



---

## **Exploring Nurses' Experiences in Providing Care during the Covid-19 Pandemic at Community Health Care in Jayapura Papua**

Hotnida Erlin Situmorang\*

*Nursing Study Program, Faculty of Medical, Cenderawasih University, Jayapura, PO Box 99351, Indonesia*

*Email: [erlinsitumorang@gmail.com](mailto:erlinsitumorang@gmail.com)*

### **Abstract**

COVID-19 is a highly contagious and dangerous respiratory tract infection and is a worldwide phenomenon today. Healthcare workers, especially nurses, have valuable experiences about providing care during the Covid-19 pandemic as their positions are in the frontline of health facilities in community health care. The aim of this study was to explore nurses' experiences in community health care during the Covid-19 pandemic. This is a qualitative study using a descriptive approach. Six nurses who were working in community health care were selected using purposive sampling. The data were collected through telephone and video call interviews and analysed based on Colaizzi's seven-step method. Qualitative analysis of the data revealed three themes and six sub themes. The intensive work and the infection issue of Covid-19 drained nurses physically and emotionally. Comprehensive support should be provided to safeguard the wellbeing of the nurses. Intensive training for all health care providers, especially nurses, is necessary to promote preparedness and efficacy during the pandemic.

**Keywords:** Nurse; Experience; COVID-19; Care.

### **1. Introduction**

Novel Corona Virus Disease (COVID-19) is an infectious disease caused by the newly discovered corona virus. The COVID-19 outbreak was first discovered in Wuhan City, China at the end of December 2019 [1]. This virus is very contagious and has spread outside of China and throughout the world.

---

\* Corresponding author.

Corona virus (CoV) is a family of viruses that causes various diseases ranging from colds, coughs, fever, headaches, and shortness of breath. The condition of patients affected by COVID-19 is more severe among patients with comorbidities such as diabetes or other internal diseases. Most people infected with COVID-19 experience mild to moderate respiratory illness and can recover without requiring special treatment. Elderly, children and those with comorbid disease such as cardio vascular disease, diabetes, chronic respiratory disease, and cancer are more susceptible and cause more serious disease [1]. On January 30, 2020, the World Health Organisation designated Covid-19 as a public health emergency has become of international concern. The increase in the number of COVID-19 cases is progressing fast and has spread between countries. In early March 2020, WHO reported that there were as many as 90,870 confirmed cases in 72 countries with 3,112 deaths, which prompted its designation of COVID-19 as a global pandemic [1]. Data at the beginning of June 2020 stated that total deaths due to COVID-19 worldwide had reached 382,867 people with the number of confirmed cases of COVID-19 at 6,416,828 [1]. This proved that the spread of COVID-19 is very fast. By the beginning of June the disease had spread rapidly across various continents, with 302,824 confirmed cases in the America, 3,211,148 cases in the European continent, 570,026 in the Eastern Mediterranean, 309,597 cases in Southeast Asia, 186,853 cases in the West Pacific and 115,639 in the African continent [1]. According to the task force appointed by the Indonesian government to accelerate the handling of COVID-19, the total number of positive cases of COVID-19 in Indonesia in early June 2020 reached 28,818 cases with the number of patients who had recovered from COVID-19 at 8,892 [2]. The number of deaths was and the number of patients who were in care due to positive COVID-19 was 18,205 [2]. The highest number of confirmed cases was in the province of Jakarta with 7,623 cases, followed by East Java with 5,318 cases and then in West Java with 2,319 cases [2]. In June 2020, the number of COVID-19 cases in Papua province was 897 cases, with 78 patients recovered and 7 deaths [2]. It is reported that the COVID-19 cases increased significantly until the end of 2020 and the beginning of 2021. It can be seen from the number of COVID-19 confirmed cases in January 2021 was 101,917,147 and deaths patients due to the COVID-19 was 2,205,515 globally [1]. Similarly, the disease had spread rapidly across various continents, with 45,345,051 confirmed cases in the America, 34,069,310 cases in the European continent, 5,669,871 in the Eastern Mediterranean, 12,856,723 cases in Southeast Asia, 1,420,027 cases in the West Pacific and 2,555,420 in the African continent [1]. Likewise in Indonesia, COVID-19 patients had reached rapidly. At the beginning of January 2021 the total number of COVID-19 confirmed cases was 1,099,687, recovered 896,530 and 30,581 deaths [2]. This disease had also increased across provinces of Indonesia. The highest number of confirmed cases in January 2021 was in five provinces namely, Jakarta with 273,332 cases, West Java with 153,302 cases, Central Java with 126,329, East Java 113,488 and in South Sulawesi with 48,910 [2]. In Papua province the number of COVID-19 patients had also increase significantly. In January 2021 the confirmed cases in Papua was 15,248; 8,385 patients recovered and 162 deaths [2]. During the COVID-19 pandemic, health facilities and health workers play a pivotal role, as the health facilities must remain open and health worker must work to serve the public. Other public services, for instance educational institutions can be done online with officers working from home. Health care workers are a vital resource for every country. Therefore ensuring their safety during the COVID-19 pandemic is paramount. Nurses are the largest number in a health institution such as a hospital or community health care center. Health services to the community must be provided everyday even during the COVID-19 pandemic. Considering the danger of the spread of Covid-19 everywhere, particularly in health care services, special attention needs to be paid to support

