

Nurses' Family Support System in Pandemic Covid-19

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ABSTRACT

Background: the Covid-19 pandemic is being 2 years and the fluctuated cases made the nurses workload were increasing. The effects are stress, anxiety, and burnout. To decrease these sequences, need family support. Family support advantage to them for increasing their confidence and being valuable.

Purpose: the major aim of the study is to know the difference between family support for nurses who work in Covid and non-Covid wards.

Methods: quantitative method were used in its study and used 149 nurses as a respondent. The inclusion criteria were working at hospital at least a year and lived with nuclear family. The questioner used *Family Support Scale (FSS)* with 19 sentences. It used Mann-Whitney test with SPSS 21 software.

Results: most of the respondent were nurses who work in Covid ward (64.4%) and majority is an associate nurse (84.9%). The p value was 0.077 ($p > 0.05$) which indicate that there were not differences of family support between nurses who work in Covid and non-Covid wards.

Conclusion: there were not differences of family support between nurses who work in Covid and non-Covid wards.

Keywords:

Family support system; nurses; pandemic Covid-19.

BACKGROUND

Pandemic of Covid-19 is being happened for two years in Indonesia. The cases is going up and down unregularly. The decline cases were happened when the government had first booster vaccine program in around of June and July of 2022. However, today the increasing cases can be seen at the graphic by Indonesian Satgas Covid. They said that in a week the rate of the cases is around 5.545 (Satgas, 2022). The hospital is a place which used to be a Covid reference (Padila & Andri, 2022). One of the health practitioners in Covid-19 is a nurse.

In the pandemic era, the nurses' workload is increasing significantly. They get tension such as physically and physiologically. Based on the data 61% of nurses get high workload and 51% they have got stress (Padila & Andri, 2022). In addition, other research said that they had 96% of high workload and 90% of them have got high stress level. In this condition they also in high risk of depression (Cindy et al., 2022). In decreasing this risk, they need support system. One of the support systems is a family. The family support had a vital role to maintain the health nurses by physical, physiological, and social.

The physiological management of health for nurses should be under control for better patients caring (Halawa, 2021). This support is as acceptance, love, and caring from the family member for nurses. The Finally they feel being loved and increasing their confident and competency as a nurse (Hidayati et al., 2020). Furthermore, the support system also increase the psychological wellbeing (Jayafa, 2018).

OBJECTIVE

The aimed to know the difference of family support for nurse who work in Covid-19 isolation and non-Covid 19 ward.

METHODS

Quantitative method was used in this study with 149 respondents in the middle of 2022. The respondents are nurses who work at least a year at Yogyakarta Hospital, had nursing register number, and lived with nuclear family. The questioner was *Family Support Scale* (FSS) with 19 items. The score of this questioner was between 19 – 76. The higher of FSS score was indicate that the family support was a good. This study used Mann Whitney test in SPSS 21. This study also had ethical clearance from Yogyakarta Muhammadiyah Centre Hospital with serial number: 00173/KT.7.4/VI/2022.

RESULTS

The univariate data showed that most of them in range of adult 53.69% which consist of early and late adults. They were 26 – 45 years old. The majority of the respondents were women (82.6%), nursing diploma (73.8%), and as associate nurses (87.9%). However, the nurses who work in Covid and non-Covid ward differences only 27.8%.

Table 1. Respondents Characteristic

Characteristic	N	%
Age		
Late Adolescents	15	10.07 %
Early adults	33	22.15 %
Late adults	47	31.54 %
Early elderly	54	36.24 %
Sex		
Men	26	17.4 %
Women	123	82.6 %
Education		
Diploma	110	73.8 %
Registered Nurse	38	25.5 %
Magister	1	0.70 %
Nurses Role		
Associate nurses	131	87.9 %
Primary caregiver	12	8.1 %
Chief ward	6	4.0 %
Covid Ward		
Covid ward	96	64.4 %
Non-Covid ward	53	35.6 %

In this study was used Mann-Whitney test because the data had not normal ($p < 0,05$). Based on the test, both the nurses who work in Covid and non-Covid ward, they had a good family support system. The mean rank difference was 11.86 and the most of them were Covid ward nurses. The Mann Whitney test was 0.077; it meant that they were not any difference of family support between nurses in Covid and non-Covid ward.

