

Psychological Well- Being of Healthcare Workers During The COVID-19 Pandemic

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| KEYWORDS | ABSTRACT |
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| Psychological Wellbeing; Health Workers; COVID-19 Pandemic | The purpose of this study was to determine the description of the psychological well-being of health workers during the co-19 pandemic, and to find out the factors that can influence it. The informants in this study totaled 6 people. Informants were selected based on the 42-item Ryff psychological well-being scale score that had previously been distributed in advance, and could reach 96 health worker respondents. Of the 96 respondents, 6 subjects were selected based on their level of psychological well-being, namely 3 subjects with high psychological well-being, and 3 subjects with low psychological well-being. The research was conducted using a qualitative method with a phenomenological approach. Interviews were conducted using an interview guide prepared by the researcher. Data analysis was conducted using interpretative phenomenological analysis. From the results of the analysis, it was found that the psychological well-being of health workers during the Covid-19 pandemic can be influenced by the social support received, the way the subject overcomes the problems faced, and the gratitude he has for his life. |

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Introduction

The global pandemic of the coronavirus or covid-19 was first discovered in Wuhan, China, in December 2019 and began to hit Indonesia on March 2, 2020 (Unhale et al., 2020; World Health Organization, 2020). Covid-19 is called a disease of a thousand faces, because of the diverse symptoms that appear from various organs of the body. Covid-19 so far is known not only to infect the respiratory tract, but almost all limbs that have ACE2 receptors can be infected so that it can cause productive cough, shortness of breath, sore throat, headache, myalgia/arthritis, chills, nausea/vomiting, nasal congestion, diarrhea, abdominal pain, hemoptysis, and conjunctival congestion. In severe cases, covid-19 can cause death (Susilo et al., 2020).

Transmission of the coronavirus can occur easily and quickly through splashes of saliva that come out when talking or sneezing. In addition, the coronavirus can also be transmitted through indirect contact with items that have been contaminated with the virus such as cellphones, laptops, and others (Gennaro et al., 2020). The ease and speed of transmission of covid-19 has led the

Indonesian government to implement a stay-at-home policy or social restrictions (Harlianty et al., 2020). Social restrictions require Indonesians to carry out various activities online from home, such as online schooling, and working online to avoid the spread of covid-19. This applies to all citizens, except for certain professions such as banking officers, supermarket keepers and shopkeepers, drivers, couriers, police and military, and healthcare professionals. Healthcare workers have historically been at the forefront of the battle during times of pandemics and continue to do so selflessly to this day. Therefore, they may be disproportionately affected more than other occupational classes, in terms of physical, mental and emotional health (Philip & Cherian, 2020; Rumi, 2020).

The health worker profession is currently the main role / front guard in tackling covid-19 cases. Law of the Republic of Indonesia number 36 of 2014 concerning health workers, which are included in health workers including; (1) medical personnel, (2) clinical psychology personnel, (3) nursing personnel, (4) midwifery personnel, (5) pharmaceutical personnel, (6) public health personnel, (7) environmental health personnel, (8) nutrition personnel, (9) physical therapists, (10) medical engineering personnel, (11) biomedical engineering personnel, (12) traditional health personnel, and (13) other health personnel. Health workers have direct contact and must treat covid-19 patients and suspected covid-19 cases, therefore they are at high risk of infection. The main factors for infection in health workers include; lack of understanding of the disease, unavailable or inappropriate personal protective equipment (PPE), uncertain diagnostic criteria, unavailability of diagnostic tests and psychological stress. Psychological distress has been known to be associated with the immune system. The immune system, especially the innate immune system, is essential to protect the body from viral infections. Thus, maintaining the psychological health of health workers is important (Ali et al., 2020; Li et al., 2020; Shatri et al., 2020).

Various kinds of research have been conducted related to the psychological health of health workers in the mid-19th century. Braquehais et al. (2020) reviewed 260 scientific publications published in the UK and Spain between December 2019 and May 2020. The review concluded that most studies reported a high prevalence of anxiety (ranging from 30% to 70%) and depressive symptoms (20-40%). In addition to anxiety and depression, other problems such as insomnia, fatigue, emotional exhaustion or somatic symptoms were also reported.

Another study was also conducted in China on 1,257 health workers which showed that 50.4% of health workers experienced depression, 44.6% experienced anxiety, 34% experienced insomnia, and 71.5% experienced distress due to psychological pressure related to Covid-19. Another study also stated that of 183 doctors and 811 nurses in China, 36.9% of the sample experienced mental health disorders below the threshold, 34.4% experienced mild disorders, 22.4% experienced moderate disorders, and 6.2% experienced severe disorders (Kang et al., 2020; Lai et al., 2020).

