

DESCRIPTION OF NURSE'S STRESS LEVEL WHEN PROVIDING NURSING SERVICES USING PERSONAL SAFETY EQUIPMENT (PPE) IN RS. TK. III DR. R. SOEHARSOSNO BANJARMASIN

Tri Mawarni^{1*}, Very Santoso²

^{1,2}D-III Nursing Study Program, Academy of Nursing Kesdam VI/Tanjungpura, Indonesia

tri.mawarni03@yahoo.com

Abstract

The world was shocked by the outbreak of a new pneumonia that started in Wuhan, Hubei Province, which then spread rapidly to more than 190 countries. At the end of 2019 the *World Health Organization (WHO)* this outbreak was named *Coronavirus disease 2019 (Covid-19)* caused by *Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2)*. In South Borneo confirmed positive for the virus *COVID-19* there were 15,300 people in December 2020. The use of personal protective equipment (PPE) that is too long when providing nursing services in the COVID-19 isolation room can make a nurse stressed because of the heat and humidity. increased in January 2021 to 18,076 people and in February 2021 to 20,128 people. This study aims to describe the stress level of nurses when providing nursing services using PPE in Tk Hospital. III Dr. R. Soeharsono Banjarmasin. The research method uses a quantitative descriptive approach with a sample of 32 people. The results showed that 4 nurses had severe stress levels, 18 nurses had moderate stress levels and 10 nurses had mild stress levels. The highest stress level of nurses was in the medium category as many as 18 people.

Keywords: Personal Safety Equipment (PPE), stress level

Introduction

The COVID-19 pandemic that has occurred throughout the world has had a major impact on health services where all health workers, especially nurses, are at risk of being exposed to viruses that can cause illness and death. In South Kalimantan who were confirmed positive for the virus *COVID-19* in December 2020 the number of 15,300 people increased in January 2021 to 18,076 people and in February 2021 to 20,128 people and most of the people who were confirmed positive had to get treatment at the hospital (Health Department) Banjarmasin City, 2021)

In reducing the risk of being exposed to the COVID-19 virus when providing nursing services to patients who are hospitalized in the isolation room, nurses must wear Personal Protective Equipment (PPE) in accordance with standards. The use of Personal Protective Equipment (PPE) is too long when providing nursing services in the Covid-19 isolation room can make a nurse stressed. This occurs due to the use of PPE that is too long or approximately 3 to 5 hours, causing an extraordinary feeling of heat, when the PPE is opened such as bathing in sweat and the hands are shriveled, even to wounds in the cheek and nose area of the former mask (Dani et al, 2020).).

According to Sunyoto (2015) Stress is something that involves the interaction between the individual and the environment, namely the interaction of stimulation and response. So stress is a consequence of every action and environmental situation that creates excessive psychological and physical demands on a person. Stress consists of three levels, namely mild, moderate and severe.

Based on a preliminary study conducted on 10 nurses by submitting a questionnaire, it was found that 10 people answered that the time of using PPE for 1-2 hours caused a feeling of heat, damp clothes and marks after using an N95 mask. This study aims to describe the stress level of nurses when providing nursing services using PPE in the isolation room.

Methods

This study uses a quantitative descriptive approach. This study assesses the stress level of nurses when providing nursing services using PPE. The research was conducted at the hospital. Kindergarten III Dr. R. Soeharsono Banjarmasin. The sample of this study were nurses with a total of 32 people,

Results and Discussion

Results

Table 1. Gender of respondents

Gender	f	%
Male	13	40.6
Female	19	59.4
Total	32	100

Table 2. Respondents working period

of service	f	%
Years<1 Year	7	21.9
1-5 Years	18	56.2
> 5 Years	7	21.9
Total	32	100

Table 3. Types of education of respondents

Type of education	f	%
Vocational	23	71.8

Profession	9	28.2
Total	32	100

Table 4. Time to use PPE

PPE Usage Time	f	%
1-2 Hours	15	46.9
>2 Hours	17	53.1
Total	32	100

Table 5. PPE levels

PPE level	f	%
Level 2	17	53.1
Level 3	15	46.9
Total	32	100

Table 6. Respondents stress level Tingkat

Stress level	f	%
Mild	10	31.2
Moderate	18	56.2
Severe	4	12.6
Total	32	100

Discussion

The sex of nurses who mostly are women with a total of 19 people, nurses working period of 1-5 years as many as 18 people, the type of nurse education is vocational as many as 23 people, when the use of PPE by nurses is in the span of >2 hours as many as 17 people and The highest stress level was in the moderate category as many as 18 people.

The causes of nurse stress are fatigue and freedom. This is in line with the causes of nurse work stress according to Anderas et al (2017), namely fatigue and freedom. Fatigue is a decreased ability to work and causes work performance to decrease, while freedom is the ability of humans to determine themselves. Nurses have a workload that can be said to be a high-risk job, because nurses are professions that have an important role in improving patient health, especially patients in emergency situations. The workload experienced by nurses does not rule out nurses experiencing stress and fatigue (Budiyanto, 2019).

According to Lubis (2016) stress levels are divided into 3, namely mild stress is stress that does not damage the physiological aspects of a person, moderate stress is stress that lasts longer than a few hours to several days while severe stress is chronic stress that occurs from several weeks to several years. . Working in the midst of intense media and public attention, long, massive and perhaps unprecedented work duration for some health professionals has the additional implication of triggering negative psychological effects including emotional disturbances, depression, stress, low mood, irritability. anger, panic attacks, phobias, symptoms, insomnia, anger and emotional exhaustion (Rina et al, 2020).

The risk that causes the death of medical personnel to always be repeated is the lack of PPE, the lack of patient screening at health facilities for medical personnel due to the increasing number of Covid-19 patients and long and psychological working hours. The use of PPE *coverall* causes severe stress on nurses due to fatigue when using it. According to the Ministry of Health (2020) *Coverall* is PPE made of synthetic materials and small pores that are able to hold fluids, blood, droplets and aerosols. Does not absorb sweat, causing a feeling of heat that causes discomfort, when using type PPE, *coverall* nurses find it difficult when they want to defecate which can cause stress to nurses.

Comfort is a feeling condition and the feeling condition is very dependent on the person experiencing the situation, the comfort of a person in using a product or design may differ from one another. This is caused by several factors, namely the physical function and perception of each person (Baston & Hall,

2012). The use of PPE type goggles or eye protection made of plastic and transparent material that serves to protect the eyes from exposure to viruses that can enter the body through the eyes.

This protective gear must fit snugly over the eye area. According to the Indonesian Ministry of Health, (2020) if the use of goggles is too long and is not in accordance with the procedures for using goggles, it will result in misty goggles so that it interferes with vision when carrying out nursing actions. This is in line with standard operating procedures on how to use goggles.

The use of PPE that is too long causes nurses to sweat so that they wet the goggles which causes the goggles to fog up and interfere with vision so that it can cause severe stress to nurses due to less than optimal nursing actions. Nurses not only provide care to patients, but also have a social status based on the Law of the Republic of Indonesia no. 38 of 2014 concerning nursing article 1 paragraph 1 states that a nurse is a person who has passed a higher nursing education recognized by the government whose duties include caregivers, communicators, advocates, counselors, leaders, managers, case managers and researchers (Kozier, 2010).

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