nurses and other health workers. Nurses play a vital role in breaking the chain of the spread of the COVID-19 during their work time. They might experience many risks and challenges in this stressful situation. Many studies have been conducted examining nurses' working experiences during the COVID-19 pandemic. As [3] said that nurses experienced tremendous anxiety that caused physical illness such as headaches while carrying out their duties during the COVID-19 pandemic. Another study in China also suggested that nurses experienced excessive workloads during the COVID-19 pandemic and were extremely tired and afraid of being infected with COVID-19 [4]. In line with this, reference [5] also explained that nurses who performed their duties during the Middle East Respiratory Syndrome (MERS) outbreak in 2015 in Korea exhibited a high risk of post-traumatic stress and depressive disorder symptoms even after time had passed, and the risks continue to increase after home quarantine. In Indonesia, many nurses have died due to the COVID-19 and it was reported that many nurses have been infected with COVID-19 while carrying out health service duties both in hospital and community health care, which added to nurses' heavy burden and work pressure [2]. As qualitative studies regarding nurses' experiences in giving care in Indonesia during the COVID-19 pandemic are scarce, this present study is exigent and timely.

## **2. Method**

### **2.1. Data Collection**

This research is a qualitative study using a descriptive qualitative design. Data were collected using telephone and video call interviews to explore nurses' experiences in providing care during the COVID-19 pandemic. The participants of this study were six nurses who were working in community health center and recruited purposively and who met the inclusion and exclusion criteria of the study. Data were analyzed using Colaizzi's seven-step qualitative data analysis method [6].

### **2.2. Participants Profile**

Participants in this study were nurses who were working in community health center during the COVID-19 pandemic. The number of the participants was six nurses who met the inclusion and exclusion criteria. The participants profile is presented in Table 1 below.

**Table 1:** Participants profile

No	Pseudonym	Gender	Age (years)	Education background	Clinical experience (years)
1.	P1	Male	30	Diploma of Nursing	4
2.	P2	Female	34	Diploma of Nursing	9
3.	P3	Female	36	Diploma of Nursing	5
4.	P4	Female	30	Diploma of Nursing	6
5.	P5	Female	52	Diploma of Nursing	18
6.	P6	Female	40	Bachelor of Nursing	9

### 2.3. Data Analysis

The interview recordings were transcribed by the researcher. During this process, the researcher checked the consistency between the recordings and the transcripts and then coded the data. Themes were obtained from the data using Colaizzi’s phenomenological analysis steps [6], as below:

