



Nurse Anxiety Levels and Caring Behavior during the COVID-19

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Kata Kunci

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Abstrak

Pandemi COVID-19 adalah wabah Global penyakit coronavirus yang di sebabkan oleh SARS Cov-2. Petugas kesehatan yang paling rentan tertular penyakit tersebut. Kecemasan adalah reaksi terhadap situasi yang mengancam dan tak terduga seperti dalam wabah pandemi COVID-19. Kecemasan yang terjadi dapat menimbulkan dampak secara langsung maupun tidak langsung terhadap aspek fisik, psikologis maupun perilaku. Perilaku caring merupakan sentral praktek keperawatan yang harus tetap dilaksanakan oleh perawat meskipun di era Pandemi COVID-19. Penelitian ini adalah analisis korelasi dengan desain penelitian Cross Sectional. Data di ambil dari kuesioner yang disebarakan pada tanggal 21 April 2021 dengan jumlah sampel 42 dari 72 populasi. Teknik pengambilan sampel purposif Sampling. Pengumpulan Data meliputi coding, editing dan tabulating kemudian data di Analisis dengan menggunakan SPSS Uji statistik Chi Square. Sebagian besar Perawat di Rumah Sakit Islam Lumajang mengalami Tingkat Kecemasan Ringan yaitu sebanyak 38 orang (90,5%) dan sebagian besar melakukan Perilaku caring Baik sebanyak 41 responden (97,6%). Hasil analisis menggunakan Uji statistik Chi Square yang sudah dilakukan di dapatkan p Value = 0,000 p value lebih kecil dari nilai alpha (0,05) sehingga H1 diterima. Ada hubungan antara tingkat Kecemasan perawat dengan perilaku caring perawat di Instalasi Rawat Inap Rumah Sakit Islam Lumajang. Self efficacy yang tinggi dan masa kerja yang lama merupakan hal yang harus di miliki oleh seorang perawat agar perawat tetap bisa melakukan perilaku caring baik di era pandemi COVID-19.

Keywords

*anxiety levels of
nurses;
nurses' caring
behavior*

Abstract

The COVID-19 pandemic is a global outbreak of the coronavirus disease caused by SARS-Cov-2. Health workers are the most vulnerable to contracting the disease. Anxiety is a reaction to a threatening and unexpected situation such as the COVID-19 pandemic. Anxiety can have a direct or indirect impact on physical, psychological and behavioral aspects. Caring behavior is central to nursing practice that must be carried out by nurses even in the era of the COVID-19 Pandemic. This research used a cross-sectional research design. The data was collected from a questionnaire distributed on April 21, 2021 with a total sample of 42 from 72 populations. The purposive sampling technique was used in this research. Data processing included coding, editing, and tabulating. The data were subsequently analyzed using Chi-Square statistical test through SPSS. Most of the nurses at Lumajang Islamic Hospital experienced Mild Anxiety levels, with a total of 38 people (90.5%), and most of them performed Good Caring Behavior with a total of 41 respondents (85%). From the Chi-Square statistical test that has been conducted, p Value = 0.000 which is smaller than the alpha value (0.05) so that H1 is accepted. There is a relationship between the level of anxiety of nurses and caring behavior of nurses in the Inpatient Installation of Lumajang Islamic Hospital. High self-efficacy and a long working period are among the factors that promote good caring behavior in the COVID-19 pandemic era.

Introduction

Hospitals are institutions that should provide quality services to the community in handling various perceived health complaints. World Health Organization estimates that the burden of the disease will increase by 15% by 2020. At the end of 2019, precisely in December 2019, a novel corona virus was found that infects the respiratory tract in humans. The virus was first discovered in Wuhan, Hubei province, China, and caused many deaths and spread to various countries worldwide. And in the end, the World Health Organization declared this corona virus a pandemic (1,2).

The incidence of COVID-19 cases continues to increase every day, resulting in those who are directly exposed to the virus, have weak immune systems and have comorbid illnesses, which are the most dominant factors in becoming infected with the COVID-19 virus. Based on this, especially the role of the nurse as a professional who is closest to the patient and first knows the condition and what the patient feels. Not only that, nurses have the longest contact and most often interact directly with patients, of course, they have a great opportunity to be directly exposed to the COVID-19 virus. Nurses have a big enough contribution in serving clients wholeheartedly and need the ability to pay attention to the safety of others. Intellectual and interpersonal skills that are reflected in caring behavior which must still be carried out even during the COVID-19 pandemic (3). Therefore, health workers who are at the forefront are likely to be more stressed due to an increasing workload, worrying about the health of themselves and their families (4).

