

THE GOVERNMENT'S EFFORTS TO OVERCOME AND REDUCE HEALTH WORKER STRESS DUE TO BURNOUT DURING PANDEMIC DISRUPTION PERIOD

¹Gunawan Widjaja

¹*Universitas Krisnadwipayana, Indonesia*

Abstract

Every country has a responsibility to protect health workers in times of crisis and normal. This study aims to obtain scientific evidence of efforts made to overcome the stress of health workers due to burnout while providing health services in the era of the disruption of the COVID-19 pandemic. To obtain research evidence relevant to tackling the problem, the researcher has conducted a series of electronic data collections on several publications that actively discuss health issues during conflict and the stress health workers suffer. To get data that can answer the problem, we have first arrived at the phenomenological approach, namely searching for the broadest possible data to get answers as effective as possible through data evaluation, data criticism, data interpretation, and drawing conclusions that can become highly valid answers. Based on the analysis of the results and discussion of the results, this study was able to solve, among others, the need for support in the form of advice and encouragement along with welfare assistance as well as adequate infrastructure for health safety facilities so that workers do not feel so stressed that they are bored as long as they serve in health centers during the pandemic response. The result can be used to create laws and policies in the future.

Keywords: Effort, health workers, pressure, burnout, and pandemic disorders.

INTRODUCTION

The Covid-19 pandemic is still an emergency for health, which has impacted all business and human life sectors on this planet. Indonesia is one of the countries that still leaves difficulties and emergencies with several impacts that continue to befall Indonesia even though this epidemic has passed for almost two years (Nia, 2020). Not only the death rate caused by the corona outbreak, but this Corona issue, an emergency, has made health workers feel very burdened with the intricacies of the disease and its effects faced by medical personnel. In such conditions, medical experts may be one of the parties most affected by the pandemic on work activities, humanitarian tasks, and even threats to their safety (Halimatussadiyah et al., 2020).

This is what makes the issue and impact of the discovery one that must get attention and consideration, especially policymakers, to alleviate and find solutions so that the impact of these safety tasks can be witnessed by the parties concerned (Wen et al., 2020).

Along with that, the lack of resources capable of handling health, helping individual victims, then increasing the volume of work and the level of imagination caused by what has happened due to the Corona outbreak, the medical staff is increasingly experiencing fatigue that becomes temporary, leaving patients and work so heavy. It makes paramedics even more out of control (Hansen & Lory, 2020). In addition, medical service experts are uncertain because they must

provide the best service while choosing between human morality and their safety (World Health Organization, 2014). At the same time, they are presented with a burdensome level of work that experiences helping patients who increasingly need treatment and medical frameworks that they sometimes do not master, making it worse and vulnerabilities about medicine and how serious they are in helping with feelings of fear of being exposed to the Coronavirus & Adebola, 2020). With this situation increasingly being chased by the vulnerabilities and challenges of work, this situation quickly also creates a severe scope of impact on experts such as fear, uncertainty, nervousness, and everything caused by the impact of such a heavy job, making them between doubts and irritation and they have to rest a little. Then the level of distress and exposure risk makes them restless (Dubey et al., 2020).

Problems related to paramedics' working conditions since the pandemic has been terrible and very complex, both in terms of the world of work and the safety of their souls, not to mention fatigue and problems related to their welfare (Arbonae al., 2013). The dynamic pressure increases and makes them unable to focus on work. The situation is often irritated, reducing the enthusiasm for work associated with challenges that are so heavy that they allow themselves to experience various fatigues (Michaud, 2007). Associated with work challenges include depression, decreased morale, and lack of individual satisfaction when they have to work with all the risks, and sometimes they want to quit, but the demands and circumstances of life are impossible for them to have to find another job during a pandemic. Interestingly, health staff employees who have doubled as the frontline in the safety guard so far may face things that are so burdensome that they need solutions and interventions from the government in terms of job training and also increasing the status and care of the players where they work (Rocco et al., 2020).

In specific medical care settings, for example, basic care administration and crisis divisions, or in a health emergency, for example, today,

experts may experience the adverse effects of undeniable degrees of work, and their solutions may be disabled (Czeisler et al., 2020). The welfare workers' will to allow others to experience freedom may exceed their capacity to adapt to particular circumstances. Doing so can make them experience pain and restlessness. Medical care professionals who experience burnout may experience sensations of fear or dread when interacting with the patients they care for, which may encourage avoidance practices in their expert patients required to engage in intercession that helps develop different solutions and discourage staff among experts in the long term (Hsiao et al., 2021). Fatigue, depletion of empathy, fulfillment of sympathy, COVID-19, medical care expert with a commitment to the broader clinical community. In the well-being emergency, the level of empathy weakness and burnout remained as described in the anger exploration (Cho & Jeon, 2019).

