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Description of the Anxiety Level of Nurses for the Risk of Exposure to Covid-19 at the Wundulako Health Center

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Abstract. The anxiety experienced by nurses is the risk of being exposed, infected, and including those closest to them because some nurses are required to self-isolate from those closest to them even though they are not infected with Covid-19. The purpose of this study is to describe the anxiety level of nurses regarding the risk of exposure to COVID-19 at the Wundulako Health Center. This research was conducted at the Wundulako Health Center in June 2022 involving a sample of 42 respondents. Collecting data using a research instrument in the form of a questionnaire. Data were analyzed descriptively. The results showed that the age of the respondents was dominated by respondents aged 22-40 years as many as 28 people (66.7%), the length of work of the majority of respondents aged > 5 years as many as 31 people (73.8%) and the education of the majority of respondents Diploma as many as 33 people. (78.6%) while anxiety is dominated by 30 respondents who are not anxious (71.4%). It is recommended that nurses can manage coping with anxiety experienced by nurses.

Introduction

COVID-19 is a health problem that is happening globally and is currently being hotly discussed and is in the spotlight and is the main thing to get a sense of concern from all levels of the general public without exception[1]. Coronaviruses (CoV) can cause health problems ranging from influenza symptoms to more serious conditions such as Middle East Respiratory Syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS-CoV). The virus first appeared and attacked in the province of Wuhan China[2]. The WHO organization declared on 30 January 2020 that its COVID outbreak was a community emergency[3].

Globally, as of 9 March 2022, there were 448,313,293 confirmed cases of COVID-19, including 6,011,482 deaths. [4]. In Indonesia, there are 5,289,414 people confirmed with Covid-19 with a death rate of 146,798 cases. [5]. Cases recorded from the COVID-19 Handling Task Force found 1,488 patients with comorbid diseases from all identified cases declared COVID-19. Hypertension is one of the most comorbid cases, namely 50.5%, and as many as 1,488 people died, 13.2% due to comorbidities (hypertension) [6].

The high and growing number of cases is a particular concern for nurses as the main gatekeepers in the care of COVID-19 patients, especially nurses. [7]. It is a mental health problem that arises during times like anxiety, this is natural because everyone has to experience and feel anxiety when the individual is faced with some event or trouble and faces something[8].

The impact of the COVID-19 epidemic takes a toll on people, such as physical health problems and mental disorders. The concerns of nurses, in particular the risk of getting sick and possibly infecting those closest to them, can become a burden as some nurses have to isolate themselves from their loved ones even though they are not sick. 19. After all, it was a difficult decision and it caused them serious mental problems[9].

Below are some of the risk factors for anxiety in nurses, especially during the COVID-19 era, namely age, gender, marital status including education level (10). An individual's feelings of anxiety depend on how the individual responds to the problems they are facing[10].

In a study by Naibaho and Sudharmono (2021), the number of nurses worried about exposure to this outbreak increased among nurses working in COVID-19 isolation wards. [11]. There are more nurses in Italy than in Iran, including China. This situation is caused by your lack of awareness, self-efficacy, and specific information in this country of Italy, so you feel anxious[12].

The number of COVID-19 patients at Wundulako Medical Center in 2020 was 37 people, rapidly increasing in 2021 to 131 cases while January-February 2022 48 people. The number of nurses at Wundulako medical center is 42 people, of which 20 are civil servants and 22 are volunteers, but the number of nurses is not proportional to the number of Covid patients.

In a preliminary study by interviewing 5 nurses, the researchers obtained the following information: they said the recent increase in the number of people infected with COVID-19 made them worry about their health, specifically fearing that they and their family members at home would be exposed, so they felt worried about the nurses weakened the immune system. In addition, those who treat COVID-19 patients, have long contact with patients, of course, nurses have a high chance of direct contact with the COVID-19 virus[13].

Based on this background, the researchers actively studied the level of anxiety among nurses about the risk of exposure to COVID-19 at Wundulako Medical Center.

Method

The design of this study is descriptive with a cross-sectional approach. The study was carried out on all the performance nurses who worked at Wundulako Medical Center from April to June 2022 with a total of 48 people. The variable in this study is the anxiety level of the nurses. The data collection tool used was a questionnaire. Data analysis was performed descriptively.

Results and Discussion

1. Characteristics of Respondents

The characteristics of the respondents to this study can be described in the following table:

Table 1.1 Distribution of the characteristics of research respondents at the Wundulako Health Center (n=42)

Characteristics of respondents	N	%
Gender		
Man	6	14,3
Woman	36	85,7
Age (years)		
22-40	28	66,7
41-58	14	33,3
Years of Service (years)		
>5	31	73,8
≤5	11	26,2
Education		
Diploma	33	78,6
Bachelor	3	7,1
Ners Profession	6	14,3

Source: 2022 primary data

Table 1.1 shows that for 42 respondents, the gender was more female as much as 85.7%, in terms of age, the majority were aged 22-40 years, namely 66.7% and the length of service was dominated by care whose working period was > 5 years, namely 73.8%, and for education more with D3 category education as much as 78.6%.

The following table 1.2 describes the anxiety level of nurses at the Wundulako Health Center.

Table 1.2 Frequency distribution based on the anxiety level of respondents at the Wundulako Health Center (n=42)

Anxiety level	n	%
Worried	12	28,6
Not Worried	30	71,4

Source: 2022 primary data

Table 1.2 shows that of the 42 nurses studied, there were more nurses with anxiety levels in the non-anxious category, namely 71.4%.