Data from China's National Health Commission showed more than 3300 health workers had been infected in early March, and by the end of February, 22 had died. In Italy, 20% of healthcare workers were infected, and some died; in April, around 44 medical personnel died in Indonesia. Reports from medical staff describe physical and mental exhaustion, feelings of torment, difficult triage decisions, and the pain of losing patients and colleagues, in addition to the risk of infection (1). This COVID-19 pandemic has disrupted everyone's mental health and has been proven by various studies and research to lead increased levels of anxiety. Some mental health issues were experienced by nurses, of whom 39.1% experienced such psychological disorders as stress, anxiety, and depression. In a preliminary study at the Lumajang Islamic Hospital, of 10 nurses, there were five nurses experienced anxiety when they were going to provide care to patients. Data for the last month from the Public Relations section of the number of customer dissatisfaction at the Lumajang Islamic Hospital, one of which was caused by the lack of friendliness of nurse services (5,6).

The psychological response experienced by health workers to infectious disease pandemics is increasing because it is caused by feelings of anxiety about one's health and the spread of the family. Anxiety is a worry not felt by someone with uncertainty and helplessness. Panic and fear are part of the emotional aspect, while the mental or cognitive aspects are the emergence of disturbances in attention, worry, irregularity in thinking, and feeling confusion (7), (8). Based on the results of a study by Lai et al (2020), which involved 1,257 respondents, namely medical personnel in China, revealed high mental health symptoms, namely depression, anxiety, insomnia, and stress. In this case, the anxiety for nurses to face challenges in the world of health, namely the COVID-19 pandemic has become a global issue, not only in Indonesia but in various foreign countries.

Nurses need good coping to deal with anxiety. Several coping mechanisms can serve as the ego's defense to face challenges that come from biological and psychological. Nurses' mental health as the frontline during a pandemic is very important to pay attention to and minimize situational factors and provide interventions according to psychological needs that can reduce the level or symptoms of nurses' mental health so that the quality of service to patients can be achieved. still carried out without fear and the quality of nursing services is maintained (9). Nurses really need to provide caring nursing care for patient satisfaction, because health services are considered good when providing services pays more attention to patient needs. Based on the above phenomenon, the researchers needed to examine "The Relationship between Nurse Anxiety Levels and Caring Behavior during the COVID-19 Pandemic Period at Lumajang Islamic Hospital."

Methods

This study used a cross-sectional research design that sought the relationship between nurses' anxiety levels and caring behavior in patients. The study was carried out at the Lumajang Islamic Hospital. The time of the study was carried out in April-June 2021. With a population of 72 nurses who worked in the inpatient room with a purposive sampling technique, a sample of 42 people was obtained. Data were collected using a questionnaire. The independent variable in this study was the nurse's anxiety level.

The operational definition for the Anxiety Level was an unpleasant feeling felt by the respondent based on the answers in the HARS questionnaire due to the COVID-19 Pandemic situation. In contrast, the operational definition of the Caring behavior variable was the perception of patients on the activities and behavior of nurses in providing nursing care using the Caring

Behavioral Questionnaire, Caring Assessment Tools (CAT), which was modified by Ardiana 2010 based on Watson's ten curative factors. Data analysis used the Chi-square test and was declared to have passed the ethical test with the number: KEPK/044/STIKes-HPZH/IV/2021.

Results

Table 1. Charateristic Respondents

Variabel	Frequency	Percentage
Gender		
Male	9	21
Female	33	79
Age		
≤ 30	29	69
>30	13	31
Education		
D1 Nursing	3	7,1
D3 Nursing	28	66,7
S1	11	26,2
Years of service		
6 months - 1 Year	6	14,3
>1-3 Years	9	21,4
>3 Years	27	64,3
Total	42	100

Table 1 shows that of the 42 respondents studied, most of the respondents were female, namely 33 people (79%), studied most of the respondents were aged 30 years, namely 29 people (69%), most of the respondents were D3 Nursing education respondents, namely 28 people (66,7%), and most of the respondents have more than three years of service, namely 27 people (64.3%).