With these conditions, health professionals are at odds between helping patients who are victims of Covid-19 and trying to escape from work difficulties and emergencies who are at high risk of creating poor emotional health and may need mental or intercessory assistance to help them monitor their health. their age (World Health Organization, 2020). Consistent emergency action and handling are required to react to the distress and difficulty arising from this situation. To improve or follow the direction of experts in medical care (Zhang, 2020). Therefore, it is essential to know the experts' state. The essence of this exploration is to break down the increasing difficulty of work and see the pressure on medical care professionals even though the COVID-19 health emergency in Indonesia has improved. However, doctors still feel that it often comes from uncertain working conditions (Slakoff et al., 2020).

Based on reality, more and more health workers are experiencing outages during the pandemic, which can impact the quality and services, which is in the very humanitarian category (Zhang & Ma, 2020). So a series of studies have examined the search for relevant research evidence to give advice or solutions on

how to make policies to help medical personnel. This is important because this condition can have implications in the present and the future so that the performance of the medical staff is not so disturbed so that it is used methods that are like ecological syndrome disorders due to responding to very stressful working conditions, a reasonable solution is needed, what about the tricks and solutions provided by experts (Perry et al., 2021). So that medical professionals can be helped to find solutions and ideas which can be easily adapted into their daily life, thus, through the solutions provided by the experts for ways to get out of the problem, they are believed to be able to continue their profession which has been until now is still the leading solution for people who are on the frontline in assisting in every emergency as a result of increasing (Altena et al., 2020).

Method and Material

Furthermore, in the methods and materials section, the study will try to describe the methods and procedures for carrying out health scientific studies, and this is aimed at understanding efforts to deal with medical stress during a pandemic (Gerrish & Lacey, 2010). To obtain evidence in the form of the findings of previous studies, we seek to obtain data from several experiences in the field which they have published in the form of scientific papers in various national and international publications that focus on discussing solutions for health workers who experience severe stress due to challenges and work trials in response to every patient exposed to COVID-19 (Rahardja et al., 2019). This study relies entirely on its data published between 2010 and 2021 with a reporting design is descriptive qualitative design. Bringing a phenomenological approach, this study examines a coding system of evaluation data looking for valid data and drawing conclusions that we believe can be valid and reliable findings (Sutton & Austin, 2015). In searching the data, we use the search engine search system Google Search with the help of keywords searching, which we do electronically for several publications (journals,

proceedings, books, and websites). We then simplified about 100 publications to suit this problem until we found more than 50 relevant communications to study so that we found understanding and answers to this study. For the report, we design qualitative descriptive based on similar studies that have been published in various international journals (Bengtsson, 2016).

Result and Discussion

• Helping medical in the field

The current concentration in medical and policy terms is analyzing the changing conditions of critical health workers who have been under pressure, tension, and fatigue due to work for almost two years, helping medical victims of Covid-19 and other difficulties by combining the peak of turmoil and lockdown in Indonesia (Mulyadi et al. al., 2021). We suspect that visible stress, anxiety, and job burnout among healthcare workers will increase over time. We were also intrigued to know the objective degree of occupational attributes (occupation, administrative work, insight into severe acute respiratory illness as a health worker, extended work experience, level of openness to COVID-19, night shift work, long working hours (Pramesona et al., 2021).

Occupational factors seen by health workers (seeing work hazards, collaboration, correspondence related to COVID-19, work commitment, feeling valued at work), and individual assets (self-sufficiency, daily encouragement) related to cognitive outcomes controlling segment interest, self-expressed well-being, and time factors Job-Resource Demand Model (Hascher et al., 2021) Prosperity is representative and recommends that job demands (e.g., burnout) might be offset by assets, which might be assigned/developed jobs (e.g., cooperation, positive workplace) or natural to individuals (e.g., self-sufficiency). Medical work and individual assets, which can be shaped and may become the focus of mediation, will essentially be associated with stress, tension, and job burnout (Quak, 2020). Understanding the hazard or defensive impact

these variables have on the mental outcomes of health care workers may help create defined mediations or moderate anticipated defenseless outcomes as the worldwide pandemic continues (Pakenham et al., 2020).

It is now almost two years since the emergence of a pandemic; the world is still facing a semi-impossible health emergency around the world with different conditions facing pressure after pressure and crisis in the health care sector (Abozaid, 2022). Wave after wave of confirmed figures continues to be uncertain because new variants emerge and may be expanded in several countries. This also affects paramedics' work patterns and the distribution of emigration and health crisis management areas, including human resources (Goldberg & Reed, 2020). All of this will have an impact on medical services, especially those faced by non-medical staff who work on the frontier to cope compared to work, while the capacity and response of governments in different countries is of course, different in how they work so that it creates tension and stress experienced by workers or mental workers who continue to work hard. continues to grow (Rudnicka et al., 2020).

As witnessed in the ongoing services in many hospitals across the country, health staff report physical and mental exhaustion (Maben & Bridges, 2020) due to the difficulty of dealing with patient victims and difficulties themselves with the condition without last resort options and opportunities, and solutions that need to be addressed made quickly and without the aid of conventions. Government ideals, the impatience and loss of patients and colleagues, and the dangers of contamination to them and their families also frequently haunt the medical staff. This number of problems applies especially to residents of inpatients and junior health workers who, as discussed by Puteri & Syaebani (2018), where new health workers often experience stress and pressure at the work level in hospitals and humanitarian services centers during the pandemic.

