



## Experience and Quality of Life of Health Workers Infected with COVID-19 in Gunung Sitoli

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### ABSTRACT

The task of handling and caring for people infected with COVID-19 places the position of health workers in a high-risk group. Health workers not only face physical problems when infected, the mental burden due to fears of infecting family members while doing self-isolation, and the negative stigma that develops in the community. This research is a qualitative descriptive study using a phenomenological study design. The phenomenon studied is about the experience and quality of life of health workers infected with COVID-19 in Gunungsitoli City. The study was conducted from April to May 2021. In collecting data, researchers interviewed 10 health workers consisting of 2 doctors and 8 nurses. The processed data are displayed in narrative text. The results showed that infected health workers experienced stress and physical disorders such as fever, difficulty breathing, tired easily to digestive disorders that hindered physical activity and social interaction with family members. In this study, the role of psychological support from family and co-workers is quite important in improving the health status of patients who are self-isolating. Given the negative stigma toward patients and health workers infected with COVID-19, efforts to overcome the negative stigma require collaboration from the government, mass media, and religious leaders as well as community leaders.

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### ABSTRAK

Tugas penanganan dan perawatan orang yang terinfeksi COVID-19 menempatkan posisi petugas kesehatan dalam kelompok beresiko tinggi. Petugas kesehatan tidak hanya menghadapi gangguan fisik ketika terinfeksi, beban mental akibat kekhawatiran menulari anggota keluarga saat melakukan isolasi mandiri dan stigma negatif yang berkembang di masyarakat. Penelitian ini merupakan penelitian deskriptif kualitatif dengan menggunakan desain studi fenomenologi. Adapun fenomena yang diteliti adalah mengenai pengalaman dan kualitas hidup tenaga kesehatan yang terinfeksi COVID-19 di Kota Gunungsitoli. Penelitian dilaksanakan pada bulan April hingga Mei 2021. Dalam pengumpulan data, peneliti mewawancarai sebanyak 10 orang tenaga kesehatan yang terdiri dari 2 dokter dan 8 perawat. Data yang telah diolah ditampilkan dalam teks naratif. Hasil penelitian menunjukkan tenaga kesehatan yang terinfeksi mengalami stress dan gangguan fisik seperti demam, susah nafas, mudah lelah hingga gangguan pencernaan menghambat aktivitas fisik dan interaksi sosial dengan anggota keluarga. Dalam studi ini, peran dukungan psikis dari keluarga dan rekan kerja cukup penting dalam perbaikan status kesehatan pasien yang isolasi mandiri. Mengingat stigma negatif terhadap pasien dan tenaga kesehatan yang terinfeksi COVID-19, upaya untuk mengatasi hal tersebut memerlukan kolaborasi pemerintah, media massa dan tokoh agama serta tokoh masyarakat.

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## INTRODUCTION

COVID-19 pandemic that has been going on since the beginning of 2020 places health workers as a vulnerable group for infection due to treating COVID-19 patients (Koh, 2020; Lin et al., 2020). In China, at the beginning of the emergence of COVID-19 cases, there were 3,487 cases of infection in health workers (Feng et al., 2021). A systematic literature review summarized various reports of COVID-19 infections in various regions of the world and the results showed that 152,888 health workers were infected and caused 1,413 deaths. More cases of infection in nurses and more deaths in doctors (Bandyopadhyay et al., 2020). Recent data collected from 37 countries shows that nearly 300,000 health workers have been infected with COVID-19 with more than 2,500 deaths (Erdem & Lucey, 2021). A study in Iran reported a fairly high rate of COVID-19 infection in nurses (51.3%) and doctors (3.2%) (Sabetian et al., 2021). Cases of COVID-19 infection among health workers are also quite high in the Jakarta area (7.9%), the capital city of Indonesia. The most infections were in doctors (48.4%) and nurses (44.2%), the highest cause was contact with suspects and co-workers (Soebandrio et al., 2021).

The treatment of individuals affected by COVID-19 infection depends on the stage and severity of the disease (Wu & McGoogan, 2020). Patients with high severity must be hospitalized, moreover patients have comorbidities that can worsen the patient's condition. Patients with moderate severity are closely monitored and sometimes hospitalized. Patients with mild severity usually recover at home with self-isolation and supportive care (Gandhi et al., 2020). Various countries have implemented contact tracing and isolation of symptomatic cases as a precautionary measure to prevent an outbreak from spreading. This measure, when combined with social distancing and activity restrictions, will help control the transmission of COVID-19 (Kucharski et al., 2020). The isolation of infected patients would also allow for faster economic recovery, as now seen in China (Wilder-Smith et al., 2020).

Mass screening and individual isolation can be effective methods to stop transmission, including health workers infected with COVID-19 to prevent further transmission to patients and co-workers (Day, 2020; Rivett et al., 2020). Studies show that health workers experience stress or emotional lapses during isolation due to concerns about their own health and that of family members living in the same household (Jin et al., 2020). Additionally, health workers face serious threats in the form of stigmatization, in some cases experiencing ostracism and even expulsion from their homes (Bagcchi, 2020).

