An Overview Of Nurse's Anxiety Levels During Pandemic At Hospital

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Abstract: Coronavirus Disease 2019 (COVID-19) is contagious because a virus causes it from the coronavirus group; SARS-CoV-2 is a new type of covid-19 virus that humans have never identified. With the emergence of the COVID-19 outbreak, changes in the working environment conditions of nurses at COVID-19 Referral Hospitals who treat directly or not will be more susceptible to the disease triggering anxiety in nurses. A descriptive analytics survey of the level of Nurse's Anxiety during the pandemic at Labuang Baji Hospital. The sample of the study consisted of 70 nurses. The data were collected using a questionnaire and the Hamilton Anxiety Rating Scale. The data were analyzed using descriptive statistics. The results of this study stated that in Labuang Baji Hospital, nurses experienced mild anxiety levels of about 71.4%, moderate anxiety of approximately 20.0%, and severe stress of about 8.6%. While the most experienced symptoms by respondents are lack of concentration 59.1%, and the least felt symptoms are easy crying 3.2%. It was found that female nurses were more likely to experience severe anxiety compared to male nurses and the age of nurses found that nurses with a younger generation experienced anxiety than nurses whose age and length of work had been long. The majority level of anxiety among nurses at the Labuan Baji Hospital during the pandemic was mild. Conducting further supportive administrative studies to reduce anxiety levels is recommended.

Keywords: coronavirus, anxiety, nurse

1. Introduction

COVID-19 (*Coronavirus Disease 2019*) is a contagious disease because a virus causes it from the coronavirus group SARS-CoV-2 (*severe Acute Respiratory Syndrome Coronavirus 2*). There are symptoms and signs of COVID-19, including acute respiratory distress, fever, cough, and shortness of breath. The most extended incubation period experienced by patients is 14 days, with an average of 5-6 days. People with severe covid-19 problems can suffer from the acute respiratory syndrome, kidney failure, pneumonia, and even death [1].

The spread of the coronavirus continues to increase in each country even though most countries have started vaccination programs; data from world Meter, until August 10, 2021, confirmed cases of COVID-19 in the world in total as many as 204,048,191 cases. Of these, 4,315,454 people died [2]. Meanwhile, in Indonesia, the number of positive confirmed cases of covid-19 on August 18, 2021, became 3,908,247 cases with 3,443,903 recovered and 121,141 dying [1].

The province of south Sulawesi recorded 986.32 covid-19 cases with 86,107 recovered and 1781 died [1]. The Health Office recorded 45811 confirmed Covid-19 cases with 3003 active confirmed cases, 41902 recovered, and as many as 905 died [1]. Among these cases, there have been many health workers, especially nurses authorized with COVID-19; as

many as 540 nurses in south Sulawesi have died, as many as 240 are in Makassar City. Some have died due to being infected with COVID-19 [3]. Hospitals are at the frontline in breaking the chain of transmission of COVID-19 because every city and regency has COVID-19 referral hospitals, one of which is Labuang Baji Hospital, located in Makassar City. Labuang Baji Hospital has a particular room for patients exposed to the COVID-19 virus. The number of nurses at Labuang Baji Hospital is 231 nurses. Changes in working environment conditions, namely the emergence of the COVID-19 outbreak, make medical personnel, especially nurses who work in COVID-19 care hospitals who treat directly or indirectly, more susceptible to the disease, triggering anxiety in nurses compared to nurses who work in hospitals who do not accept COVID-19 patients.

If the nurse works in a state of anxiety, it will impact the process that is not optimal in the service. Anxiety and fear can persist and even increase; emotions become uncontrollable. Excessive anxiety can affect the mind and body and can trigger the onset of diseases in parts of the body [4].

Research conducted in China on the Prevalence and factors influencing anxiety in medical workers fighting COVID-19 showed that the anxiety level was 12.5%. Out of 53 health workers who experienced mild anxiety levels (10.35%), seven health workers suffered moderate anxiety levels (1.36%), and four health workers experienced severe anxiety levels (0.78%) [5]. The study proved that medical personnel working in the care of COVID-19 patients experienced an increase in anxiety during the pandemic

Furthermore, based on the results of research on the picture, the level of anxiety of nurses who have the elderly during the COVID-19 pandemic at RSUP, Dr.M.Djamil, Padang in 2020 showed that all Emergency Room nurses felt fear. Almost all of them suffered from mild anxiety levels (85.2%), and only a tiny part experienced moderate anxiety, namely as much as (14.8%). So based on these data, it can be seen that the level of stress on COVID-19 nurses has significantly increased during this pandemic [6].

