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Description Of Nurses' Level Of Anxiety in Caring For Covid-19 Patients at TK II Udayana Hospital Denpasar

Pamungkas Pamungkas[1*], Yudiana Yudiana[2]
[1.2] STIKES Kesdam IX/Udayana, Denpasar, Indonesia

*Author Correspondence : dedik003@gmail.com**

Abstract.*Background Behind : According to the World Health Organization (WHO), the incidence of hyperthermia in children worldwide reaches 17 million people per year, the death rate reaches 600,000, of which 70% occurs in Asia. The incidence of hyperthermia in Indonesia reaches 81% per 100,000 . If hyperthermia is not treated properly, shock, stupor and coma can occur. Parents have an important role in maintaining their child's health. One compress technique to reduce fever is the tepid water sponge , which is by giving a warm compress using a cloth that is wiped on the forehead area which aims to reduce the fever in 15 minutes faster than just using antipyretic medication. Method : Study This use method descriptive with approach quantitative use tool measuring questionnaire and sampling technique used is total sampling with The total population is 55 people and samples as many as 51 respondents. This research uses descriptive statistical analysis regarding the level of parents' knowledge about the tepid water sponge technique. Results: The characteristics of the respondents were mostly 26-35 years old with a total of 59%, the highest level of education was high school with a total of 49% and the largest job was in the private sector with a total of 39.2%. Most respondents had a low level of knowledge, amounting to 37.2%.Conclusion : Most of the respondents own level low knowledge. It is hoped that nurses will provide support and IEC regarding the tepid water sponge technique to reduce hyperthermia in children*

Keywords: *Nurses,Anxiety, COVID-19*

1. INTRODUCTION

At the beginning of 2020, humanity throughout the world was shocked by the phenomenon of the Corona Virus (Covid-19) pandemic which caused panic everywhere [1] . Corona viruses are a group of viruses that can cause disease in animals or humans. Several types of corona viruses are known to cause respiratory tract infections in humans ranging from coughs, colds to more serious ones such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This new type of corona virus that was discovered causes Coronavirus Disease or COVID-19. The most common symptoms of COVID-19 are fever, fatigue and dry cough. Some patients may experience aches and pains, nasal congestion, runny nose, sore throat or diarrhea. The symptoms experienced are usually mild and appear gradually . Some infected people may not show any symptoms and still feel healthy (WHO, 2020).

The impact of the Covid-19 pandemic causes many losses, such as physical health problems, economic disparities, social disparities and mental disorders [2]. Mental disorders that occur during the Covid-19 pandemic are anxiety, fear, stress, depression, panic, sadness, frustration, anger. , as well as denying [3] . Based on the results of a preliminary study on November 25 2020 with direct interviews using 5 statements, each of which was a statement of feelings of anxiety, tension and fear, which were carried out by researchers with nurses in the ngurah raid room and orchid room at Level II Udayana

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Hospital, it was found that from Of the 10 nurses, 6 nurses had a severe level of anxiety, and 4 nurses had a moderate level of anxiety in caring for Covid-19 patients.

Anxiety is a feeling of fear that something will happen caused by anticipation of danger and is a signal that helps individuals to prepare to take action to face the threat [4] . Individuals who feel threatened by dangerous conditions cause the brain to send orders to the body to release a compound called adrenaline. The adrenaline compound creates a feeling of alertness and also provides a form of strength for the body to carry out a fight (attack) or flight (flight) response. Anxiety disorders cannot be considered as a form of ordinary anxiety, because they are classified as a form of mental disorder [5] .

This situation is not only felt by the community, but also experienced by all health workers such as doctors, nurses, midwives and other health professions. Health workers must wear protective clothing and N95 masks to avoid exposure to infection, this makes care much more difficult and tiring than under normal conditions, besides the fear of being infected and being infected has been reported to trigger detrimental psychological problems such as anxiety, stigmatization and depression . This can have an adverse effect on the quality of care [6] . The most important thing to prevent anxiety problems is to provide complete personal protective equipment, so that health workers in carrying out their duties do not feel worried about themselves or even their family members. Insufficient focus on the mental health of health workers has the potential to disrupt or even kill health services and will affect the handling of the Covid-19 pandemic [7] .