Medical staff is approached to work in administration and their powers, especially in a bloody emergency. With this much in mind, the

study intends to examine the severity of burnout among healthcare workers during the COVID-19 period by detailing emerging solutions to address the complexities of a demanding work system and other internal problems. more work risks, the impact of fatigue at the individual and office levels, and how this can be determined solutions to overcome problems so that it is easier for medical staff to work in pandemic emergency conditions (Mahmood et al., 2020).

• Who is affected

Before the emergence of Covid-19, the intricacies of difficulties experienced by medical workers remained, such as fatigue and alertness in all work units, estimated at around 42% but when Covid-19 appeared (Walton et al., 2020). All lines increase the level of fatigue and worry, such as in anesthesiology, obstetrics, general health, and other health fields by about 30% for internal medicine, surgery, and pediatrics, which are expected by about 23% as well as for THT and sensory system science since the pandemic cycle all of this, the routine is now changing into a full emergency, which is a critical consequence that must be studied, the consequences of which have resulted in tremendous pressure in the form of burnout in all circles of health staff (Geerts et al., 2021). This needs to be controlled to overcome their fatigue, not excessive. The point of the appearance of this variable is increasing due to fatigue and chromaticity experienced because the Coronavirus does make excessively overwhelming so that their self-confidence will decrease so that they are worried about being exposed to Covid-19 (Mo et al., 2021).

In addition, the provision of incentives and the implementation of regulations that encourage autonomy for health workers and involve them in maintaining patient care to reduce fatigue but what happens is that they become more tired and stressed if the children living in the hospital and also where the health impacts continue to be haunted by anxiety excessive (Winstein et al., 2016). In this lung, the level of fatigue experienced by the majority of staff in Indonesia, especially women in young health

workers, among others are those under the age of 30, and they experience extreme depression so that some of them change their work commitments and tend to be together with family and other communities (Germain & Knight, 2021).

In another systematic review, Prasad and accomplices noticed higher tension scores in US prosperity relationships among women, Latino individuals, crisis center workers, nursing helpers, clinical partners, and social experts. Stress and burnout were connected with the fear of transparency or transmission, self-uncovered anxiety/distress, and work over-trouble. Female experts' high receptiveness to chance may be associated with their power narrow-minded defying occupations, direction partition, direction presumptions in care, and carelessness at "twofold shift" work with high liabilities at home.

High cases of severe pandemic stress for tedious and frightening health workers were associated with more intense fears about accepting the COVID-19 outbreak, given the racial congruence between workers and patients and other public services represented among hospitalized patients with high-risk cases. COVID-19) (Ornell et al., 2020). Section-level circumstances for their business open them up for quick contact with patients and with little access to the movement. Given the minimal clearance for individual-guarded equipment, the risk of mental distress may be more critical in low-paying or focused hospitals. Other fear factors were anxiety and age, gender, family status, patient honesty, availability of personal protective equipment, and knowledge. Each independent variable was evaluated using logistic regression analysis to determine the most influential variable (Arnetz et al., 2020).

- Consequences for healthcare workers

The direct impact of fatigue is on considering laziness and the well-being of health workers (Kristiansen et al., 2010). Aggravating issues among health care workers are disturbing compared to everyone else and are closely linked to an undeniable degree of word stress. During a COVID-19 episode,

generally high tension (25.94%), distress (25.83%), and problems of lack of rest (45.03%) were accounted for in a meta-examination examining the emotional well-being of healthcare workers (23, 24)). Medical care staff will often hide their problems because of the actual shame associated with psychological and anxiety about the effects on their work (Martin, 2010). Thus, these psychological states are associated with different criticalities, including a 25% chance of alcohol abuse or dependence and multiple dangers of self-destructive consequences.

While considering the outrageous performance, it should be noted that the rates are higher among doctors than in all patients. Dutheil et al. (27) recently revealed a general regular mortality rate for self-destruction in physicians of 1.44% with a significantly more significant rate in women of 1.90 (Mónok et al., 2010). They also tracked higher risk for anesthesiologists, therapists, general practitioners, and specialists. Although, to date, there is no accessible index of information on the impact of COVID-19 on the psychological health of medics and self-destruction, a lot of news on social media and newspapers in various places about the dynamics of medical specialists in the pandemic leaves the world a possibility that the situation worsening and as a result of the stresses of facing a pandemic (Wax et al., 2020).

Another impact of medical fatigue during a pandemic can be a decrease in the nature and morale of work due to the medical care framework as far as compliance with rules, ineffective communication, clinical errors, and errors, and work outcomes and patient safety also drop (Chan et al., 2020). However, as pointedly by (MacIntosh et al., 2010), the relationship between the two idiosyncrasies may be two-way: burnout health workers will not provide good medical care administration and face more challenging challenges, try to ignore subtleties. Moreover, alternately, openness to unfortunate events or recognition of the poor quality of care can trigger mental pain (Corley et al., 2010). The authors conclude that the true strength of the association may not be precise as revealed, and a better origin with

sufficient strength and configuration is expected to see how precisely fatigue and nature of care impact each other among medical professionals during a pandemic (Ramaci et al., 2020).