Table 2. Anxiety Level

Variable	Caring		ρ value
	Less	Good	
Anxiety Level			
Mild	0	38	0,0001
Moderate	0	2	
Severe	0	1	
Very Severe	1	0	
Jumlah	1	41	

Table 2 shows that 38 respondents experienced mild anxiety, two with moderate anxiety, one with severe anxiety, and one person with severe anxiety. In 42 respondents who experienced Mild anxiety performed good Caring behavior in 38 patients, who experienced anxiety Moderately performed good Caring behavior in 2 patients, who experienced Severe anxiety performed good Caring behavior in 1 patient, who experienced anxiety Very severe Caring behavior less in 1 patient. The results of the chi-square correlation test obtained the p-value of the correlation test of the Anxiety Level variable with the Caring Behavior variable, p value = 0.000 < 0.05, which means that there is a relationship between the level of anxiety and Caring Behavior.

Based on Repici et al (2020) the COVID-19 virus can be transmitted from someone who is infected with the virus to other people through direct touch, liquids, and contaminated objects. As health workers, nurses are at the forefront of treating COVID-19 patients who have long-term contact with patients so of course nurses have a very big opportunity to be directly exposed to the COVID-19 virus. This can even become a chain of transmission of the COVID-19 virus to others. . others, especially loved ones. That is why the above is a trigger for anxiety for married nurse colleagues that at any time the COVID-19 virus can be transmitted to their wife or husband and children or their closest relatives. This is also supported by the statement of the DKJPS Group, (2020) that one of the reasons health workers experience anxiety when treating COVID-19 patients is worry and fear of contracting it to their family and closest friends. This concern also triggers weak caring behavior towards patients and families, resulting in less maximizing behavior at work.

Discussion

Work stress is one of the problems that almost all nurses experience, especially in inpatient rooms. Stress caused by work will affect the nurse's work by realizing that every job, in reality, has different levels of difficulty and challenges. Then every nurse at the Inpatient Installation of the Lumajang Islamic Hospital

will respond and view all negative things without causing a heavy burden and pressure so that they avoid stress (10). In addition, applying hospital management in a practical nurse's work environment will maintain a sense of self-control in the work environment so that some negative things are considered challenging. In addition, nurses' coping mechanisms that can adapt to all negative pressures will be able to prevent nurses from work stress which has an impact on the quality of nurses' caring behavior. Caring behavior has a positive relationship with patient satisfaction (11–13). Caring behavior given by nurses to patients also depends on the environment in which the nurse works because a comfortable work environment is a powerful thing and a greater power for a nurse to behave caring. So that if someone feels depressed and uncomfortable with the environment in which the person works, it will cause work stress which has an impact on decreasing the quality and quality of professional nursing services. Emotions, attitudes, and behaviors that affect stress can cause health problems directly, personally, interactively, healthy behavior, or unhealthy behavior (14).

The condition of nurses at the Lumajang Islamic Hospital where the number of nurses' anxiety mainly experienced mild and moderate anxiety. This is due to several factors, namely nurses at the Lumajang Islamic Hospital who have received training on Infection Prevention and Control, there is support from management in the form of the availability of PPE and clear standard operating procedures (SOPs) in the care of COVID 19 patients. have high self-efficacy. Meanwhile, high self-efficacy can be indicated by managing difficult situations, such as dealing with COVID 19 patients with a high risk of transmission.

Caring is the basis for the unity of universal human values (kindness, care, love for self and others, empathy, and caring). A nurse still has caring behavior in providing nursing care, as well as during a pandemic, and nurses can still adapt to apply caring behavior to patients sincerely even though, as individuals, they have a sense of concern. Caring is described as the moral ideal of nursing, including the desire and sincerity to care professionally (5,15,16).

The severe anxiety level causes individuals to focus on something detailed and specific and not think about anything else. All behavior is aimed at reducing tension. The individual needs many directions to focus on other areas. So, severe anxiety can cause nurses to lack concentration and impact patients' caring behavior (16–18). Nurses carry out caring behavior at Lumajang Islamic Hospital because of their high self-efficacy and long working period, where it is necessary to continue to do interventions to increase high self-efficacy in nurses.

Conclusion

Nurses carry out caring behavior at Lumajang Islamic Hospital because of their high self-efficacy and long working period, where it is necessary to continue to do interventions to increase high self-efficacy in nurses.