The increase in COVID-19 cases has attracted the attention of the Indonesian people, that this disease requires special treatment by professionals as the front guard in dealing with COVID-19. Those professional people who can face this pandemic as the front line are health workers [8] . According to research (Lai et al, 2020) in China regarding health workers at risk of experiencing psychological disorders in treating Covid-19 patients, the results showed that 44.6% of respondents had symptoms of anxiety due to feelings of depression [6] . Meanwhile, for Iran, out of 105 nurses, 43 nurses experienced anxiety (Handayani et al, 2020) . Research conducted by Dede et al, (2020) on 8 islands in Indonesia using snowball sampling totaled 644 respondents and around 65.8% of health worker respondents experienced anxiety due to the Covid-19 outbreak, as many as 3.3% experienced very severe anxiety, 29.4% experienced moderate anxiety and 33.1% experienced mild anxiety. Where it was recorded that as of December 3 2020, 3,779 nurses had been exposed to the Covid-19 virus and 136 nurses had died [8] .

2, METHODS

The design used in preparing scientific papers is descriptive. This research aims to describe the description of nurses' anxiety levels in caring for Covid-19 patients at the Level II Udayana Hospital, Denpasar. The research was conducted at Udayana Level II Hospital and the research was carried out from February 1 to February 25 2021

The population in this study were nurses who cared for Covid-19 patients totaling 30 people (15 people in the Anggrek Room and 15 people in the Ngurah Rai Room). The sample used in this research was nurses who cared for 30 Covid-19 patients The sampling technique used in this research is non-probability sampling, namely total sampling

The instrument used by researchers is a questionnaire HARS *(Hamilton Anxiety Rating Scale).* The HARS scale is a standard anxiety measurement. According to the HARS scale, there are 14 symptoms that appear in individuals who experience anxiety. Each item observed is given 5 score levels between 0 and 4. It is said to be 0 normal, 1 mild, 2 moderate, 3 severe and 4 very severe/panic. The categorization of anxiety levels is normal anxiety 0-14, mild anxiety 15-20, moderate anxiety 21-27, severe anxiety 28-41 and panic anxiety 42-56.

3. RESULTS

The research results are displayed in the following table form:

Frequency Distribution Based on Respondent Characteristics

The sample used in this study were nurses at Level II Udayana Hospital who met the inclusion and exclusion criteria. The characteristics of respondents consist of the categories age, gender, education and occupation and can be described in the table below:

Table 1. Frequency distribution of respondents based on gender, age and education

Variable	n	%
Age		
17-25	3	10.0
26-35	10	33.3
36-45	16	53.3
46-55	1	3.3
Gender		
Man	4	13.3
Woman	26	86.7
Education		
D3	16	53.3
S1	14	46.7
Total	**30**	**100.0**

Based on the above, it can be seen that the majority of respondents' gender was 26 women (86.7%) and 4 men (13.3%). Furthermore, for age characteristics, the majority of respondents were 36-45 years old, 16 people (53.3%), 10 people 26-35 (33.3%), 17-25 years old, 3 people (10%) and 46 -55 as much as 1 person (3.3%). For educational characteristics, it was found that the majority of respondents were S1 (46.7%) and 16 D3 (53.3%).

Description of Nurses' Anxiety Levels

Table 2. Frequency Distribution of Nurses' Anxiety Levels in Caring for COVID-19 Patients

Anxiety Level Categories	n	%
Normal	0	0
Mild anxiety	0	0
Moderate anxiety	4	13.3
Severe anxiety	26	86.7
Panic anxiety	0	0
Total	**30**	**100.0**

Based on table 5.2 above, it is known that the majority of respondents had a level of nurse anxiety, namely severe as many as 26 people (86.7%) and moderate as many as 4 people (13.3%).

4. DISCUSSION

Respondent characteristics

Characteristics based on age: the researchers found that the majority of respondents were 36-45 years old (late adulthood) with 16 people (53.3%). These results are in accordance with the research journal Sinta (2020) which states that the majority of respondents are 25-45 years old, which is included in the 36-45 age range. Age is the length of a person's life in years calculated from birth. The older a person is, the more knowledge they have because a person's knowledge is obtained from their own experience and experience obtained from other people (Azwar, 2009). According to Siagian (2002) quoted by Veronika (2015), age is closely related to a person's productivity and level of technical and psychological maturity. Increasing age can indicate that there is sufficient life experience and work experience. In this case, age is related to a person's level of maturity, in the sense of the level of technical maturity, namely skills in carrying out tasks, the longer someone works, the more their technical maturity increases.