Medical burnout is a fundamental problem that creates failure in the world of the medical care profession. Shanafelt and colleagues detail that the reduction in physician costs is essentially surveyable as far as the official costs of replacing them, decreased usability, and other distress issues are concerned. They value this expenditure between \$500,000 and \$1,000,000 to replace a single doctor with invaluable preparation and lost experience (Cecil et al., 2014). Also, they announced a 50% reduction in the workforce for every 2-point expansion in burnout. They presented different costs arising from missing guidance for the junior workforce, awards or monitoring clinical errors, and objections to carelessness resulting from work stress during a peak pandemic (Lázaro). -Perez et al., 2020).

- How to address burnout

Characterizing the way to adapt to our symptoms in the medical community during a pandemic is a critical issue in many studies during medical assignments related to the handling of the COVID-19 outbreak (Almeda et al., 2021). This study has obtained a summary in the form of evidence from field studies of actions that can be taken to prevent and reduce symptoms of discharge in the medical community. There have also been burnout issues caused by busy medical duties and the demands of the world of work full of responsibility in carrying out daily tasks at health centers (Yorke et al., 2016). However, what happens when this Fatin cover is something that cannot be described because it has been bathed extraordinarily. Since the outbreak of the covid-19 outbreak, there has been much evidence that has been made about the fatigue of health workers, thus prompting an effort to broaden esports' conversations to seek how to treat and rearrange the content of an essential issue so that the medical world is not so miserable, is to provide standard services. Appropriate actions such as keeping

them out of the way as a line of care for health workers to monitor themselves while assisting COVID-19 patients in carrying out complicated tasks were essential (Buselli et al., 2020).

Suppose they refer to the survey data examined and the meeting of specialists regarding this out. In that case, several suggestions are made for implementing the medical community that is proposed to build following various breakthroughs so that health workers can be more up-to-date in carrying out their duties, namely assisting medical personnel during periods—pandemic (Wang et al., 2021). The author also assures that to help medical professionals communicate during this busy period with various Covid-19 stress issues, and the specialists summarize how to make conversations that are free to share with expert staff while working in handling COVID-19 (Shanafelt et al., 2020). Another relevant issue is to embrace how these paramedics come back so that they synergize in participating in their roles in medical duty and as well as giving a good dispensation of what they say with sympathy and harmony among medical workers in their every voice that has the potential to be heard, then allow them to talk before carrying out tasks and during the day between them are allowed to express problems and solutions that must be done (Gatera & Pavarini, 2020).

It is also recommended to organize in small groups where there are specialist advisory doctors who can provide a sense of medical expertise and a parachute consisting of doctors to provide welfare and security regarding existing psychological talks and support (Szolovits, 2019). Comparable to health workers and technical views. How they deal with work pressures in other words, they must be invited to be happy, treated well and full of dynamic adaptations and provide positive input and from the social aspects of the medical staff's life must be considered smoothly and safely sponsor the wishes that must be part of the staff in general and eat to illustrate how the safety and well-being of health care workers must become legends of medical services providing easily recognizable and manageable

offerings to meet the well-being and demands of solutions (Lowe, 2020).

Apart from the progress that they have made, technological assistance can also be expected in removing the pressure and mental limits that have been difficult to adapt to a typical job related to the high expectations of people seeking health accompanied by social changes in the medical neighborhood (Kalyun & Wodajo, 2012). Likewise, the demands of work that sometimes have to make paramedics have to coordinate and carry out their duties optimally by referring to various existing rules and including all their contributions to taking care of patients and caring for Kanya by providing good medical administrative services that are precise and critical so that all services are of high quality. Moreover, nothing reduces the quality of medical endeavors that might trigger uncontrollable exhaustion to death (Davis & Leo, 2012).

- Flow research gap

The gap in the results of studies and the distribution of results in the medical community is also an essential part of what had become a significant challenge faced by humans, especially with inadequate medical equipment systems, creating opportunities for increasing the pressure experienced by medical workers (Dzau et al., 2017). However, several studies in this copyright period have been released on pandemics and solutions for dealing with employees who are exposed to fear and affected by services related to the safety and mental well-being of health workers in the field (Otu et al., 2020). From several pieces of evidence from studies in the field about the fairness of drugs, for example, which will help the success of mental motivation as long as conditions are still very severe, how do health staff have to fuse with patients and also provide emergency assistance to victims (Amin, 2020).

Moreover, how to organize their own lives by utilizing the existing infrastructure and admitting inadequate arrangements. So many field findings have been given, but not all medical workers can understand, let alone

apply the tricks and strategies on relieving fatigue amid a crisis (Albert et al., 2021). This requires studies and advice from senior medical about reports on how each healthy individual can help keep themselves from getting worse with this same condition. Most of the studies given relate to emotional considerations that each individual must help patients and help themselves (Winters & Neville, 2012). Things that might be understandable because everything will impact mental health for junior officers and those who have worked for a long time because many unexpected things happened (Cooper & Marshall, 2013).