Susanto (2020) conducted a literature review of 15 articles published from April to June 2020 regarding the mental health of health workers during the Covid-19 pandemic. The results of the review state that psychological problems experienced by health workers include; anxiety, depression, stress, psychological trauma, insomnia, somatization, and obsessive-compulsive

symptoms. Fadli et al. (2020) conducted research in 3 hospitals and 9 other health services in Sidrap Regency, finding that of 115 health workers, 62.5% experienced anxiety caused by concerns about their own health due to lack of availability of PPE and concerns about spreading the virus to their families.

Research conducted by Wang et al. (2021) on the impact of the covid-19 pandemic on the mental health of several countries in Asia, found data as shown in chart 1 below:

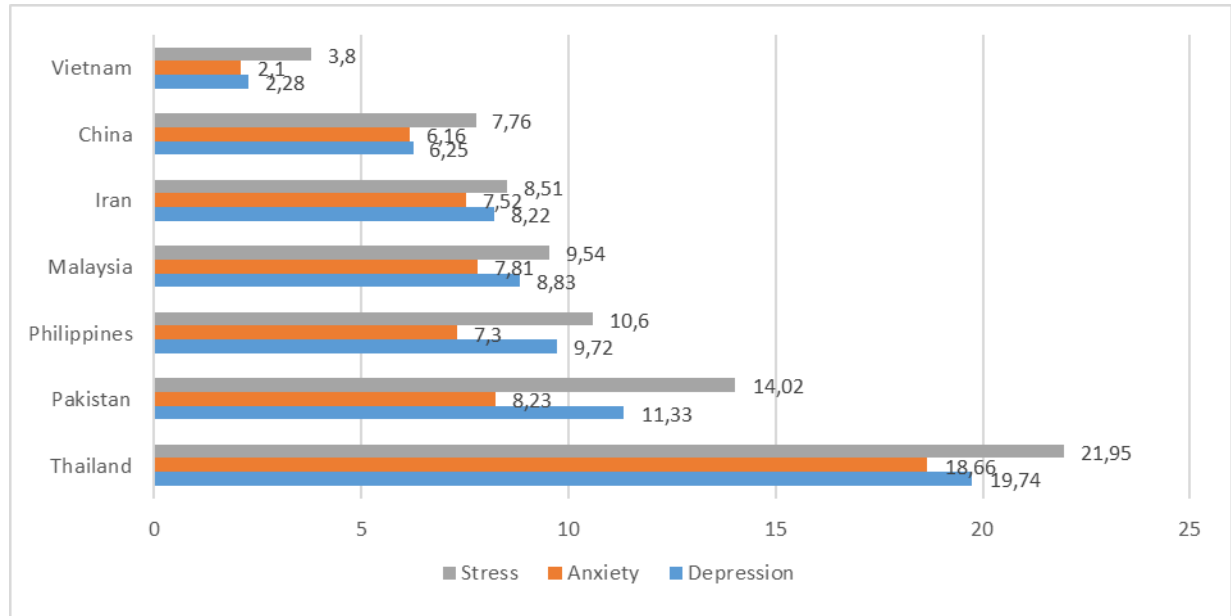


Chart 1 . Comparison of mental health conditions in different countries during the covid-19 pandemic.

The data above uses scores from the Depression, Anxiety and Stress Scale (DASS) which has calculated the average score of all respondents in each country. On average across Asian countries, they have DASS scores that are classified as moderate. This means that the average person living in Asia suffers from depression, anxiety and stress. A study discussed the basic needs and psychological well-being of health workers at the Fever Clinic of a Tertiary General Hospital in Beijing, the data obtained is consistent with other similar situations, namely health workers are under high pressure.

The studies that have been conducted, mostly mention the psychological problems experienced by health workers, such as; anxiety, depression, distress, psychological trauma, somatization and insomnia. Gavin et al. (2020) stated that after the Covid-19 pandemic, and in preparation for future pandemics, it is recommended to increase workforce resilience to minimize future psychological problems. Unfortunately, as with many other aspects of pandemic preparedness (SARS-CoV, MERS-CoV) this proactive protective approach to staff psychological well-being has not been undertaken in most jurisdictions. To date, research exploring the psychological well-being of health workers during the Covid-19 pandemic is minimal.

In emergency situations with shortages of medical staff and resources, many doctors and nurses are overworked. Researchers suggest monitoring the physical and psychological needs and

well-being of medical workers in similar situations, and then adjusting their work schedules and formulating appropriate psychosocial interventions (Cao et al., 2020). There has been no in-depth description of the psychological well-being conditions of health workers during the Covid-19 pandemic, Cao et al. (2020) research only explains the importance of maintaining the psychological health of health workers. It is no different from the research of Gavin et al. (2020) which also only explains the importance of maintaining the psychological well-being of health workers during the covid-19 pandemic, without in-depth research on the conditions of psychological well-being experienced.