Based on the results of interviews with several nurses at Labuang Baji Hospital, four nurses said that they experienced excessive anxiety such as anxiety, cold relief to sometimes experiencing tremors because they thought they were able get infected with COVID-19. This is quite significant because nurses are on the frontline beside patients for 24 hours, so they are more prone to experiencing anxiety; therefore, researchers are interested in researching the picture of nurse anxiety at Labuang Baji Hospital during the Pandemic.

2. Methods

This type of research is quantitative with a research design, namely a descriptive survey. This study was conducted at Labuang Baji Hospital, the population in this study was 231 nurses who worked in the inpatient room. The sampling technique used purposive sampling; the sample of this study was 70 nurses taken according to the inclusion and exclusion criteria. The data were collected using a questionnaire and the Hamilton Anxiety Rating Scale. The data were analyzed using descriptive statistics.

3. Result

We surveyed 70 Nurses participants. Data were collected between 09 July - 25 July 2021 at Labuang Baji Hospital. The respondent in this study was a nurse who worked in the inpatient room.

Table 1. Frequency distribution of anxiety symptoms based on HARS questionnaire in nurses at Labuang Baji hospital

	Variables	Response	n	%
1.	Nurses' feelings while working at a COVID-19 referral hospital	Anxious	39	37.1
		Bad premonition	32	30.5
		Fear of one's thoughts	25	23.8
		Choleric	9	8.6
2.	Tensions were felt while working in hospitals during the pandemic.	Feeling anxious	44	46.8
		Can't rest quietly	34	36.2
		Easily surprised	13	13.8
		Easy to cry	3	3.2
3.	The timing of the appearance of fear	When it's dark	31	33.0
		When there are strangers	42	44.7
		When left alone	21	22.3
4.	Perceived sleep disturbances	Difficult to start sleeping	30	33.3
		Night flying	28	31.1
		Sleep not well	29	32.2
		Nightmare	3	3.3
5.	Perceived impaired intelligence	Difficult to consensual	52	59.1
		Decreased memory	20	22.7
		Often confused	16	18.2
6.	Feelings of depression that are experienced while working during a pandemic	Loss of interest	40	40.8
		Sad	21	21.4
		Wake up early in the morning	10	10.2
		Reduced fondness for hobbies	5	5.1
		Feeling capricious throughout the day	22	22.4
7.	Physical (muscle) symptoms felt	Muscle aches and pains	20	20.8
		Stiff	39	40.6
		Unstable sound	10	10.4
		Muscle cramps	27	28.1
8.	Physical (sensory) symptoms that are felt	Blurred vision	15	17.2
		Red face	33	37.9
		Feeling weak	35	39.1
		The feeling of being stabbed	5	5.7
9.	Perceived cardiovascular symptoms	Rapid heart rate	37	35.9
		Throbbing	43	41.7
		Chest pain	4	3.9
		The feeling of lethargy/weakness	19	18.4
10.	Perceived respiratory symptoms	Feeling of oppression or narrowness in the chest	34	38.6
		Frequent deep breaths	51	58.0
		A sense of suffocation	3	3.4
11.	Grotesque gastrointestinal symptoms	Difficult to swallow	42	46.7
		Pain before and after eating	21	23.3
		Nausea and vomiting	8	8.9
		Feeling fullness or bloating	19	21.1
12.	Urogenital symptoms felt while working during a pandemic	Frequent Micturation	20	22.7
		Unable to hold urine	31	35.2
		Excessive menstrual blood	15	17.0
		Little menstrual blood	11	12.5
		Short menstrual period	11	12.5

No				
13.	Symptoms of autonomy felt while working during a pandemic	Dry mouth	41	40.2
		Red face	20	19.6
		Easily surprised	32	31.4
		Dizzy head	9	8.8
14.	Nurse behavior when communicating with others during work in a COVID-19 hospital	Restless	36	39.1
		Unsettled	37	40.2
		Trembling fingers	4	4.3
		Tense face	15	16.3

Source: Primary Data, 2021

Table 1 above related the distribution of the frequency of anxiety symptoms based on answers to the HARS questionnaire statement items carried out on nurses working in Labuang Baji hospital during the pandemic.