Therefore, practical rules are needed on how to coordinate the factors that cause stress, social factors, individual factors, and also mental factors, all of which are adjusted to the risk data source and, most importantly, given confidence and confidence to health staff so that they understand how to take advantage of research findings in the field that they may not understand (Remko, 2020). So that they can read, understand and apply the knowledge and techniques to reduce the pressure of working in the field (Kundu & Bej, 2021). This is considering the difficulty of carrying out the task and also having to understand every audit of information how to handle it during this pandemic is a huge thing and this plan if not implemented properly then this will risk describing how to group problems into selected and easy for where there are things that are possible. It should be with discretion (Brousselle et al., 2020).

In carrying out the task in the future to recognize every agreed guideline and rule and become an operational standard, this must be imitated and shared so that the medical community understands with assumptions by using the findings of experts in the field (Mapar et al., 2020). They will be individuals who are a little more specific in their work. It is also encouraging that the implications of each of these field findings will be a shared impact for using safe and controlled work devices Sasi this is supported by tests rather than safety and comfort, which is consolidated to increase insight and as well as the welfare of workers in the long term or urgently when the pandemic

continues to be a threat. Therefore, regardless of whether it is dangerous or not, a medical person must be aware that every job has a very high possible risk (Sluka et al., 2012).

Conclusion

The end of this section will describe the main points with a review of the scientific literature on health studies. We are sure that with the exposure of the data, the evidence from the field study has been able to answer the question, and the hypothesis is this with a high level of quality. Under the phenomenological approach, we are trying to get the broadest possible data to answer phenomenal questions about medical outpatients during the disruption of the COVID-19 pandemic. What is essential, we have compiled based on the study and discussion of the first results; we mention efforts to help paramedics in the field. We think this is important because paramedics are the spearhead of movers and workers who face various tensions and difficulties because their work continues to increase and have been stressed since the emergence of the pandemic, which is almost two years today.

Through assistance to medical personnel, it is believed that the medical services of the exposed person and other problems will be better. The clothes We find who has been most affected since COVID-19 hit the world. The findings prove that the most affected are these medical workers because they are the ones who continuously provide services for every Covid case, both fatal and recovering treatment. So due to the highly qualified working conditions, health workers are the first to be affected because they need treatment and treatment so that the pressure they face can be reduced.

The next is what consequences experienced by health workers are important because due to the impact of being a health care worker they are affected by various pressures and also lack of rest as well as individual problems and also problems caused due to work time pressure will have an impact on the soul and fatigue that now can do fatal. Next is how the address about the medical community has been affected since the

covid-19 pandemic. The study evidence states that the ways to provide assistance and their assistance to health workers who are affected due to issues that are said to be critical, including the kingdom, prove that paramedical associations are needed that are ready to handle the task of providing services and assistance that are responsible for enabling the medical workers to carry out their duties well with the presence and participation in aspects of providing solutions to cases of difficulty as well as the difficulty of working and difficulties including the pressures they face that require conversation and solutions on how to reduce the pressure situation of the urgency of help for covid patients -19.

Return to issues that have been an emergency for health workers with experts with field findings. They can be given advice and find their place to find solutions. Likewise, for solutions to the difficulties of the workers in dealing with jobs that are significantly compared and also very challenging here besides being personal, there are also findings in the field for experts who understand how the contribution of their research can be contributed to the medical world staff with various work equipment which then creates opportunities to improve how to reduce the pressure felt by management officers so that they will understand that workers at harvest time need solutions related to workers who feel afraid and also affected because of the safety both physically and mentally and physically.

The findings can be used to formulate legal policies that will create regulations that will protect healthcare workers in the future. Thus, through regulations that exist later with an excellent coordinate system, understanding the causal factors so that the solution factors that have caused stress are known. Likewise, the causes of the factors felt by each staff were mentally and physically have an impact on medical duties and responsibilities, as it is known that since Covid-19 hit, the workers are the first to have an impact so that they become the first load. Therefore, various solutions that can be done must be given to reduce the pressure and burden on medical workers that they experience when they work in the field.