Healthcare workers and especially those who provide care for patients with confirmed or suspected covid-19 are most vulnerable to psychological disorders. However, to date, the psychological well-being of healthcare workers has not attracted enough attention worldwide. The psychological well-being of healthcare workers should be a fundamental goal and an important aspect of public health and safety. There is no patient safety without healthcare worker safety (Hu & Huang, 2020).

Health workers should be able to maintain good physical and mental health. Based on the above background, the researcher is interested in conducting research which aims to; (1) determine the description of the psychological well-being of health workers during the Covid-19 pandemic, (2) determine the factors that affect the psychological well-being of health workers during the Covid-19 pandemic. The results of the study will be used as material to develop recommendations for educational modules to improve psychological well-being in health workers during the Covid-19 pandemic.

This research is expected to provide benefits for the development of Psychology, Clinical Psychology and Mental Health in the study of the psychological well-being of health workers during the co-19 pandemic. In addition, it can also be used as; (1) development in science and a means for the learning process for readers as well as a literature review for future researchers who will examine related issues, (2) a means of increasing insight into the development of positive coping for health workers during the Covid-19 pandemic, and (3) a means of increasing insight and developing knowledge to overcome the problems of psychological well-being of health workers during the Covid-19 pandemic.

Psychological well-being is a concept related to what individuals feel about activities in daily life and leads to the expression of personal feelings for what individuals feel as a result of their life experiences. (Ryff, 1989). According to Ramos (2008) psychological well-being is kindness, harmony, good relationships with others both between individuals and in groups. Raz (2004) added that carrying out activities wholeheartedly and being successful in relationships with others is the meaning of psychological well-being, in other words, the source of psychological well-being is finding meaning in life.

From some of the explanations above, it can be concluded that psychological well-being is a feeling of goodness and harmony over his life experience with the existence of good relationships with other people both between individuals or in groups, and can carry out his activities wholeheartedly. Finding meaning in life is the source of psychological well-being. Psychological

well-being can be characterized by the acquisition of happiness, life satisfaction, and the absence of signs of depressive symptoms (Ryff & Keyes, 1995). Happiness is the result of psychological well-being, and is the highest goal that every human being wants to achieve (Ryff, 1989).

Coronavirus is an RNA virus with a particle size of 120-160 nm. It mainly infects animals, including bats and camels. Prior to the covid-19 outbreak, there were 6 types of coronaviruses that could infect humans, namely alphacoronavirus 229E, alphacoronavirus NL63, betacoronavirus OC43, betacoronavirus HKU1, Severe Acute Respiratory Illness Coronavirus (SARS-CoV), and Middle East Respiratory Syndrome Coronavirus (MERS-CoV). Computer modeling results show that SARS-CoV-2 has a three-dimensional structure of the spike domain receptor-binding protein that is almost identical to SARS-CoV. In SARS-CoV, this protein has a strong affinity for angiotensin-converting-enzyme 2 (ACE2). In SARS-CoV-2, in vitro data support the possibility that the virus is able to enter cells using ACE2 receptors (Zhang et al., 2020; Zhou et al., 2020).

Currently, human-to-human spread of SARS-CoV-2 is the main source of transmission, making the spread more aggressive. Transmission of SARS-CoV-2 from symptomatic patients occurs through droplets emitted when coughing or sneezing. Covid-19 itself has an impact in the form of death, social restrictions, community economic decline, and various mental health problems (Han & Yang, 2020).

This study uses the positive psychology paradigm pioneered by Martin Seligman to discuss the research results obtained. Positive psychology focuses its study on the strengths possessed by humans (King, 2008). Human strengths include hope, happiness, optimism, gratitude, grit, and resilience. Positive psychology examines positive human experiences in the past such as well-being and life satisfaction, in the present such as flow, pleasure, sensual pleasures, happiness, and in the future such as optimism, hope, and faith (Seligman, 2001).

Based on the previous explanation, it can be concluded that health workers should be able to maintain both physical and mental health. There is no public safety without the safety of health workers. Thus, health workers need efforts to maintain their immunity, by reducing psychological problems, and improving their psychological well-being. Therefore, researchers are interested in conducting research on how the psychological well-being of health workers is described, and what factors affect the psychological well-being of health workers during the co-19 pandemic. Researchers asked research questions; (1) what is the picture of the psychological well-being of health workers during the Covid-19 pandemic? and (2) what are the factors that affect the psychological well-being of health workers during the Covid-19 pandemic?