## METHOD

### *Research Design*

This research is a qualitative descriptive study with a phenomenological study approach. The phenomenon studied was regarding the quality of life of health workers who recovered from COVID-19 in Gunungsitoli City. The research was carried out in April-May 2021.

### *Participant Selection and Data Collection*

The population involved in the study included health workers who had recovered from COVID-19, as many as 10

people. Determination of the sample using a total sampling technique, so that the entire population becomes the informant in this study. The aspects of the quality of life of health workers who have recovered from COVID-19 include physical health (free from physical disease so that they can conduct daily activities), independent isolation (distance from other people to keep their distance from being exposed to the corona virus), interaction/communication (there is direct contact between two or more people with a reciprocal relationship), opinions of the surrounding environment (responses from other people when they discover someone has been exposed to COVID-19), recovered (free from COVID-19 so that they can resume activities such as usually), and a negative COVID-19 result (the feeling that makes someone happy when someone knows that the test result is negative for the corona virus). The study collected data from informants using in-depth interviews, observation guidelines, digital cameras and tape recorders.

### *Data Analysis*

The process of data analysis begins with transferring or copying information from the form of oral speech recorded with the help of a recorder and various information obtained in field notes into written form. Each written information is given a data source code so that it can be traced if the information is deemed to be incomplete. The next step is to reduce the data to obtain and summarize the main points from the interviews. Furthermore, the data processed is displayed in the narrative text.

## RESULTS AND DISCUSSION

This study focuses on in-depth investigations of the quality of life of health workers who have been infected with COVID-19 and have been declared cured. The number of informants involved in this study was 10 health workers with details of 2 doctors (IF01 & IF02) and 8 nurses (IF03, IF04, IF05, IF06, IF07, IF08, IF09, IF10) RSUD dr. Thomsen Nias. There were 4 male informants and 6 female informants. The importance of assessing the patient's quality of life can be used to assess the effectiveness of clinical interventions, the magnitude of the costs due to illness, and its effect on the patient's life (Owczarek, 2010). In this study, researchers focused on aspects of the quality of life of health workers who recover from COVID-19 that consisted of physical health, self-isolation, interaction/communication, the opinion of the surrounding environment, recovery, and negative results of COVID-19.

### *Physical health*

Based on the results of interviews conducted with informants, information was obtained that the physical disorders experienced when exposed to the coronavirus were generally in the form of coughs, runny noses, fevers, shortness of breath, and weakness. After a few days, some informants also had diarrhea.

"... I feel cough, runny nose, fever, body feels weak."  
(IF02)

"... it tastes bad like bitter on the tongue, cough, runny nose, and also diarrhea after a few days."  
(IF03)

*"... it hurts a lot, the work gets interrupted, the body also always feels bad." (IF07)*

Several studies conducted in China showed that the most common symptoms that appeared were fever, cough, and weakness. Other symptoms include chest compressions, hemoptysis, headache, and diarrhea (Liu et al., 2020; Ran et al., 2020). In Italy, studies found that respiratory distress and fever, anosmia, loss of taste (dysgeusia), fatigue, muscle aches (myalgia), and indigestion (Magnavita et al., 2020).

### **Self isolation**

The protocol that must be followed after exposure to COVID-19 is self-isolation. Informants stated that during the mandatory isolation period, they experienced feelings of sadness due to not being able to contact family members and other people. In addition, informants cannot carry out their usual activities. Independent isolation also makes informants feel shunned by their neighbors and becomes a topic of conversation.

*"...self-isolation is really bad, not being able to meet family freely." (IF04)*

*"... it just doesn't feel good to be self isolation, shunned and talked about by other people." (IF09)*

*"... I only watched the activities from my room, the food was only placed in front of me." (IF10)*

One of the steps to limit the spread of the virus that causes COVID-19 is to self-isolate for 14 days for those who have been positively exposed to COVID-19. This measure is effective in preventing them from interacting closely with others as well as attending school and going to work or any public place (Bodas & Peleg, 2020). But self-isolation also has an impact on individuals who are obliged to live it. A study concluded that self-isolation causes 4 times stress in quarantined individuals compared to non-quarantined individuals (Brooks et al., 2020).

Another risk that must be faced is ostracism by local residents for fear of contamination by officers who are positive for COVID-19. In India, health workers who tested positive for COVID-19 were asked by landlords to change their residence (Patel et al., 2020). In addition, there is a risk of losing income or even losing a job due to individual self-isolation. This risk makes the psychological condition of individuals positive for COVID-19 even more depressed. It is therefore important for stakeholders to pay attention to the economic implications of self-isolation (Brooks et al., 2020).

### **Social interaction/communication**

Pandemic conditions dramatically change the nature of social interactions between individuals. Social restrictions imposed by the government and self-quarantine for sufferers automatically limit interaction with the environment around sufferers. Informants said they interacted only through cellphones and video call applications during isolation. If they interact with family, they don't meet face to face to avoid droplets.

