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Photo Essay

POLITEKNIK KESEHATAN KEMENKES PALANGKA RAYA: HEALTH FORUM AND INTERNATIONAL SEMINAR  
THE NEW NORMAL : Creating a Pleasant Virtual Communication

## Risks Nurses Faced During the COVID-19 Pandemic

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The World Health Organization (WHO) states that COVID-19 stands for coronavirus disease, with '19' referring to 2019, the year when the disease was originated (Utomo, 2020). COVID-19 can also be shortened to 2019 novel coronavirus or 2019-nCoV. Exposure to COVID-19 causes mild to severe respiratory tract disorders and even death. COVID-19 spreads quickly among humans and is hard to be managed. Indonesia was the country with the 13th highest prevalence of COVID-19. Active cases consist of people diagnosed with COVID-19 who are undergoing treatment and care in the hospital or who are undergoing self-isolation at home (Suni, 2021).

The Indonesian government has made various efforts to contain the spread of COVID-19, such as establishing the following policies: (1) staying at home; (2) social distancing; (3) physical distancing; (4) use of personal protective equipment (masks); (5) maintaining personal hygiene (washing hands); (6) working and studying from home; (7) suspending all crowd activities; (8) wide-scale social limitation; and (9) the new normal life (Tuwu, 2020). In accordance with these policies, social, cultural, economic, political, and religious activities are carried out at home (Harjudin, 2020).



*Figure 1. People enjoying the view on the edge of the Kahayan river without wearing masks or keeping their distance*

Ever since the WHO officially announced the global outbreak of COVID-19 in March 2020, public awareness of implementing health protocols has seemed to decline. Some people do not wear masks or keep their distance, even in the crowd. The Indonesian community's daily activities, such as relaxing in parks, restaurants, and cafes, were carried out regardless of health protocols. As humans as social creatures, people still have desire for outings after spending office hours at home. Extroverted people may have their mood drained because of reduced interactions with other humans and disruption of daily activities, such as sports and business. The lengthy quarantine could inflict stress, anxiety, frustration, boredom, despair, or even suicidal thoughts (Gunawan et al., 2020).



*Figure 2. Figure 2. People doing outdoor activities in Palangka Raya City Park without wearing masks*

Doing activities without masks is against health protocols; otherwise, people who suffer from COVID-19 experience moderate to severe symptoms that require treatment. The mild symptoms include runny nose, sore throat, cough, and fever. An estimated 80% of COVID-19 patients can recover without the necessity of special treatment. Approximately one in six people may develop serious illnesses gradually, such as pneumonia or difficulty breathing. Although the COVID-19 fatality rate is low (about 3%), the elderly and those with pre-existing medical conditions (such as diabetes, raised blood pressure, and heart disease) are susceptible to becoming seriously ill. Moderate symptoms include a fever of or above 38°C, shallow breathing, persistent cough, and sore/raw throat. In children, cough and tachypnea may occur. Severe symptoms include persistent fevers ( $\geq 38.0^{\circ}\text{C}$ ); airflow passage infection with signs of an intensifying respiratory frequency ( $>30$  times/minute) and shallow breathing (respiratory distress); cough; decreased consciousness; and oxygen saturation below 90%. The public should abide by health protocols by observing activities in areas with increasing positive cases. To end the COVID-19 transmission cycle, the government has issued several rules that everyone must adhere to.

The following is documentation of nursing service work in the intensive care unit (ICU) for COVID-19 patients with severe symptoms. Given the main symptoms felt by patients are respiratory disorders, such as shallow breathing and decreased oxygen saturation, it is necessary to provide care in the ICU. However, the rising number of sufferers has caused the hospital to be overwhelmed in providing ICU slots (Hasibuan, 2020).



*Figure 1 Nurses on duty in the COVID-19 ICU giving sedatives and analgesics using a syringe pump*



*Figure 4. Nurses in the COVID-19 ICU performing cardiac arrest resuscitation on cardiac arrest patients*



*Figure 5. Nurses in the COVID-19 ICU applying COVID-19 funeral procedures*

Nurses as healthcare providers play a significant role in realizing the highest degree of community health. The WHO states that nurses are the backbone of in-service facilities because they are more significant than other health workers. They perform continuous service (24 hours) for the community (Hatmanti, 2020). As health workers, they are always at the front row of providing health services during the COVID-19 pandemic.