Research Methods

This research uses a qualitative method with a phenomenological approach. Phenomenological research is a research design in which researchers describe the human life experience of a particular phenomenon as described by the participants. This description leads to the essence of the experience of several individuals who have experienced the phenomenon. This design has a strong philosophical foundation and involves conducting interviews (Creswell & Creswell, 2018). Interviews will be conducted by selecting several informants with consideration

of the psychological well-being scale scores that have been given. The type of interview used is an open structure interview, which is an interview that gives informants the freedom to answer questions from researchers, so that it can look like someone is having a conversation between the informant and the researcher (Hayes, 2000).

In the early stages, researchers have spread initial data to reveal the level of psychological well-being of health workers during the Covid-19 pandemic using the Psychological Well-Being (PWB) scale developed by Ryff (1995) which totals 42 items. All scale items have been proven valid and have a reliability of 0.976 which means the scale is reliable. The PWB scale criteria are determined by the standard deviation of the data obtained. From the process of distributing the psychological well-being scale, 96 respondents were collected consisting of 54 doctors, 32 nurses, 7 midwives, and 3 pharmacists. The researcher then scored the respondents' answers to see their level of psychological well-being.

From the results of the scales distributed, 6 informants were contacted, both male and female, with various levels of education and professions in health, with the following criteria; (1) 3 people who have the lowest psychological well-being selected from each field of work (doctors, nurses, midwives), and (2) 3 people who have the highest psychological well-being selected from each field of work (doctors, nurses, midwives). This study requires subjects with high levels of PWB and low levels of PWB. Therefore, pharmacists were not selected in this study, because all the PWB scores of respondents who work as pharmacists have a PWB level that is classified as moderate.

The selected informants will be given informed consent to express their willingness to become respondents in the study without any coercion and is a form of responsibility from researchers regarding the confidentiality of data and information from informants. The informants in this study were health workers in Central Java. All subjects handle services for covid-19 patients. Interviews with informants were conducted from January 2021 to February 2021 twice. The first interview was conducted to collect data, and the second interview was conducted to confirm the results of the data obtained to each informant. The duration of the interviews conducted with informants is approximately 1 to 2 hours. The place and time of the interview were determined based on mutual agreement between the researcher and the informant. Interviews were conducted face-to-face with 3 informants who agreed, and for 3 other informants via telephone. Table 1 shows the characteristics of the informants

Data obtained from informants were analyzed using interpretative phenomenological analysis (IPA). Kahija (2017) explains that data analysis in IPA can be done by: (1) reading the data many times, (2) making initial noting, (3) making emergent themes, (4) making superordinate themes. After completing the research, the researcher made verbatim from each subject. The analysis was carried out by first making initial noting by making comments about the meaning of the verbatim transcripts, called exploratory comments. After making exploratory comments, the researcher then created emergent themes, which were a compaction of the exploratory comments made earlier. The emergent themes found were then accommodated in a larger theme, the superordinate theme.

Research credibility. Credibility testing is done by; (1) building rapport, (2) using tools such as voice recorders and small notebooks, (3) reading various references, books, previous research results, and related documents by comparing the research results that have been obtained, and (4) conducting member checks (Sugiyono, 2018).

Data credibility is carried out by using a voice recorder during interviews so that no data is lost, and using a small notebook to record details that you want to ask further to the interviewees. In addition, data credibility is also achieved by conducting member checks on the results obtained by researchers. The researcher reconfirmed the conclusions of the data obtained by the researcher to the informant, so that the researcher could find out the suitability of the data with what was given by the informant and no errors occurred in the presentation of the data when writing the report.

Results and Discussion

Overview of Psychological Well-Being of Health Workers during the COVID-19 Pandemic

Based on the results of the analysis of the interviews conducted, there are 4 sub-ordinate themes found to find out the conditions that distinguish the level of psychological well-being of health workers during the covid-19 pandemic, namely; (1) the adaptation process; (2) workplace conditions; (3) environmental response; and (4) the perceived impact of the covid-19 pandemic.

1. Adaptation Process

Table 1. Differences in the adaptation process of high psychological well-being subjects and low psychological well-being subjects

| Subject Ve (high pwb) | Subject Vi (high pwb) | Subject Ad (high pwb) | Subject Ar (low pwb) | Subject La (low pwb) | Subject Ti (low pwb) |
|---|--|--|--------------------------------|--------------------------------|--------------------------------|
| Worried about getting infected | Worried about getting infected | Worried about getting infected | Worried about getting infected | Worried about getting infected | Worried about getting infected |
| Relaxation and refreshing after working for about three months. | Refreshing with a walk and a movie after work | Refreshing family outing | - | - | - |
| - | There is a shared feeling of being in the same boat as your peers. | Stop watching the news about the anxious death of covid-19 | - | - | - |

Table 1 shows the differences between subjects with high and low psychological well-being regarding concerns about COVID-19. All subjects felt these concerns, which led to feelings of

distress. Subjects with high well-being were able to overcome these concerns through relaxation and refreshing after work, which helped them adapt to the pandemic situation.