1. Reading transcripts several times, and taking notes to understand the meanings attributed to a phenomenon and the emotions experienced.
2. Meaningful expressions related to a phenomenon were selected.
3. These meaningful expressions were examined and formulated.
4. Then grouped into categories, themes and sub-themes.
5. The results were combined with comprehensive life experiences.
6. The fundamental conceptual structure of the phenomenon was defined.
7. The results were sent to the participants for confirmation whether they capture their experience authentically

### 3. Results

Data obtained provides insight into the nurses’ experiences in providing care during the COVID-19 pandemic. The data analysis revealed three themes ‘negative emotions’, ‘constraints in the workplace’ and ‘needs and hopes’. Six sub-themes emerged. Table 2 shows the themes and the sub-themes of the study.

**Table 2:** Themes and sub themes

No	Themes	Sub themes
1.	Negative emotions	1. Anxiety and worry
		2. Feeling exhausted
2.	Constraints in the work place	1. Lack of personal protective equipment
		2. Working under pressure
3.	Needs and hopes	1. Community support
		2. Government support

#### 3.1. Theme one: Negative emotions

This theme expresses the response of nurses as they provide nursing services to the community during the COVID-19 pandemic. Based on the results of the research, this theme has two sub-themes: ‘anxiety and worry’ and ‘feeling exhausted’. Nearly all participants explained that they felt very anxious, worried and afraid when they had to work during the COVID-19 pandemic. They also revealed that they often experience exhaustion because they work in unusual situations. They explained that they had to keep working during the COVID-19 pandemic and it was impossible to work from home like other jobs. They also added that the COVID-19

transmission process was very infectious which made them worried and very anxious while working at their work place. Two participants said: *To be honest every time I go to work I am very worried because we are directly dealing with patients and also because many of our friends have been infected with Covid-19, so it's a really difficult situation. (P1) As a nurse I am afraid of this pandemic and I think it's normal as a human being but at the same time I am a nurse and I have responsibility for my duties so I don't have a choice. I must go to work though I am scared of being infected (P3).* Almost all participants expressed feeling exhausted. They explained that they felt very tired physically and psychologically while working during this pandemic. The increase in the number of the patients coming to the community health center everyday was unbelievable. They added that the workload was heavier before the pandemic. This can be seen from the descriptions of the following participants below:

*Well, we easily feel tired when working during this pandemic, I don't know why but it seems the work burden is getting heavier everyday (P2). Frankly speaking, working using Covid-19 personal protective equipment was totally uncomfortable because it's very hot and heavy. I think this was one of the reasons making us feel exhausted everyday (P4).*

### **3.2. Theme two: Constraints in the work place**

Constraints in providing care during the pandemic is the second theme produced two sub- themes. All participants said that one of the obstacles in providing care during the pandemic was the limited availability of personal protective equipment. Participants also stated that, they sometimes wore incomplete personal protective equipment that made them uncomfortable. The views of two participants are quoted below:

*Yes, the obstacle we often faced was the lack of personal protective equipment. I mean a lack of masks, gloves, goggles, coat and hand soap. This conditions makes us doubtful and afraid of being infected (P3).*

*Because there is often a lack of personal protective equipment (PPE), you know, many nurses had to buy the PPE with their own money. We buy the cheaper equipment online but it is very poor quality and tears easily, so is a stressful situation (P4).*

Since the beginning of the Covid-19 pandemic, participants have said that they seemed to be working under pressure because of the obstacles they experienced. They also stated that overloaded with patients worsened the situation. Two participants explained:

*You know, sometimes we feel like this is not fair. While other professions work from home but health workers like us have to go to a hospital or community health center everyday but are not properly support psychologically and financially (P6).*

*We think that this is not healthy for us as nurses working under pressure,, with too many patients everyday, limited number of nurses, and limited protective personal equipment. I am kinda giving up working (P1).*