Table 2. Frequency Distribution of Nurse anxiety Levels in Labuang Baji Hospital

No	Anxiety levels	Frequency	Percentage
1.	Mild	50	71.4
	Moderate	14	20.0
	Severe	6	8.6

From table 2, it was found that the level of anxiety of nurses at Labuang Baji Hospital experienced more mild anxiety with a percentage of 71.4% with a total of 50 respondents, and those who experienced moderate anxiety with a rate of 20.0% with a total of 14 respondents, while the percentage for respondents who experienced severe anxiety with a share of 8.6% with a total of 6 people.

4. Discussion

The study results found that several symptoms are most experienced by nurses at Labuang Baji hospital, and the symptoms whose highest value is first in the statement "Perceived intelligence disorder," which is a symptom of difficulty concentrating. This study's results align with research that shows that health workers at the forefront of treating COVID-19 patients experience concerns such as changes in concentration, namely the difficulty of making choices for the treatment process [7].

Meanwhile, the minor symptom experienced by nurses at labuang baji hospital is in the statement "Tension felt while working in the hospital during the pandemic," which is the symptom of easy crying. The results of this study are in line with research that shows that nurses experience the threat of infection and fatigue felt while working as well as factors that result in high psychological pressure among nurses that make them experience a decrease in appetite, anxiety, and ease crying, and difficulty sleeping [8].

Anxiety is an emotional state with the onset of discomfort in a person and is a vague experience accompanied by a feeling of helplessness and uncertainty caused by something that is not yet clear [9].

Based on the results of this study, it was found that most of the nurses who worked at Labuang Baji hospital experienced Mild Anxiety where the spread of Covid-19 in Indonesia occurred at the end of February 2020, while this study was conducted in 2021, where exactly one year after the spread of the Covid-19 outbreak, with a long distance and time making them accustomed to the existing situation where nurses have been able to adapt to the new

environment, and has been exposed to a lot of information about the explanation of Covid-19 either through the mass media or from the mouth of the mouth. The results of this study are supported by a statement from nurses at Labuang Baji Hospital who say that everyone must be very anxious about the Covid-19 pandemic that is happening now, especially nurses who initially feel eager because they work in hospitals where it is known that hospitals are very exposed to COVID-19.

The results of this study are by research on the picture of nurse anxiety in the prevention and handling of Covid-19; said nurses mostly experience mild anxiety because they have begun to adapt to the covid-19 outbreak and with the administration of vaccines in early 2021 for health workers also minimize the occurrence of disease transmission to reduce the risk of anxiety in nurses, control anxiety or stressors towards themselves and must able to work together and communicate well with a team of health workers [10].

Meanwhile, the output of this study can be seen in the anxiety symptoms experienced by nurses while working in labuang baji hospitals during the pandemic, where the most felt symptoms are difficult to concentrate on nurses can result in errors in the provision of nursing care, unable to think critically to be able to make a decision that indicates that nurses who experience anxiety will not be able to carry out their responsibilities properly.

The study results found that the female sex is more likely to experience anxiety than men because, in general, men have a strong mentality toward things that are considered threatening to themselves compared to women. This is in line with research that says women are often anxious about their incompetence compared to men. Males are more active and exploratory, while females are more sensitive. Other studies have shown that men are more relaxed than women, so it can be concluded that men are more able to solve problems calmly, so the anxiety they experience will also be lower by [11].

Based on the results of the study, it was found that a small number experience severe anxiety consisting in the age range of 26-35 years, where this age is the average age of people who are married and have children. The influence of work and the risk of transmission on oneself and ordinary family is one of the causes of a person becoming severely anxious, especially in families with early childhood and older adults who are resistant to disease transmission.