For example, subject Ve explained how she relaxes her mind by walking in nature, feeling calm and carefree. Subjects Vi and Ad also mentioned fun activities such as joking around and enjoying food that helped them feel better. In addition, subjects with high well-being felt stronger thanks to support from coworkers and chose to reduce their consumption of anxiety-inducing news.

In contrast, subjects with low well-being showed the same concerns but did not make efforts to cope with these feelings. They had difficulty adapting to the pandemic situation and did not implement relaxation strategies. This suggests that the level of psychological well-being affects an individual's ability to deal with stress due to the pandemic.

2. Workplace Conditions

Differences in workplace conditions between subjects with high psychological well-being and subjects with low psychological well-being

| Subject Ve (high pwb) | Subject Vi (high pwb) | Subject Ad (high pwb) | Subject Ar (low pwb) | Subject La (low pwb) | Subject Ti (low pwb) |
|---|---|---|--|---|--|
| Use of PPE that is not comfortable (-) | Use of PPE that is not comfortable (-) | Increase level of compliance with PPE (+) | Use of PPE that is not comfortable (-) | The use of PPE is less comfortable and makes it not free when working (-) | Use of PPE that is not comfortable (-) |
| Assist each other in filling empty shifts when colleagues are unable to work. | Assist each other in filling empty shifts when colleagues are unable to work. | Assist each other in filling empty shifts when colleagues are unable to work. | Often replacing colleagues' work shifts, which made the subject feel objected to | Not replacing coworkers' shifts | Feeling reluctant to treat covid-19 patients |
| Coworkers support each other | Coworkers support each other | Coworkers support each other | Lack of connection with coworkers | Less supportive work environment | Coworkers complain about each other, lack of encouragement |

Table 2 shows the differences in workplace conditions between subjects with high and low psychological well-being. All subjects felt uncomfortable with the use of full PPE, which was

uncomfortable. However, subjects with high well-being showed greater gratitude, seeing the additional work shift as a form of mutual help.

Subject V expressed the importance of being grateful in difficult situations and supporting each other in the team. In contrast, subjects with low well-being felt burdened by the additional shift and lacked support from coworkers, as expressed by Subjects A and LA.

The level of support from coworkers and supervisors plays an important role in the psychological well-being of health workers during the pandemic. Subjects with high well-being experienced strong support, while subjects with low well-being felt less supported.

3. Environmental Response

Table 3 shows the difference in neighborhood conditions between subjects with low psychological well-being and subjects with high psychological well-being.

Table 3. Differences in responses from the environment of subjects with high psychological well-being and subjects with low psychological well-being

| Subject Ve (high pwb) | Subject Vi (high pwb) | Subject Ad (high pwb) | Subject Ar (low pwb) | Subject La (low pwb) | Subject Ti (low pwb) |
|--|---|---|--|--|---|
| Supportive (colleagues, friends, wife, parents, in-laws) | Supportive (colleagues, friends, husband, parents, in-laws) | Supportive (colleagues, friends, neighbors, wife, parents, in-laws) | Less supportive (parents, spouse, siblings, neighbors) | Less supportive (parents, spouse, siblings, neighbors) | Less supportive (parents, friends, neighbors) |
| - | - | - | Pressured by parents' demands | Want to quit your job | Pressured by parents' demands |

Health workers during the COVID-19 pandemic are worried about contracting the virus and passing it on to their families. The difference between those with high and low psychological well-being lies in the response of the surrounding environment. Subjects with high well-being received positive support from family and friends, which helped overcome their concerns. For example, Subject Vi expressed support from her family who always encouraged her.

In contrast, subjects with low well-being felt an additional burden due to negative responses from the environment, including demands to quit their jobs. Two subjects felt pressured because their parents asked them to quit their jobs, while another subject wanted to quit but was hampered by financial problems.

The results showed that all health workers have concerns related to their profession. Subjects with high well-being undertook various ways to overcome the worries, such as relaxation and building a sense of camaraderie with colleagues. On the other hand, subjects with low well-being showed no effort to reduce their worries.

Workplace conditions also differed; all subjects felt uncomfortable with the use of PPE. Subjects with high well-being saw shift changes as mutual help, while subjects with low well-being

being objected and lacked good relationships with coworkers. The response of the surrounding environment was also different, where subjects with high well-being received support, while subjects with low well-being faced stigma and pressure to stop working.

Factors Affecting the Psychological Well-Being of Health Workers during the Covid-19 Pandemic.