### **3.3. Theme three: Needs and hopes**

Under this theme, participants explained their needs and hopes during the COVID-19 pandemic. They stated that they really need support from both government and community. They said that nurses and other health workers need to be supported by the government in terms of well- managed working hours, support of nurses' well-being and provision of appropriate protective personal equipment. *It's hard to say. We sometimes have to provide personal protective equipment ourselves. So, we hope that our community health center will be supported regularly with personal protective equipment by the government (P2). I think our community health center needs more nurses in this hard time, so we can serve the community well and the nurses will not experience overloaded working conditions (P4).* Participants hope the local leaders also provide an opportunity for nurses to update their knowledge about COVID-19 patients' illness and care. Participants also said that health workers must be given additional payment during the COVID-19 pandemic, as they work in an usual situation with a heavier work load than before the pandemic. Two participants commented:

*Yes, we need financial support from the local leader or the central government. Thank goodness, we have heard from our manager that there will be an extra payment for health workers who work during the pandemic and we hope it's true (P1).*

*You know, this is a difficult and hard situation we have never experienced before. I think additional training related to the COVID-19 illness and patient care is needed for all health workers (P5).*

Participants explained that to achieve good quality of service in community health center, it is necessary to have support from the whole community, especially during the pandemic. They added that the community, stakeholders, local leaders, and religious leaders must be equally responsible for protecting themselves and creating a healthy environment by observing the health protocol during the COVID-19 pandemic. Participants also stated that they need the serious participation of the community to prevent the spread of COVID-19. This can be seen from statement of two participants:

*One thing that we can do is inter-sectoral collaboration to educate people regarding the prevention of the spread of COVID-19 because we as health workers cannot work alone to combat this virus (P2).*

*We all need to be disciplined to always follow the health protocol of COVID-19, both health workers and the whole community, just by doing simple things such as wearing a mask and washing hands (P3).*

## **4. Discussion**

### **4.1. Negative emotions**

Anxiety is a symptom of a early psychological disorder and can still be treated successfully. Risk factors for anxiety include socio-demographic issues, high working hours, stigma and worries about being exposed to Covid-19. Several approaches can be taken to preventing anxiety from becoming more severe, such as creating a support group, providing a counseling service and coping training [7]. According to [8], epidemic psychology refers to two things, namely, the disease itself (physical), which focuses on the spread of disease, and its

epidemic nature, which includes the psychology of people affected by the epidemic. In this study participants experienced feelings of fear, anxiety and worry about being exposed to the COVID-19 when they had to keep working during the pandemic. As [9] explained how a pandemic affects people's psychology broadly and massively, starting from the way of thinking and understanding information about health and illness, emotional changes such as fear and anxiety, and social behavior such as avoidance, stigmatization and healthy behavior. Participants also said that they were tired of using personal protective equipment as it is uncomfortable but they had to wear it to protect themselves. They also added that during the pandemic they easily got tired, which was exacerbated by the increasing number of COVID-19 patients. Additionally, the extensive information about the rapid spread of COVID-19 and the daily increase in new cases and deaths certainly affect health workers physically and psychologically [10]. The high mortality rate of health workers in Indonesia is caused by several factors such as lack of personal protective equipment, lack of nurse personnel and the heavy workload [11]. Stress at work and low awareness in the community about COVID-19 health protocol worsen this condition. Apart from the threat of the virus itself, there is no doubt that the quarantine measures carried out in many countries have a negative psychological effect, further increasing the symptoms of stress. Symptom severity depends partly on the duration and extent of quarantine, feelings of loneliness, fear of infection, inadequate information and stigma in more vulnerable groups including those psychiatric disorders, health care workers and people with low socioeconomic status [12]. Robust action should be taken to protect health workers both physically and psychologically. It is strongly recommended that health workers should include mental health promotion as part of their follow-up after the COVID-19 pandemic.