Much medical personnel, including nurses, have died throughout the pandemic because of several factors. Many medical personnel do not realize they are dealing with COVID-19 patients, and do not implement health protocols as a result. This usually occurs because patients are not open about their contact and travel history (Ihsanuddin, 2020). This situation is worsened by poor personal protective equipment and fatigue due to long working hours. Nurses are the frontline medical personnel who serve as the first point of contact in COVID-19 treatment (Safuni, 2020).

Taking into account the volume of medical personnel who have contracted COVID-19, the WHO has stated that as many as 5.9 million new nurses are needed worldwide. The WHO recommends that countries with insufficient nurses need to increase nursing school graduates by about 8% each year (WHO, 2020). The demand for nurses will undoubtedly increase in countries with an aging population because, even without the deployment of COVID-19, the demand for nurses to look after the elderly is high enough. The needs in these countries are met by accepting migrant nurses from several other countries, including Indonesia; furthermore, the demand for nurses in Indonesia has also increased throughout the pandemic (Safuni, 2020).

Nurses who decide to remain in clinical practice may experience psychosocial consequences. Nurses have reported experiencing stress due to being separated from family or loved ones, lack of sleep, and heavy workload leading to the demands of the health system and staff shortages (Huang et al., 2020). Additionally, ethical and resource issues that arise during the pandemic can negatively impact nurses. The psychological effect is predisposed to have short-term and long-term consequences for nurses. With the experience, they can help identify the causes of stress experienced by patients to help them overcome their problems (Fernandez et al., 2020). This study concludes that nurses play a very important role in health services during the COVID-19 pandemic.

## Consent

All participants have permitted their photographs to be used in the publication of this study.

## References:

- Fernandez R; Lord H; Halcomba E; Moxham L; Middleton R; Alananzeh I; Ellwood L. 2020. Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic.
- Gunawan, J., Juthamane, S., & Aunguroch, Y. 2020. Current Mental Health Issues in the Era of Covid-19. In *Asian Journal of Psychiatry* (Vol. 51). Elsevier. <https://doi.org/10.1016/j.ajp.2020.102103>
- Harjudin, L. 2020. Dilema Penanganan Covid-19: Antara Legitimasi Pemerintah Dan Kepatuhan Masyarakat. *Kesejahteraan Dan Pelayanan Sosial (JKPS)*, 1, 90–97.
- Hasibuan, L. 2020. Pasien Covid-19 Bisa Tembus 50 Ribu, RI Darurat Ruang ICU! <https://www.cnbcindonesia.com/lifestyle/20200424123013-33-154190/pasien-covid-19-bisa-tembus-50-ribu-ri-darurat-ruang-icu>, Accessed: 2020-07-06
- Hatmanti, N. M. 2020. Peran Perawat Selama Pandemi Covid-19. <https://duta.co/peran-perawat-selama-pandemi-covid-19>, Accessed: 2020-07-06.
- Huang, L., Lei, W., Xu, F., Liu, H., & Yu, L. 2020. Emotional responses and coping strategies in nurses and nursing students during Covid-19 outbreak: A comparative study. *PLoS ONE*, 15(8 August). <https://doi.org/10.1371/journal.pone.0237303>
- Ihsanuddin. 2020. Gugus Tugas: 38 Dokter dan 17 Perawat Meninggal Selama Pandemi Corona. <https://nasional.kompas.com/read/2020/05/06/17352511/gugus-tugas-38-dokter-dan-17-perawat-meninggal-selama-pandemi-corona>, Accessed: 2020-07-06.
- Safuni, N., Hidayati, H., & Fitriani, N. 2020. Manajemen Waktu Selama Pandemi Covid 19 Pada Mahasiswa Keperawatan Di Kotamadya Banda Aceh. *Idea Nursing Journal*, 11(1).
- Suni, N. S. P. 2021. Tingginya Kasus Aktif Dan Angka Kematian Akibat Covid-19 Di Indonesia. *Jurnal Pusat Penelitian Badan Keahlian DPR RI*, XIII, 3.
- WHO. 2020. WHO and partners call for urgent investment in nurses.

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