References

1. Ciotti M, Ciccozzi M, Terrinoni A, Jiang WC, Wang CB, Bernardini S. The COVID-19 pandemic. Critical reviews in clinical laboratory sciences. 2020;57(6):365–88.
2. Pfefferbaum B, North CS. Mental health and the Covid-19 pandemic. New England Journal of Medicine. 2020;383(6):510–2.
3. Chlan LL. Commentary: Critical care nurse burnout, moral distress, and mental health during the COVID-19 pandemic: A United States Survey. Heart and Lung. 2022;55:162.
4. Simonetti V, Durante A, Ambrosca R, Arcadi P, Graziano G, Pucciarelli G, dkk. Anxiety, sleep disorders and self-efficacy among nurses during COVID-19 pandemic: A large cross-sectional study. Journal of Clinical Nursing. 2021;30(9–10):1360–71.
5. Kameg BN, Fradkin D, Lee H, Mitchell A. Mental wellness among psychiatric-mental health nurses during the COVID-19 pandemic. Archives of Psychiatric Nursing. 2021;35(4):401–6.
6. Al Maqbali M, Al Sinani M, Al-Lenjawi B. Prevalence of stress, depression, anxiety and sleep disturbance among nurses during the COVID-19 pandemic: A systematic review and meta-analysis. Journal of Psychosomatic Research. 2021;141:110343.
7. Savitsky B, Findling Y, Erel A, Hendel T. Anxiety and coping strategies among nursing students during the covid-19 pandemic. Nurse Education in Practice. 2020;46:102809.
8. Frawley T, Van Gelderen F, Somanadhan S, Coveney K, Phelan A, Lynam-Loane P, dkk. The impact of COVID-19 on health systems, mental health and the potential for nursing. Irish Journal of Psychological Medicine. 2021;38(3):220–6.
9. Dal'Bosco EB, Floriano LSM, Skupien SV, Arcaro G, Martins AR, Anselmo ACC. Mental health of nursing in coping with COVID-19 at a regional university hospital. Revista brasileira de enfermagem. 2020;73 2:e20200434.

10. Labrague LJ, De los Santos JAA. COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*. 2020;28(7):1653–61.
11. Rezaei-Hachesu V, Fe'li SN, Maajani K, Hokmabadi R, Golbabaee F. The Global Prevalence of Anxiety, Depression, and Insomnia among Healthcare Workers during the Covid-19 Pandemic: A Systematic Review and Meta-Analysis. *Journal of Occupational Health and Epidemiology*. 2022;11(1):48–66.
12. Sampaio F, Sequeira C, Teixeira L. Impact of COVID-19 outbreak on nurses' mental health: A prospective cohort study. *Environmental Research*. 2021;194:110620.
13. Pournalizadeh M, Bostani Z, Maroufizadeh S, Ghanbari A, Khoshbakht M, Alavi SA, dkk. Anxiety and depression and the related factors in nurses of Guilan University of Medical Sciences hospitals during COVID-19: A web-based cross-sectional study. *International Journal of Africa Nursing Sciences*. 2020;13:100233.
14. Cici R, Yilmazel G. Determination of anxiety levels and perspectives on the nursing profession among candidate nurses with relation to the COVID-19 pandemic. *Perspectives in Psychiatric Care*. 2021;57(1):358–62.
15. Zheng R, Zhou Y, Fu Y, Xiang Q, Cheng F, Chen H, dkk. Prevalence and associated factors of depression and anxiety among nurses during the outbreak of COVID-19 in China: A cross-sectional study. *International Journal of Nursing Studies*. 2021;114:103809.
16. Hu D, Kong Y, Li W, Han Q, Zhang X, Zhu LX, dkk. Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EclinicalMedicine*. 2020;24:100424.
17. Wang QQ, Fang YY, Huang HL, Lv WJ, Wang XX, Yang TT, dkk. Anxiety, depression and cognitive emotion regulation strategies in Chinese nurses during the COVID-19 outbreak. *Journal of Nursing Management*. 2021;29(5):1263–74.
18. Pardede JA, Keliat BA, Damanik RK, Gulo ARB. Optimization of Coping Nurses to Overcoming Anxiety in the Pandemic of Covid-19 in Era New Normal. *Jurnal Peduli Masyarakat*. 2019;2(3):105–12.