#### ***4.2. Constraints in the work place***

Personal protective equipment (PPE) is a set of tool to protect health workers and prevent nosocomial infections. The purpose of using PPE is to protect the whole body from exposure to germs and from direct contact with other people including both patients and visitors. One of the efforts that can be made to prevent the transmission of COVID-19 is to wear PPE properly. As [13] stated that PPE is a device that has the ability to isolate part or all of the body from potential danger of infection. Participants in this study said that the PPE supplies used by health workers were very limited so that sometimes health worker had to use them repeatedly by washing them. They added that the PPE they bought using their own money were very low quality and are easily torn because they were cheap. Additionally, [14] stated that there are many factors that influence nurses not to use PPE, such as the limited availability of PPE so that nurses are forced to use the same PPE repeatedly or do not have PPE to wear. As [15] explained, health workers may lack confidence in the protection provided by PPE because of the unprecedented working situation of the pandemic and limited training about PPE, in addition to the limited provision of PPE forcing them reuse. In line with this, [16] also found that many health facilities faced specific challenges during the COVID-19 pandemic such as staff shortage and severe shortage of PPE. They added that the staff are easily exhausted everyday, and feel the stress of the workload. Another obstacle was that the work was under pressure, as revealed by participants who said that they were tired of being at work everyday while other workers could work from home. Participants also explained that the daily news showing more and more nurses infected with COVID-19 and even dying was extremely stressful. During the COVID-19 pandemic, nurses are one of the vanguard medical personnel because they are the first point of contact in the care of COVID-19 sufferers and have the most intense contact with patients every day [17]. As [18] explained, many

nurses have died contracting this dangerous infection, as they have made heroic efforts to provide care and save lives and have worked long shifts for weeks on end without a day off. Nurses were challenged by working in a totally new context, suffered from exhaustion due to heavy workloads, were fearful of becoming infected and infecting others, felt powerless to handle patients' conditions, and had to manage team work in this stressful situation [4]. This finding in line with the study conducted by [19], stated that as health workers experienced a wide range of emotions and development during the unfolding of the pandemic, thus the provision of mental health aid should be an essential part of services for healthcare workers during the pandemic. Special interventions are crucial to sustain health workers especially nurses in their ability to cope throughout the duration of the COVID-19 pandemic. Provision of knowledge and skills training, education to handle the outbreak, and improved communication are needed.

#### ***4.3. Needs and hopes***

Nurses' expectations, as expressed by the participants were that the community health center must be able to carry out cross-sectoral cooperation between health care providers, local leaders, other stakeholders and the central government to deal with the difficult situation. As [20] stated that comprehensive strategies are needed to find a viable solution to every problem. Supportive conversations between health care givers and the community are important in the face of various challenges during the pandemic. Participants said that they have to be strong and focus on their duty in order to save more lives, and more lives might indeed be saved if the community and the government supported health workers. Participants explained that they need support from the community because it is very difficult to enforce social distancing among individuals who do not understand the importance of social distancing. As [21] stated, it is challenging to maintain social distancing in the community during the COVID-19 pandemic. Likewise, [22] also found that there are still many Indonesian people who do not comply with the government's appeal to tackle this pandemic because of cognitive bias. Community support by complying with the health protocol during the pandemic such as maintaining social distancing, washing hands properly, and wearing mask, is essential to support the work of health workers during the pandemic. It is important that health and social care workplaces have pandemic control processes and management strategies compliant with government policy to protect both workers and communities. Regarding government support, participants said that it is essential to ensure the adequate supply of PPE, financial support and additional training to increase the knowledge and skills related COVID-19. Participants said that they need an incentive to support their well-being as they faced heavy workloads during the pandemic. Personal protective equipment is one of the most important requirements when fighting an infectious pandemic like COVID-19 and is vital for nurses during their work. Participants hoped that the local and central governments would collaborate to ensure the quality and the quantity of PPE in the community health service. Participants also stated that providing training to enhance their skills and knowledge of COVID-19 is vital. Participants' views are supported by the Indonesian government's policy that government fiscal policy must prioritize activities for preventing the COVID-19 pandemic [23]. In light of the above findings, it is crucial for health workers are supported by both community and government with special strategies to ensure both physical and psychological work safety for health workers and achieve a reduction in COVID-19 patients. Provision of psychological strategies to promote nurses' physical and mental health along with intensively training are highly recommended.