*"... basically all communication is disrupted, from home, office, community, everything stops. It can only be from video calls and phone calls." (IF02)*

*"... communication is not free anymore, most of the communication is via telephone and video calls." (IF06)*

*"...so sometimes I still chat with my family even though I'm in the room, but the voice must be strong so that it can be heard." (IF07)*

The use of assistive devices as communication intermediaries is the most rational thing to do, especially when interacting with sufferers who are in self-isolation. Social media is an alternative communication media, besides that social media is able to be a fast and practical information channel in facilitating interaction and collaboration between users (Wong et al., 2020). Another study has interesting findings in which social interactions among people with COVID-19 actually increase stress and decrease trust during the first few weeks into the quarantine period (Hou et al., 2021). Social interactions can turn into negative viral reactions through word of mouth communication that reinforces the perception of risk in the negative impact of an event (Kim & Florack, 2021).

### **Surrounding opinion**

Since the beginning of the emergence of the COVID-19 pandemic, the fear of contracting or being infected with the corona virus from people around has triggered serious anxiety. The rapid transmission through the air and the infodemic spread on the timelines make the community have the potential to provide stigma that can lead to discrimination against individuals who are positive for COVID-19. Informants stated that they heard negative opinions about COVID-19 sufferers through television broadcasts and social media. Informants also stated that they did not really care about the growing stigmatization, they stated that it was better to focus on the supportive response given by coworkers.

*"...don't think about it, there are a lot of friends who support me. Indeed, I saw on TV that a health worker was kicked out by a neighbor because he was positive." (IF01)*

*"...surrounding must be kept at a distance. there are also those who give encouragement but there are also those who are busy asking why it got hit." (IF05)*

The phenomenon of stigmatization of people with certain diseases has occurred for a long time, the majority of people with infectious diseases. A further consequence of this phenomenon is the discrimination experienced by sufferers and even their families (Oaten et al., 2011; Nyblade et al., 2019). Previous studies concluded that stigma is a barrier to medical evaluation, communication, providing and receiving the necessary care because of fear and is associated with physical and mental health complications (Saeed et al., 2020). Discrimination and rejection of Asians, rejection of funerals by local residents, rejection of health workers from neighbors, and even harassment of patients' families are forms of stigmatizing effects that have emerged during the COVID-19 pandemic (Abdelhafiz & Alorabi, 2020). Stigma can be combated by disseminating facts and amplifying the voices or experiences of people recovering from COVID-19 (Patil et al., 2020).

## Recovering from COVID-19

The process of self-care during the quarantine period is important to increase the body's immune system for COVID-19 sufferers so that they can recover. Informants stated that they did limited physical activity, regularly consumed food and drinks, took medication, and had adequate rest. In this study, all informants did not have comorbid conditions that could aggravate the condition. Generally, the recommended treatment relieves symptoms and provides time for rest for the body. Nutriso intake is also important to note to help the recovery process.

"... I sunbathe in the morning and regularly eat during self-isolation." (IF04)

"...take the medicine from the doctor, and eat a lot of fruit." (IF06)

"I exercise in my room and I also often sunbathe in the morning." (IF09)

The informants also thought that their recovery was also influenced by an improved mental condition because of positive thinking and having the belief that they would recover from COVID-19.

"...I encourage myself and believe I can recover." (IF01)

"... just think positively, I must recover." (IF05)

During the COVID-19 infection phase, in addition to maintaining the patient's general health condition, the use of supplements and nutritional intake can suppress ongoing oxidative stress, acute inflammation and cytokines (Mrityunjaya et al., 2020). The results of the study also recommend physical activity to strengthen the cardiovascular system, immune system and physiological functions of the body (Sahu & Naqvi, 2020). This activity includes low-intensity aerobic exercise for muscle stretching and balance training (Saraiva et al., 2020). A study in China described coping mechanisms with physical activity carried out by sufferers also aimed at overcoming boredom (Lohiniva et al., 2021). Feelings of depression and loneliness during self-isolation pose a threat to health. Therefore, emotional support and interpersonal communication are needed by COVID-19 sufferers during the healing process (Pietrabissa & Simpson, 2020).

## CONCLUSIONS AND SUGGESTIONS

Health workers who recover from COVID-19 generally experience stress and stigma after being declared infected and must undergo self-isolation. Self-isolation breaks the chain of virus transmission. COVID-19 infection causes physical disorders such as fever, difficulty breathing, easy fatigue to digestive disorders that hinder physical activity and social interaction with family members. Physical activity, nutritional intake, adequate rest can accelerate the recovery of patients. In this study, the role of psychological support from family and co-workers is quite important in improving the health status of officers and patients who are self-isolating. Given the negative stigma towards patients and health workers infected with COVID-19, efforts to overcome this require the collaboration of the government,

mass media and religious leaders as well as community leaders.

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