Based on the results of the interview, there are several factors that can influence the level of psychological well-being of health workers during the Covid-19 pandemic. Some of these factors include; (1) social support; (2) problem solving; (3) life satisfaction and gratitude.

1. Social Support

Social support is one of the factors that can affect the psychological well-being of health workers during the Covid-19 pandemic. In social relationships, it was found that each subject with a high level of psychological well-being had its own source of support. Table 4 shows the differences in the sources of support of each subject, along with subjects with low levels of psychological well-being.

Table 4. Differences in social support received by subjects with high psychological well-being and subjects with low psychological well-being

| Subject 1 (high pwb) | Subject 2 (high pwb) | Subject 3 (high pwb) | Subject 4 (low pwb) | Subject 5 (low pwb) | Subject 6 (low pwb) |
|---|---|--|--|---|--|
| A caring family as the main source of support for the subject | Family support, especially siblings, is the main source of support for subjects | Family support, especially wife, is the main source of support for the subject | Parents and spouse asked the subject to quit her job | The husband forbids the subject to complain, so he feels that he is not cared for by his husband. | The family asked the subject to stop working |
| Fellow coworkers support each other | Coworkers play a big role in addressing the subject's concerns | | Neighbors are afraid of the subject and often gossip about him | Coworkers are less able to provide support, equally worried and want to quit | Coworkers who complain to each other, so they can't reduce worries |
| | | | | | Have no other social relationships except with coworkers |

Table 4 shows that subjects with high psychological well-being received positive support from coworkers and family, which helped ease their worries. This emotional support includes affection, care and trust, as expressed by Subjects Ad and Vi.

In contrast, subjects with low well-being receive less social support from their work environment, family, and neighbors. This situation increased their concerns about COVID-19. Subjects Ar and La noted the stigma and pressure from the environment, as well as the lack of attention from their families that demanded them to quit their jobs. At work, their colleagues also complained to each other without encouragement, adding to the psychological burden they felt.

2. Problem Solving

Each subject, whether the subject has a high or low level of psychological well-being has problems in his life. The difference between subjects with a high level of psychological well-being and subjects with a low level of psychological well-being lies in the way the subject solves the problems they have. Researchers divided the subject's problem solving into two, namely problem focused coping and emotion focused coping. Table 7 shows the differences in each subject's problem solving model.

Table 5. Problem solving methods of subjects with high psychological well-being and subjects with low psychological well-being

| Subject 1 (high pwb) | Subject 2 (high pwb) | Subject 3 (high pwb) | Subject 4 (low pwb) | Subject 5 (low pwb) | Subject 6 (low pwb) |
|------------------------------------|--|--|---|--|--|
| Discuss to resolve conflicts | Discuss and be able to accept the results of the discussion | Discuss and be able to accept the results of the discussion | When in conflict, feel fear and indecision . | Holding in uncomfortabl e feelings and crying when having conflicts | When having a conflict, will continue to think about it, but not attempt to resolve it. |
| Solution- focused | Solution- focused | Solution- focused | Focus on emotions | Focus on emotions | Focus on emotions |

Table 5 shows that subjects with high psychological well-being focus on solving problems through a problem-focused coping approach, especially with the planful problem solving model. They try to change the situation with good planning and concentration, which helps them avoid prolonged conflict. Examples of well-being subjects are Subject Ve, who believes that every problem has a solution, and Subject Ad, who analyzes the situation clearly. In contrast, subjects with low well-being tend to use emotion-focused coping, specifically escape avoidance, by avoiding problems and relying on unproductive activities, such as sleeping or smoking. Subjects La and Ar described how they felt depressed and often could not communicate emotions, while Subject Ti felt sad about having to leave the job she loved.

3. Life satisfaction and Gratitude

Gratitude is one of the factors that influence psychological well-being because gratitude is one of the characteristics of a person who always thinks positively, which is then presented in more positive behavior (Wood et al., 2009). Table 6 shows the difference in life satisfaction felt by each subject.

Table 6. Life satisfaction and gratitude of subjects with high psychological well-being and subjects with low psychological well-being

| Subject 1 (high pwb) | Subject 2 (high pwb) | Subject 3 (high pwb) | Subject 4 (low pwb) | Subject 5 (low pwb) | Subject 6 (low pwb) |
|--|--|--|--|--|---------------------------------------|
| Feeling satisfied with the results of his struggle so far | Feeling proud when you can help a baby to be born | Feeling happy when you can help patients | Feeling sad and afraid of the risks of becoming a health worker during the Covid-19 pandemic | Feeling that the husband did not care about the subject, and feeling uncomfortable working environment | No desire to treat covid-19 patients |
| Be grateful for what you have right now, which may not be available to others. | Be grateful for what you have right now, which may not be available to others. | Be grateful for what you have right now, which may not be available to others. | Feeling unsatisfied with his current life because he has not been able to build a house, and has not gotten married. | Feeling that you have a lot of burdens in your life | Feeling dissatisfied with your salary |

Subjects with high psychological well-being have a sense of gratitude for their lives and achievements as health workers. They feel proud to be able to help patients, realizing that what they have is the result of struggle. For example, Subjects Ve and Vi emphasized the importance of being grateful and recognizing luck in their work.