## **5. Conclusion**

This study showed that community health center nurses experienced many challenges, such as anxiety, exhaustion, fear and worry of being infected with COVID-19, working under pressure with heavy workloads. The main constraints perceived by participants is the lack of PPE and the lack of knowledge and skills related PPE and the care of COVID-19 patients. The intensive work and the infection issue of Covid-19 drained nurses physically and emotionally. Intensive training for all healthcare providers, especially nurses, is necessary to promote preparedness and efficacy during the pandemic. Comprehensive support should be provided to safeguard the wellbeing of the nurses. Community, health care workers and local and national governments should work hand in hand to overcome the challenges of the Covid-19 pandemic.

## **6. Recommendations**

Nurses as frontline health workers are highly vulnerable to become infected with the Covid-19 virus and to become physically and emotionally drained during the Covid-19 pandemic. Therefore, it is recommended that health care administrators provide ways to maintain the wellness of the nurses. Multisectoral collaboration and comprehensive support is vital to safeguard the wellbeing of the frontline nurses.

## **Acknowledgment**

I would like to express my gratitude to Dr. Maria Flutsch for editing my paper.

## **References**

- [1]. World Health Organisation. (2020). WHO Coronavirus Disease (COVID-19) Dashboard. Retrieved from [https://covid19.who.int/?gclid=CjwKCAjw5vz2BRAtEiwAbcVIL\\_hto3W51OEBQO0ZqTgdu-vOyAr43-IFJBmOmzSMFPJkE5GCB23fDRoCKXwQAvD\\_BwE](https://covid19.who.int/?gclid=CjwKCAjw5vz2BRAtEiwAbcVIL_hto3W51OEBQO0ZqTgdu-vOyAr43-IFJBmOmzSMFPJkE5GCB23fDRoCKXwQAvD_BwE). [Dec. 10,2020]
- [2]. Kementerian Kesehatan Republik Indonesia. Info Infeksi Emerging Kementerian Kesehatan RI [Internet]. Jakarta, ID: Kementerian Kesehatan Republik Indonesia;. Available from: <https://www.kemkes.go.id/article/view/20033100001/peta-persebaran-covid-19-di-indonesia.html> [Dec. 15,2020]
- [3]. Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., ... & Wang, H. (2020). "A qualitative study on the psychological experience of caregivers of COVID-19 patients". *American Journal of Infection Control*, 48(6), 592-598.
- [4]. Liu, Q., Luo, D., Haase, J. E., Guo, Q., Wang, X. Q., Liu, S., ... & Yang, B. X. (2020). "The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study". *The Lancet Global Health*, 8(6), e790-e798.
- [5]. Kim, Y. (2018). "Nurses' experiences of care for patients with Middle East respiratory syndrome-

coronavirus in South Korea". *American Journal of Infection Control*, 46(7), 781-787.