The results obtained by researchers in terms of characteristics of respondents based on gender were that the majority were female, with 26 people (86.7%). This is in accordance with

research by Dhini (2020) which states that the majority of respondents were female (76.7%). The nurses at the research site were mostly female. This is also in line with Fadli's (2020) research that the majority of respondents were female (82%). This happens because the nursing profession is generally more popular with women, considering that the nursing profession is closer to *mother instinct* issues . Judging from the history of the development of nursing, with the struggle of Florence Nightingale, the world of nursing became synonymous with a woman's work. In this study, hospital employees were also dominated by women, so the results of the study were that female gender was greater. According to researchers, directly observing the situation in the field, many female nurses dominate every hospital, because judging from the nature and compassion of a woman, she is very suitable to care for patients like a mother caring for her child.

Characteristics based on education, the researchers found that the majority of respondents had a D3 education, 16 people (53.3%). These results are in accordance with Doni's research (2014) where the level of education was dominated by D3 Nursing as many as 33 people (81%). Education is a process with certain methods that make a person gain knowledge, understanding and ways of behaving according to needs [7] . According to Notoatmodjo (2003), the basic concept of education is a learning process, which means that in education there is a process of growth and development, or change towards a more mature, better and more mature individual, group or society. In this case, it means that the respondent can be declared to have fulfilled the requirements as a professional worker in health services as stated in RI No. 148 of 2010 concerning permits and implementation of nursing practice articles 2 and 3 which state that nurses who practice have a minimum education of Diploma III (D3) Nursing. Nurses with a D3 Nursing education are much needed in various health institutions, including community health centers and hospitals. Like vocational programs in general, the D3 Nursing program focuses more on practical field learning. Vocational nurses usually act as practitioners or executive nurses who assist professional nurses in caring for clients or patients [11] .

Description of Nurses' Anxiety Levels

The research results obtained from 30 respondents showed that the majority of respondents had severe anxiety, 26 people (86.7%). The signs and symptoms experienced by Covid-19 nurses who were in the Anggrek Dan Ngurah Rai room were anxiety, feeling tense, lethargic, unable to rest calmly and easily startled. These results are in accordance with research

conducted by Fadli (2020) which found that some of the respondents experienced severe anxiety. namely as much as (75%). Severe anxiety occurs due to a low level of awareness of oneself, low *self-efficacy* . This research is in line with mental health research in China, where 1,257 health workers in 34 hospitals tasked with treating COVID-19 patients were found to experience anxiety symptoms as much as 45% (Huang et al., 2020). Negative impacts start from fatigue, discomfort, helplessness due to workload, fear and anxiety. During the Covid-19 pandemic, health workers feel stressed and worried so that anxiety increases when carrying out their duties due to the availability of personal protective equipment.

Anxiety is a feeling of fear that something will happen caused by anticipation of danger and is a signal that helps individuals to prepare to take action to face the threat. The influence of demands, competition, and disasters that occur in life can have an impact on physical and psychological health, one of the psychological impacts is anxiety or anxiety (Suterjo, 2018). Insufficient focus on the mental health of health workers has the potential to disrupt or even kill health services and will affect the handling of Covid-19. The researcher's assumption is that Covid-19 nurses at Udayana Level II Hospital where nurses' anxiety is very high considering the fear and fatigue in handling Covid-19 patients. 19 is really felt, especially since this disease is very threatening to nurses because they are always in direct contact with patients and can threaten the lives of the nurses themselves. This is in accordance with the research I conducted and the results obtained were nurses with severe anxiety at Level II Udayana Hospital, especially in the Ngurah Rai and Orchid rooms.

5. CONCLUSION

This research was conducted to determine the level of anxiety of nurses in caring for Covid-19 patients at the Udayana Level II Hospital with detailed conclusions as follows:

a. Based on gender characteristics, the majority of respondents were female, 26 people (86.7%). Based on the characteristics of the respondents, namely the age characteristics, the majority of respondents were aged 36-45 years, namely 16 people (53.3%). Based on their latest education, the majority of respondents' last education was D3 Nursing, totaling 16 people (53.3%)
b. Based on the level of anxiety of nurses in caring for Covid-19 patients, the majority were severe anxiety, namely 26 people (86.7%)

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