In contrast, subjects with low well-being felt less grateful. They focus on problems such as low salary, an uncomfortable work environment, and unfulfilled desires, such as getting married or owning a house. Support from the surrounding environment is also minimal, often adding pressure to them.

The results showed that social support, problem-solving, and gratitude played an important role in the psychological well-being of health workers during the pandemic. Subjects with high well-being received good emotional support, while those with low well-being felt depressed by the negative environment. The ability to focus on solutions helps wellbeing subjects cope with problems, while low well-being subjects tend to avoid problems and feel down. Gratitude is also a protective factor, helping subjects feel fortunate despite the challenges of the pandemic.

Discussion

The purpose of this study was to determine the description of the psychological well-being of health workers during the covid-19 pandemic and to see the factors that can affect the level of

psychological well-being of health workers. Health workers are at the forefront of tackling covid-19, and require high immunity in order to minimize the possibility of covid-19 virus infection. Increasing immunity can be done by improving the psychological well-being of health workers.

Based on the results of the analysis, it was found that all health workers had concerns in carrying out their work during the Covid-19 pandemic. These concerns made the subjects feel depressed, unfocused when carrying out their duties, want to go home immediately, and cry easily. Based on the Diagnostic and Statistical Manual of Mental Disorder (DSM-5), anxiety can be defined as a feeling of excessive fear that occurs in a person which has an impact on the disruption of daily activities. Some symptoms of anxiety also appear in accordance with the criteria listed in the DSM-5, such as feeling depressed, difficulty concentrating at work, fatigue, feelings of anxiety, and physical symptoms such as heart palpitations.

However, the response given by each health worker is different. Health workers with a high level of psychological well-being can make various efforts to adapt to conditions during the pandemic and reduce their worries. Efforts made by all subjects with high psychological well-being are in the form of relaxation. Relaxation has been shown to reduce mental health problems during the covid-19 pandemic (Aufar & Raharjo, 2020). Previous research by Reig-Ferrer et al. (2014) also proved that relaxation is effective for improving psychological well-being and immunity in the elderly.

In addition to relaxation, some health workers with high psychological well-being also made other efforts, such as stopping watching anxious news during the Covid-19 pandemic. Lai et al (2020) stated that various factors can cause mental health problems in health workers, including frequent and widespread media. Thus, efforts to reduce watching worrying news can help subjects reduce their worries, and help in the adaptation process while working during the covid-19 pandemic.

Another effort made is to foster the thought that he is not alone, but there are coworkers who are in the same boat as him. This thought can reduce the anxiety felt by the subject, and can be an amplifier while working during the covid-19 pandemic. The feeling of coherence or compatibility that the subject has is also in line with the research of Schmuck et al. (2021) who found that a high feeling of coherence is beneficial for the mental health of health workers during the covid-19 pandemic. Coherence is proven to contribute to the level of psychological well-being of health workers during the Covid-19 pandemic.

Subjects with high psychological well-being make various efforts in the form of relaxation, stop watching news that adds to worries, and foster feelings of compatibility with coworkers. These things help subjects adjust to work during the Covid-19 pandemic, and minimize psychological problems that may be experienced. However, subjects with low psychological well-being did not show any effort in overcoming perceived worries related to their work during the covid-19 pandemic. Therefore, subjects with low psychological well-being still have difficulties in overcoming worries and pressures during the covid-19 pandemic.

The difference in response can also be seen from the subject's perspective when asked to replace the work shift of a colleague who is unable to attend. Subjects with high psychological

well-being are able to replace their coworkers' shifts without any objections, because they believe that they will help each other if someone is in need. Different responses from subjects with low psychological well-being, they feel objections, so that the addition of coworker shifts is an additional burden for them during the covid-19 pandemic.

Based on the results of the analysis, the difference in response to the addition of work shifts is due to differences in relationships with coworkers. Subjects with high psychological well-being have a good relationship with their coworkers. They can encourage each other, and can strengthen each other while working during the covid-19 pandemic. Whereas subjects with low psychological well-being, they have a poor relationship with their coworkers, feel not close to their coworkers and gossip about each other. When subjects feel anxious, coworkers cannot help in overcoming anxiety, but instead increase anxiety by providing worrying stories about covid-19.

