying out its role as a nurse, participants also receive support from various support systems, including from family, fellow health workers, professional organizations and the government. Presense of sosial support would help nurses to cope with stress and negative feeling (Natividad et al. 2021). Based on the results of research conducted by Dewi (2019), it is stated that family support has a positive and significant influence on performance. In other words, the existence of family social support can be a driving force for one's enthusiasm at work which has an impact on performance. The study also states that support from family has a big role in reducing stress and can prevent burnout. Similar to support from family, support from fellow health workers also has a positive impact on nurses in carrying out their duties (Adynaswari & Adnyani, 2017). In contrast, decrease social support may risk in increasing nurses' burnout (Galanis et al. 2021).

The support provided by the professional organization, the Indonesian National Nurses Association (INNA) for nurses has been continuously provided since the COVID-19 pandemic. INNA's form of support is in the form of moral and material as well as the provision of SKP for COVID-19 nurses who have served very well (PPNI, 2020). In

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addition, support also comes from the government in the form of incentives. The provision of incentives is a form of government appreciation for nurses and other health workers for their willingness to help overcome health problems caused by this pandemic. The amount of incentives that will be given to nurses is 7.5 million per month. However, this incentive does not apply to every region, only to regions that declare an emergency response (Harisah, 2020).

Spiritual Engagement

When crisis come, like Covid19 pandemic, nurses are tend to use the strategy of turning to their religion (Szlenk-Czyczerska, Ławnik, and Szepeluk 2021). In this study, participants stated that they were trying to get closer to God. According to research conducted by Jembarwati (2020), the strategy taken to survive in this COVID-19 situation is to surrender to God and increase remembrance of God in every activity. This is supported by research conducted by Timmins and Valdeira (2017) which explains that spiritual life can improve coping in facing challenging and difficult situations. Spiritual aspects can also help in increasing a person's immunity so as to reduce the possibility of falling ill due to a viral or bacterial infection. During pandemic, comfort with religion and spiritual beliefs were the coping strategy used by nurses to eliminate their stress and negative feelings (Natividad et al. 2021).

Well Preparation

Preparation is an absolute thing that must be done by a nurse before carrying out their duties. Participants in this study revealed several things they did, including participating in training and preparing their hearts to be ready for duty. The results of research conducted by Majid and Sani (2016) explain the relationship between the positive and significant effects of training on nurse performance. This means that the more frequent the training, the higher the performance of a nurse. Similar to the participants in this study, before carrying out their previous duties, they had to take part in COVID-19 treatment training, especially the use of PPE to prevent the spread and protect themselves from being exposed to COVID-19.

In carrying out their duties and functions, it is hoped that a nurse also has motivation that comes from within herself. Work motivation is closely related to the performance of a nurse. If work motivation is high, the resulting performance will also be high (Salawangi, Kalibu & Wowor, 2018). Several things that affect work motivation include policies, working conditions and compensation (Umpung, Pertiwi & Korompis, 2020). Based on research conducted by Amalia et al (2020) Psychological Self-Care training can help health workers to be able to adapt and adjust to physical and mental changes that occur as a result of the pandemic19. Moreover, clear information and guided from the trainer will influenkce nurses confident to perform their duty (Nowell et al. 2021) and reduce stress (Lou et al. 2021).

This study has a few limitations. It was conducted in the national capital region of Indonesia; so that the findings may not be generalizable for all area of Indonesia because of difference situation and number of cases. Data was collected by deep interview using video call, some non-verbal expersion may not be able to be fully understood. However, this study give new insight about how Indonesian Nurses cope with crisis situation such as this COVID-19 pandemic.

CONCLUSION

In this study, it was concluded that nurses had positive coping mechanisms against the Covid-19 pandemic in Indonesia. The positive coping mechanisms are described in detail in the eight themes of this research, namely the availability of facilities, adaptation of the new system, feelings of fear of being infected, work is pride, care for the surrounding environment, support from the support system, draw closer to God and prepare well. The researchers recommend a program addressed to Indonesian nurses to prepare them to face future challenges as well as a pandemic or other crisis situation in health care area.

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