Reference

- [1] Abozaid, A. M. (2022). Counterterrorism strategies in Egypt: Permanent exceptions in the war on terror Routledge.
- [2] Albert, E., Torres, I., Bueno, F., Huntley, D., Molla, E., Fernández-Fuentes, M. Á., . . . Valdivia, A. (2021). Field evaluation of a rapid antigen test (panbio™ COVID-19 ag rapid test device) for COVID-19 diagnosis in primary healthcare centers. *Clinical Microbiology and Infection*, 27(3), 472. e7-472. E10.
- [3] Almeda, N., García-Alonso, C., & Salvador-Carulla, L. (2021). Mental health planning at a very early stage of the COVID-19 crisis: A systematic review of online international strategies and recommendations. *BMC Psychiatry*, 21(1), 1-15.
- [4] Altena, E., Baglioni, C., Espie, C. A., Ellis, J., Gavriloff, D., Holzinger, B., . . . Riemann, D. (2020). We are dealing with sleep problems during home confinement due to the COVID-19 outbreak: Practical recommendations from a European CBT-I academy task force. *Journal of Sleep Research*, 29(4), e13052.
- [5] Amin, S. (2020). The psychology of coronavirus fear: Are healthcare professionals who have corona-phobia? *International Journal of Healthcare Management*, 13(3), 249-256.
- [6] Arbon, P., Cusack, L., Ranse, J., Shaban, R. Z., Considine, J., Kako, M., . . . Hammad, K. (2013). Exploring staff willingness to attend work during a disaster: A study of nurses employed in four Australian emergency departments. *Australasian Emergency Nursing Journal*, 16(3), 103-109.
- [7] Arnetz, J. E., Goetz, C. M., Sudan, S., Arble, E., Janisse, J., & Arnetz, B. B. (2020). Personal protective equipment and mental health symptoms among nurses during the COVID-19 pandemic. *Journal of Occupational and Environmental Medicine*, 62(11), 892-897. doi:10.1097/JOM.0000000000001999 [doi]
- [8] Kumar, S. (2022). A quest for sustainium (sustainability Premium): review of sustainable bonds. *Academy of Accounting and Financial Studies Journal*, Vol. 26, no.2, pp. 1-18
- [9] Allugunti VR Reddy CKK , Elango NM (2021). Prediction of Diabetes Using Internet of Things (IoT) and Decision Trees: SLDPS, Intelligent Data Engineering and Analytics, 2021.
- [10] Reddy DAB A. Viswanatha, Jayaramaiah D., Prasanth A. (2012). Multi Agent Management System for Next Generation Mobile Networks [MAMS for NGMN], *International Journal of Engineering Research & Technology (IJERT)*, Vol.1
- [11] Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, 2, 8-14.
- [12] Brousselle, A., Brunet-Jailly, E., Kennedy, C., Phillips, S. D., Quigley, K., & Roberts, A. (2020). Beyond COVID-19: Five commentaries on reimagining governance for future crises and resilience. *Canadian Public Administration*, 63(3), 369-408.
- [13] Buselli, R., Baldanzi, S., Corsi, M., Chiumiento, M., Del Lupo, E., Carmassi, C., . . . Cristaudo, A. (2020). Psychological care of health workers during the COVID-19 outbreak in Italy: Preliminary report of an occupational health department (AOUP) responsible for monitoring hospital staff condition. *Sustainability*, 12(12), 5039.
- [14] Cecil, J., McHale, C., Hart, J., & Laidlaw, A. (2014). Behavior and burnout in medical students. *Medical Education Online*, 19(1), 25209.
- [15] Chan, H. F., Brumpton, M., Macintyre, A., Arabic, J., Savage, D. A., Skali, A., . . . Torgler, B. (2020). How confidence in health care systems affects mobility and compliance during the COVID-19 pandemic. *PloS One*, 15(10), e0240644.
- [16] Cho, E., & Jeon, S. (2019). The role of empathy and psychological need satisfaction in pharmacy students' burnout and well-being. *BMC Medical Education*, 19(1), 1-12.
- [17] Cooper, C. L., & Marshall, J. (2013). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill-health. *From Stress to Wellbeing Volume 1*, 3-23.
- [18] Corley, A., Hammond, N. E., & Fraser, J. F. (2010). The experiences of health care workers employed in an Australian intensive care unit during the H1N1