The findings are in accordance with research by Vermaak et al. (2017) who found a relationship between shift work in the workplace and nurses' psychological well-being. This is influenced by factors in nurses' personal lives. Nurses who have pressing problems in their lives, when they get additional shifts, make them feel an additional burden which reduces the condition of nurses' psychological well-being. In addition to poor relationships with coworkers, nurses with high psychological well-being also have problems in their families. The subject's closest people (parents, spouse, neighbors) asked the subject to quit his job, and constantly expressed their concerns regarding the subject's work. This made the subject uneasy and worried while working.

For Asian people, the social environment can be a measure of attitude or behavior for a person. With Asian culture bound by collective or community culture, the boundaries of social norms are still strong, and fear of unfavorable opinions from people around, this means that opinions from the social environment can be a source of information about the truth of a phenomenon. Included here is the request from most of the people around the subject with a low level of psychological well-being who asked the subject to quit his job. This makes the subject have increased burdens and worries when carrying out his duties as a health worker during the co-19 pandemic (Baron, Branscombe & Byrne, 2008).

Social support from the surrounding environment is one of the factors that can affect the psychological well-being of health workers. Evidence from previous literature by Hou et al. (2020) found that health workers with higher levels of social support showed higher levels of mental health. The lack of social support obtained can lead to a sense of excessive worry that never ends for health workers during the co-19 pandemic. Social support is needed to overcome psychological pressure in difficult and stressful situations, and can help the body's immune function, encourage physiological responses to stress and malfunction to respond to illness (Taylor et al., 2006). Research by Yu et al. (2020) found that increased social support was significantly correlated with decreased psychological distress and may serve as a basis for psychological interventions against Covid-19 disease.

In addition to support, how conflict resolution is owned is also a factor that affects the psychological well-being of health workers. As is known from the previous explanation, all health workers have concerns and are uncomfortable with the use of complete PPE. Some subjects also

have other conflicts such as family conflicts, and conflicts with coworkers. The existence of conflict is experienced by all subjects, but the response of each subject is different between subjects with high psychological well-being and subjects with low psychological well-being.

Subjects with high psychological well-being resolve their conflicts by analyzing the problem, communicating with related parties, and making a decision based on mutual agreement. Thus, the conflict can be quickly resolved, and does not become a burden that accumulates. What the subject does is called problem focused coping with a planful problem solving model, which reacts by making certain efforts aimed at changing the situation, followed by an analytical approach in solving the problem (Lazarus & Folkman, 1984).

In contrast to subjects who have low psychological well-being, they tend to be passive in responding to their conflicts. When faced with conflict, they lack the ability to resolve it, so they tend to be silent, cry, and surrender without effort. This makes the conflicts they have never finished, so that the burden of the conflicts they have is increasingly piling up. This as explained by Lazarus and Folkman (1989) is a form of emotion focused coping in the form of escape avoidance, namely avoiding the problems faced. This finding is in line with research conducted by Gellis (2002) who found that nurses who use emotion focused coping as their main coping when facing pressure, have higher stress levels compared to others who use problem focused coping.

Positive psychology at the individual level, examines personal human traits such as the capacity to love, courage, ability to build interpersonal relationships, sensitivity to aesthetics, perseverance, forgiveness, originality, and optimism for the future (Seligman, 2001). This view of positive psychology can explain how the psychological well-being of health workers during the Covid-19 pandemic is described. Health workers who are able to build good relationships with coworkers, never give up when facing pressure during the Covid-19 pandemic and continue to try to adjust by making various efforts, and are able to think positively about challenges such as additional work shifts, they have high psychological well-being. These strengths can help health workers overcome their worries, prevent the possibility of other psychological problems arising, and improve their psychological well-being.

Positive psychology examines human subjective experiences that are positive in the past such as well-being and life satisfaction, in the present such as flow, pleasure, sensual pleasures, happiness, and in the future such as optimism, hope, and confidence (Seligman, 2001). Subjects who have gratitude for what has happened in the past, and what they currently have, have high psychological well-being when compared to subjects with low psychological well-being who always focus on the shortcomings in their lives. This gratitude gives the subject the strength to be able to always think positively about a challenge, and look optimistically ahead that everything will be fine. Gratitude is key in seeing the life that is currently owned. Gratitude can lead to lower levels of stress and depression over time (Wood et al., 2009).

Conclusion

The psychological well-being of health workers can be influenced by several things, namely efforts to adjust (such as relaxation, refreshing, stopping watching worrying news), support from

the surrounding environment, how to solve problems, how to view a pressure, and the amount of gratitude they have. Some of these things can be risk factors or protective factors for psychological well-being for health workers during the Covid-19 pandemic. Table 6 shows the risk factors and protective factors that can affect the psychological well-being of health workers during the COVID-19 pandemic.

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