Anxiety disorders can occur at any age, but more often in adulthood according to Kaplan and Sadock's theory states that the older a person is, the more constructive coping will be [12]. As a person gets older, his technical and psychological maturity increases, which shows the maturity of the soul in the sense of being wiser, rational thinking, and emotional control. So that the conclusion can be drawn that the older a person is, the better the use of coping will be.

From the study results, it was found that respondents who experienced severe anxiety initially often received pressure from the public about their work in Covid-19 referral hospitals, so respondents tended not to leave the house and were lazy to meet other people. This is in line with research on the relationship of anxiety levels with social adaptation in infertile pus with the approach of adaptation model theory. Sister Calista Roy stated that almost all respondents experienced an inefficient process of social transformation in the reception because respondents felt lazy to leave the house when getting nasty comments from others, rarely participated in social activities, shyness when meeting with friends. This happened initially. Respondents often got pressure from society and family about fertility issues, so respondents tend not to leave the house and rarely communicate with others [13].

At the education level, it was found that the anxiety most experienced by nurses at Labuang Baji Hospital was at the Diploma and Bachelor's education levels, where the level of education made a person gain knowledge, understanding, and how to behave as needed. A high level of education will form a pattern that is more adaptive to anxiety, while those with a low level of education tend to experience anxiety because they are less adaptive to new things [11].

The thing that supports it is the theory of Gass and Curiel which states that where a higher level of education has a better adaptive response because the response given is more rational and affects the awareness and understanding of the stimulus. So researchers can assume that low levels of education will tend to experience more anxiety due to the lack of adaptive patterns resulting in reduced coping ways of [11].

From the study results, it was found that respondents who experienced severe anxiety initially often received pressure from the public about their work in Covid-19 referral hospitals, so respondents tended not to leave the house and were lazy to meet other people. The level of anxiety experienced by nurses at Labuang Baji Hospital is in the mild category. Only a small part is in the heavy indicating that time can neutralize the level of anxiety experienced by nurses, where nurses are humans who must be able to adapt to the environment that affects their pressure. It is hoped that nurses will always be in good health because they are in nursing services.

The study results found that nurses with a history of working in a COVID-19 isolation room had a higher level of anxiety than nurses who worked in the inpatient room. This can happen because respondents with a history of working in a COVID-19 isolation room will experience a more severe psychiatric condition than nurses in the inpatient room. After all, the surrounding environment is dangerous for them. They are worried about their family for fear of transmitting what else if they have family members who fall into the range category, such as babies and the elderly.

The results of this study are supported by a statement from nurses who have worked in COVID-19 isolation rooms who say that everyone must be very anxious about the COVID-19 pandemic that is happening now, especially nurses who work directly to treat COVID-19 patients, and the fear of being too much by the virus will always be in mind.

This is in line with research on The prevalence and influencing factors in anxiety in medical workers fighting Covid-19 in China: a cross-sectional survey that states that providing direct treatment to infected patients is an independent factor in improving anxiety scores, compared to not providing immediate treatment to Covid-19 patients [5].

And in line with the research conducted by Fadli et al [15] on Factors affecting anxiety in health workers in efforts to prevent covid-19, a survey on the mental health of 1,257 health workers treating Covid-19 patients in 34 hospitals in China. As a result, most of them reported symptoms of depression, anxiety, and psychological distress [15].

5. Conclusion

This study found the prevalence of anxiety is The level of anxiety of nurses in labuang baji hospitals during the pandemic is in the category of mild (71.4%), moderate anxiety (20.0%), and severe anxiety as much as (8.6%); however, nurses who had direct contact through treatment of infected patients may experience an increase in their anxiety scores, compared to another worker having no direct contact with infected patients. Therefore, governments and healthcare authorities should proactively implement appropriate measures, such as providing psychological counseling services, to prevent, alleviate, or treat

increased anxiety among medical staff, especially in the worst affected areas, during the COVID-19 pandemic.

Ethical approval

The study team strictly followed ethical standards in research; ethics approval documents are available by the Health Research Ethics Commission of the Faculty of Medicine and Health Sciences UIN Alauddin Makassar with letter number C.047/KEPK/FKIK/VI/2021. We ask for approval before becoming participants; all individual information was kept confidential and not reported in the paper..

Conflicting Interest

All authors declare no conflict of interest.

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