Table 2. The Mann-Whitney test

Variable	The Ward	N	Mean Rank	Sign. (2-tailed)
Family Support	Covid	96	70.78	0.077
	Non Covid	53	82.64	

DISCUSSION

Nurses are at the forefront of Covid-19 service. The family support is needed in their work, especially when serving Covid-19 patients to be a better care. Based on the result, it showed that most of the respondent were early elderly (36.24%) which is the age between 46 – 55 years old. Accordance with the retirement limit for clinical nurses in Indonesia, which is 58 years (Sekretariat Kabinet RI, 2017). It means that most of the them are senior nurses. In Yogyakarta hospital the nurses with 50 years old and above

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are forbidden to work at Covid ward. The hospital management takes their ages into consideration because elderly is one of the Covid-19 high risk. Nurses who have 50 years old and above, they work in non-covid wards. Based on the results that there is no difference in family support between nurses who are in the covid-19 room and not with a mean value of 73.39 and 74.36. These results show that family support for nurses who are in non-Covid rooms is higher than Covid-19 nurses. However, both of them have good categories, because the maximum score from FSS 19 is 76. Asadania (2021) states that nurses who work in the Covid room have family support in good categories for emotional, instrumental, and informational elements. Good support can also increase work motivation for nurses (Hoda et al., 2021).

Sarafino explained that support is a form of acceptance of others towards themselves so that they feel cared for, loved, and competent. The forms of self-support include verbal and non-verbal (Hidayati et al., 2020). Factors that influence family support are the level of family knowledge, spiritual factors, emotional factors, economic level, cultural background, and family practices (Firmansyah et al., 2017). Families with good knowledge about Covid-19 have good support (Alvita & Christin, 2021). The knowledge factor indicates a person's attitude regarding Covid-19. Based on Simanjorang et al., (2021) and Limbong et al., (2021) that good knowledge will have a good attitude and good behavior in responding to the Covid-19 disease.

In addition to knowledge, another factor that plays a role in family support is spirituality. Spirituality can also be used to change attitudes, behavior, actions, so that they are able to interact with the community environment (Jumala, 2017). Fife explained that spirituality is a person's inner belief system to gain strength and comfort. Family support and spirituality have a significant relationship, especially in achieving life goals (Mergal & Mediate, 2019). In this study used Muslim respondent. In addition, in the results of the study, most of the nurses were in the pre-elderly age range. The age range of respondents is 46 – 55 years with a percentage of 36.24%. The crosstab results also show that in the early elderly category (pre-elderly) there are more non-covid nurses, there is 31 people (20.81%). This picture is interesting to see that most nurses are in the early elderly range where various changes occur such as physical, mental, and cognitive changes (Oktavianus, 2011). At this age range, psychological relationships in the family are getting closer. This certainly has an influence on the value of love between individuals in the family. Meanwhile, love itself is a form of spiritual value. At the early elderly, they increasingly understand the meaning of love. This love is a picture of the value of spirituality. In addition, the forms of spirituality include gratitude, praise, and worship, as well as doing good to others (Fitria & Mulyana, 2021).

Another factor that causes there is no difference between nurses in Covid-19 and non-Covid 19 ward, is cultural background. All respondents come from Yogyakarta. So that the family background also has the same value, namely Java. Nurses are always synonymous with the term caring. Caring is a behavior that can improve health status in helping someone who is sick (Nurbiyati, 2013). Understanding of the work of nurses is also an important component in the quality of family support. Families are able to understand that nurses are tasked with caring for patients with any condition. This is

also part of family support for nurses. As in the questionnaire statement that the family helps nurses in their role at home. This support certainly makes nurses more comfortable at work, so that it can reduce the anxiety experienced by nurses (Halawa, 2021).

CONCLUSION

The result was not difference of family support system between nurses who work in Covid and Non-Covid ward at Yogyakarta Hospital. The weakness of the study was the homogeneity of the subject. The researchers only used Islamic hospital, so the family culture and spirituality had similar value. These two factors affected the scale of family support system. For the next research should be think about the heterogeneity religion and family culture.

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