- influenza pandemic of 2009: A phenomenological study. *International Journal of Nursing Studies*, 47(5), 577-585.
- [19] Czeisler, M. E., Marynak, K., Clarke, K. E. N., Salah, Z., Shakya, I., Thierry, J. M., . . . Howard, M. E. (2020). Delay or avoidance of medical care because of COVID-19-related concerns - united states, June 2020. *MMWR.Morbidity and Mortality Weekly Report*, 69(36), 1250-1257. doi:10.15585/mmwr.mm6936a4 [doi]
- [20] Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., . . . Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(5), 779-788.
- [21] Dzau, V. J., McClellan, M. B., McGinnis, J. M., Burke, S. P., Coye, M. J., Diaz, A., . . . Hamburg, M. A. (2017). Vital directions for health and health care: Priorities from a national academy of medicine initiative. *Jama*, 317(14), 1461-1470.
- [22] Gatera, G., & Pavarini, G. (2020). COVID-19: What is next for public health? *Lancet*, 395, 542-545.
- [23] Geerts, J. M., Kinnair, D., Taheri, P., Abraham, A., Ahn, J., Atun, R., . . . Dhahri, A. A. (2021). Guidance for health care leaders during the recovery stage of the COVID-19 pandemic: A consensus statement. *JAMA Network Open*, 4(7), e2120295-e2120295.
- [24] Germain, C., & Knight, C. (2021). 2 the ecological perspective. *The life model of social work practice* (pp. 54-81) Columbia University Press.
- [25] Gerrish, K., & Lacey, A. (2010). *The research process in nursing* John Wiley & Sons.
- [26] Goldberg, P. K., & Reed, T. (2020). The coronavirus pandemic's effects in emerging markets and developing economies: An optimistic preliminary account. *Brookings Papers on Economic Activity*, 2020(2), 161-235.
- [27] Halimatussadiyah, A., Cesarina, A., Siregar, A. A., Hanum, C., Wisana, D., Rahardi, F., . . . Azar, M. S. (2020). Thinking ahead: Indonesia's agenda on sustainable recovery from COVID-19 pandemic.
- [28] Hansen, J. A., & Lory, G. L. (2020). Rural victimization and policing during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45(4), 731-742.
- [29] Hascher, T., Beltman, S., & Mansfield, C. (2021). Swiss primary teachers' professional well-being during school closure due to the COVID-19 pandemic. *Frontiers in Psychology*, 12
- [30] Hsiao, C., Sun, J., Chiang, Y., Chen, H., & Liu, T. (2021). Experience of patients with COVID-19 in hospital isolation in Taiwan. *Nursing & Health Sciences*, 23(4), 888-897.
- [31] Kalyun, M., & Wodajo, T. (2012). Application of a Design Method for Manufacture and Assembly, Flexible Assembly Methods and their Evaluation for the Construction of Bridges,
- [32] Kristiansen, L., Hellzén, O., & Asplund, K. (2010). I left alone—Swedish nurses' and mental health workers' experiences of being care providers in a social psychiatric dwelling context in the post-health-care-restructuring era. A focus-group interview study. *Scandinavian Journal of Caring Sciences*, 24(3), 427-435.
- [33] Kundu, A., & Bej, T. (2021). COVID 19 response: An analysis of teachers' perception on pedagogical successes and challenges of digital teaching practice during new normal. *Education and Information Technologies*, 1.
- [34] Lázaro-Pérez, C., Martínez-López, J. Á., Gómez-Galán, J., & López-Meneses, E. (2020). Anxiety about the risk of death of their patients in health professionals in Spain: Analysis at the peak of the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(16), 5938.
- [35] Lowe, G. (2020). *Creating healthy organizations*, revised and expanded edition: To improve employee well-being University of Toronto Press.
- [36] Maben, J., & Bridges, J. (2020). Covid-19: Supporting nurses' psychological and mental health. *Journal of Clinical Nursing*, Accepted Article.
- [37] MacIntosh, J., Wuest, J., Gray, M. M., & Cronkhite, M. (2010). Workplace bullying in health care affects the meaning of work. *Qualitative Health Research*, 20(8), 1128-1141.
- [38] Mahmood, S., Hasan, K., Carras, M. C., & Labrique, A. (2020). Global preparedness

- against COVID-19: We must leverage the power of digital health. *JMIR Public Health and Surveillance*, 6(2), e18980.
- [39] Mapar, M., Jafari, M. J., Mansouri, N., Arjmandi, R., Azizinezhad, R., & Ramos, T. B. (2020). A composite index for sustainability assessment of health, safety, and environmental performance in municipalities of megacities. *Sustainable Cities and Society*, 60, 102164.
- [40] Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development*, 29(3), 259-274.
- [41] Michaud, K., Wipfler, K., Shaw, Y., Simon, T. A., Cornish, A., England, B. R., . . . Katz, P. (2020). Experiences of patients with rheumatic diseases in the united states during the early days of the COVID-19 pandemic. *ACR Open Rheumatology*, 2(6), 335-343.
- [42] Mo, Y., Deng, L., Zhang, L., Lang, Q., Pang, H., Liao, C., . . . Huang, H. (2021). Nurses' anxiety to support Wuhan in fighting against the COVID-19 epidemic and its correlation with work stress and Self-efficacy. *Journal of Clinical Nursing*, 30(3-4), 397-405.
- [43] Mónok, K., Berczik, K., Urbán, R., Szabo, A., Griffiths, M. D., Farkas, J., . . . Kökönyei, G. (2012). Psychometric properties and concurrent validity of two exercise addiction measures: A population-wide study. *Psychology of Sport and Exercise*, 13(6), 739-746.
- [44] Mulyadi, M., Dedi, B., Hou, W., Huang, I., & Lee, B. (2021). Nurses' experiences of emergency department triage during the COVID-19 pandemic in Indonesia. *Journal of Nursing Scholarship*,
- [45] Nia, V. M. (2020). The effect of the corona outbreak on the Indonesian stock market. *American Journal of Humanities and Social Sciences Research*, 4(3), 358-370.
- [46] Okereafor, K., & Adebola, O. (2020). Tackling the cybersecurity impacts of the coronavirus outbreak as a challenge to internet safety.
- [47] Ornell, F., Schuch, J. B., Sordi, A. O., & Kessler, F. H. P. (2020). "Pandemic fear" and COVID-19: Mental health burden and strategies. *Brazilian Journal of Psychiatry*, 42(3), 232-235.
- [48] Otu, A., Charles, C. H., & Yaya, S. (2020). Mental health and psychosocial well-being during the COVID-19 pandemic: The invisible elephant in the room. *International Journal of Mental Health Systems*, 14, 1-5.
- [49] Pakenham, K. I., Landi, G., Boccolini, G., Furlani, A., Grandi, S., & Tossani, E. (2020). The moderating roles of psychological flexibility and inflexibility on the mental health impacts of COVID-19 pandemic and lockdown in Italy. *Journal of Contextual Behavioral Science*, 17, 109-118.
- [50] Perry, H. B., Chowdhury, M., Were, M., LeBan, K., Crigler, L., Lewin, S., . . . Ballard, M. (2021). Community health workers at the dawn of a new era: 11. CHWs are leading the way to "Health for all." *Health Research Policy and Systems*, 19(3), 1-21.
- [51] Pramesona, B., Suharmanto, S., & Wardani, D. W. (2021). Prevalence and risk factors of nurses' burnout during the covid-19 pandemic in Lampung, Indonesia.
- [52] Puteri, L. A., & Syaebani, M. I. (2018). Employees work stress levels in the hospital. *Int Res J Bus Stud*, 11, 232-243.
- [53] Quak, E. (2020). The covid-19 pandemic and the future of global value chains (GVCs).
- [54] Rahardja, U., Lutfiani, N., & Juniar, H. L. (2019). Scientific publication management transformation in disruption era. *Artist Transactions on Management (ATM)*, 3(2), 109-118.
- [55] Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social stigma during COVID-19 and its impact on HCWs outcomes. *Sustainability*, 12(9), 3834.
- [56] Remko, V. H. (2020). Research opportunities for a more resilient post-COVID-19 supply chain—closing the gap between research findings and industry practice. *International Journal of Operations & Production Management*, 40(4), 341-355.
- [57] Rocco, P., Béland, D., & Waddan, A. (2020). Are you stuck in neutral? Federalism, policy instruments, and counter-cyclical responses to COVID-19 in the united states. *Policy and Society*, 39(3), 458-477.