Characteristics of Nurses

Age

The results of this study indicate that most respondents aged 22 to 40 years old are 28 people of which most respondents are 30 years old while respondents aged 41 to 58 years old are 14 people (33 years old). .3%) of which the respondents are 43 years old

Research by Danu et al in 2021 found that respondents' anxiety increased in adulthood, specifically between the ages of 26 and 35 when Covid-19 status was a new condition for healthcare professionals. dozen, from which adults and older adults are reported to have new experiences that are similar to the age group. Teenagers face the COVID-19 pandemic, so adulthood is also at risk of anxiety[14]. Indriati and Usman also found that most respondents were between the ages of 26 and 30, or 37 (46.8%) people[15].

The theory is that an individual's maturity or maturity will affect a person's ability to cope, so it is harder for more mature individuals to experience anxiety, as individuals have an increased ability to cope. anxiety coping skills in immature individuals, which may be linked to the age of a person becoming more mature than the adjustment/conditioning process from a better state of anxiety to a state of anxiety better[16]. The maturity of thought processes in mature individuals allows the use of coping mechanisms better than the age of children[17].

Based on the research results, the researcher believes that the age of respondents in the adult group can influence the respondent's anxiety because the older the respondent, the better the way the respondent deals with anxiety and the problems they face and vice versa.

Length work

The results of this research show that most respondents who have worked for more than 5 years have decreased to 31 people (73.8%) where some have worked for more than 10 years and some have even worked for more than 30 years. In addition, 11 respondents worked ≤ 5 years, and some worked 1 and 2 years.

The results of a study conducted by Suryana in 2022 show that among 61 nurses, the length of service ranges from 2 to 29 years, especially for those serving in the special COVID-19 isolation room nurses. (RIK) of Jember Lung Hospital [18]. Research by Lintong (2021) shows that the majority of respondents have been working for 1-6 years and most respondents have moderate anxiety symptoms[19].

The theory said that mild anxiety is often part of an individual's daily life and that it is a response to heightened vigilance and attention to something that can manifest as a bit of stress, slight muscle tension, and a bit of impatience[16]. The mental health management flow can be continued to deal with healthcare worker anxiety during a pandemic, including setting up support groups that deal with anxiety or buddies, counseling, and organizing appropriate training for health workers[20].

Based on the results of the study, the researchers argue that the

anxiety experienced by nurses at Wundulako Medical Center about their exposure to COVID-19 is due to the nurses experiencing their first COVID-19 infection.

Education

The training level of most subjects with Diploma degrees in nursing was 33 people (78.6%) with working experiences > 5 years, while subjects with Bachelor and nursing profession had working experiences average ≤ 5 years.

Sihombing's (2020) study found that the majority of respondents had nursing qualifications from diplomas but were not concerned about nurses' anxiety about exposure to COVID-19 [21]. Another previous study also showed that the majority of nurses had specialized training in nursing, specifically 62 nurses (78.4%) out of a total of 79 nurses [22]. Research conducted by Winugroho (2021) shows that there are more than 52 nurses (57.1%) in charge of COVID-19 management, namely those with 3rd degree in nursing training. [23].

The theory is that education level does not affect a person's anxiety level at work because education level is associated with a key role in personal development and not with anxiety [24]. People with more education have better knowledge about a problem and can avoid it in case of anxiety. And for the uneducated, people become anxious because of the lack of information obtained [25].

Through this study, we as researchers assert that the education level of the respondents affects the knowledge that the respondents or nurses possess so that nurses or respondents can control the anxiety they feel every time they work.

Nurses' Anxiety Level for the Risk of Exposure to Covid-19

This study shows that nurse's express anxiety, especially 12 people (28.6%) because respondents have experienced feelings of anxiety (anxiety) such as anxiety and fear of their thoughts. alone and easily killed, afraid of crowds, and often feel anxious while those who are not anxious reach 30 people (71.4%) because the respondents do not feel anxious, not stressed, and not afraid.

Naibaho's study (2021) shows an overview of the anxiety levels of 21 nurses in the isolation room, which is in the very severe anxiety category (12). In addition, previous research also showed that the anxiety of nurses in the isolation room during the COVID-19 period was at a mild level of anxiety with a total of 56 nurses.. [19].

This study is similar to the one done by Danu, in which his study describes that the people studied felt more anxious because of COVID-19 with the triggers being female gender, minimal PPE, and fear of getting sick in other families including nurses. knowledge about COVID-19 [14].

Anxiety is a person's physical and psychological response to a situation of deprivation or a response to a condition perceived as threatening. [26]. The nurse's self-anxiety causes symptoms that can interfere with the body's working system, so it can cause symptoms that interfere with the nurse's work the dominant symptoms that the nurse in the isolation room encountered were stress and sleep disorders which the psychological response to anxiety caused subjectively. feelings of stress, the occurrence of anxiety as a response to feelings of helplessness, and both physiological and psychological discomfort [27].

It is our opinion as a researcher that many nurses feel anxious because they fear exposure to COVID-19 due to respondents' perception that the experience of COVID-19 patients is their first experience and the use of PPE puts them at ease.

Conclusions and Suggestion

1. Conclusions

a. There were 28 respondents aged 22-40 years (66.7%) and there were 14 people (33.3%) aged 41-58
b. Nurses with a working period of >5 years were 31 people (73.8%) and ≤ 5 years were 11 people (26.2%).

c. Respondents who had a D3 education were 33 people (78.6%), 3 people had a Bachelor's degree (7.1%) and 6 people were nurses (14.3%).
d. Respondents who felt anxious were 12 people (28.6%) and 30 people who were not anxious (71.4%)..

2. Suggestion

a. For Nursing education, it is better to increase the knowledge of student associations regarding the anxiety level of nurses in the isolation room of the Wundulako Health Center
b. For researchers, it is better to increase knowledge about the level of anxiety of nurses about the risk of exposure to Covid-19
c. For future researchers, it is better to carry out further research related to nurse anxiety using different variables

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