- [6]. Morrow, R., Rodriguez, A., & King, N. (2015). "Colaizzi's descriptive phenomenological method". *The Psychologist*, 28(8), 643-644.
- [7]. Handayani, R. T., Suminanto, S., Darmayanti, A. T., Widiyanto, A., & Atmojo, J. T. (2020). "Conditions and strategy for anxiety in health workers at pandemic covid-19". *Jurnal Ilmu Keperawatan Jiwa*, 3(3), 365-374.
- [8]. Pickersgill, M. (2020). "Pandemic Sociology". *Engaging Science, Technology, and Society*, 6, 347-350.
- [9]. Agung, I. M. (2020). "Memahami pandemi covid-19 dalam perspektif psikologi sosial". *Psikobuletin: Buletin Ilmiah Psikologi*, 1(2), 68-84.
- [10]. Ilpaj, S. M., & Nurwati, N. (2020). "Analisis pengaruh tingkat kematian akibat covid-19 terhadap kesehatan mental masyarakat di Indonesia". *Focus: Jurnal Pekerjaan Sosial*, 3 (1), 16-28.
- [11]. Hartono, B., Hidayati, A., & Kurniati, T. (2020). "The effect of heads'leadership and nurses'job motivation on nursing performance in the hospital inpatient room". *Jurnal Administrasi Kesehatan Indonesia*, 8(2).
- [12]. Brooks, S., Amlôt, R., Rubin, G. J., & Greenberg, N. (2020). "Psychological resilience and post-traumatic growth in disaster-exposed organisations: overview of the literature". *BMJ Military Health*, 166 (1), 52-56.
- [13]. Wati, N. M. N., Lestari, N. K. Y., Jayanti, D. M. A. D., & Sudarma, N. (2020). "Optimalisasi penggunaan alat perlindungan diri (APD) pada masyarakat dalam rangka mencegah penularan virus covid-19". *Jurnal Empathy. com*, 1 (1), 1-8.
- [14]. Purba, C. F. (2020). *Pengaruh Alat Pelindung Diri (APD) Terhadap Penyakit Akibat Kerja Pada Perawat*.
- [15]. Wang, J., Zhou, M., & Liu, F. (2020). "Reasons for health care workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China". *Journal of Hospital Infection*, 105 (1), 100-101.
- [16]. McGarry, B. E., Grabowski, D. C., & Barnett, M. L. (2020). "Severe staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic: study examines staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic". *Health Affairs*, 39(10), 1812-1821.
- [17]. Krisnawati, M., Pitaloka, J., & Jullyandri, A. (2020). "Resiko dan upaya pencegahan pandemi covid-19 bagi masyarakat RSPAU Dr. S. Hardjolukito". *Abdimas Madani*, 2(2), 45-50.

- [18]. Catton, H. (2020). "Nursing in the COVID- 19 pandemic and beyond: protecting, saving, supporting and honouring nurses". *International Nursing Review*, 67( 2), 157-159.
- [19]. Ardebili, M. E., Naserbakht, M., Bernstein, C., Alazmani-Noodeh, F., Hakimi, H., & Ranjbar, H. (2020). "Healthcare providers experience of working during the COVID-19 pandemic: A qualitative study". *American Journal of Infection Control*, [On-line], pp. 1-8. Available: [https://www.ajicjournal.org/article/S0196-6553\(20\)30896-8/pdf](https://www.ajicjournal.org/article/S0196-6553(20)30896-8/pdf). [Jan. 15, 2021]
- [20]. Seran, R. "Strategi Pemerintah Republik Indonesia dalam Penanganan Masalah Pelintas Batas Indonesia-Timor Leste ". Doctoral dissertation, Universitas Airlangga, Indonesia, 2018.
- [21]. Nyashanu, M., Pfende, F., & Ekpenyong, M. (2020). "Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK". *Journal of Interprofessional Care*, 34 (5), 655-661.
- [22]. Buana, D. R. (2020). "Analisis perilaku masyarakat indonesia dalam menghadapi pandemi virus corona (Covid-19) dan kiat menjaga kesejahteraan jiwa". *Salam: Jurnal Sosial dan Budaya Syar-i*, 7(3), 217-226.
- [23]. Silalahi, D. E., & Ginting, R. R. (2020). "Strategi kebijakan fiskal pemerintah Indonesia untuk mengatur penerimaan dan pengeluaran negara dalam menghadapi pandemi covid-19". *Jesya (Jurnal Ekonomi dan Ekonomi Syariah)*, 3(2), 156-167