- [58] Rudnicka, A., Newbold, J. W., Cook, D., Cecchinato, M. E., Gould, S., & Cox, A. L. (2020). Work life: Developing effective strategies for remote working during the COVID-19 pandemic. Paper presented at the Eworklife: Developing Effective Strategies for Remote Working during the COVID-19 Pandemic,
- [59] Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *Jama*, 323(21), 2133-2134.
- [60] Slakoff, D. C., Aujla, W., & PenzeyMoog, E. (2020). The role of service providers, technology, and mass media when the home is not safe for intimate partner violence victims: Best practices and recommendations in the era of CoViD-19 and beyond. *Archives of Sexual Behavior*, 49(8), 2779-2788.
- [61] Sluka, J. A., Nordstrom, C., & Robben, A. (2012). Reflections on managing danger in fieldwork: Dangerous anthropology in Belfast. *Ethnographic Fieldwork: An Anthropological Reader*, 23, 283.
- [62] Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226-231. doi:10.4212/chip.v68i3.1456 [doi]
- [63] Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care*, 9(3), 241-247.
- [64] Wang, Y., Hao, H., & Platt, L. S. (2021). Examining government agencies' and stakeholders' risk and crisis communications during early stages of COVID-19 on Twitter. *Computers in Human Behavior*, 114, 106568.
- [65] Wax, R. S., & Christian, M. D. (2020). Practical recommendations for critical care and anesthesiology teams caring for novel coronavirus (2019-nCoV) patients. *Canadian Journal of Anesthesia/Journal Canadien d'Anesthésie*, 67(5), 568-576.
- [66] Wen, J., Kozak, M., Yang, S., & Liu, F. (2020). COVID-19: Potential effects on Chinese citizens' lifestyle and travel. *Tourism Review*,
- [67] Weinstein, C. J., Stein, J., Arena, R., Bates, B., Cherney, L. R., Cramer, S. C., Harvey, R. L. (2016). Guidelines for adult stroke rehabilitation and recovery: A guideline for healthcare professionals from the American heart association/Stroke Association. *Stroke*, 47(6), e98-e169.
- [68] Winters, R., & Neville, S. (2012). Registered nurse perspectives on delayed or missed nursing care in a New Zealand hospital. *Nursing Praxis in New Zealand*, 28(1)
- [69] World Health Organization. (2014). Ethical Considerations for the use of Unregistered Interventions for Ebola Viral Disease: Report of an Advisory Panel to WHO,
- [70] World Health Organization. (2020). Mental Health and Psychosocial Considerations during the COVID-19 Outbreak, 18 March 2020,
- [71] Zhang, H. (2020). The influence of the ongoing COVID-19 pandemic on family violence in china. *Journal of Family Violence*, 1-11.
- [72] Zhang, Y., & Ma, Z. F. (2020). Impact of the COVID-19 pandemic on mental health and quality of life among residents in Liaoning province, China: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 17(7), 2381.