

ORIGINAL ARTICLE

Workplace Spirituality with Nurse Anxiety During The Covid 19 Pandemic in Indonesia

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ABSTRACT

As the front line, nurses in carrying out their duties in services during the covid19 pandemic can increase the risk of anxiety. One of the factors that can affect anxiety is spirituality at work. This study aims to analyze the relationship between workplace spirituality and nurses' anxiety during the COVID-19 pandemic in Indonesia.

The research design is a correlation with a sample of 130. The study's independent variable is spirituality at work, while the study's dependent variable is nurse anxiety. This research uses a quota sampling technique. Data analysis using chi-square and has received a certificate of research ethics.

The study results showed a relationship between workplace spirituality and nurses' anxiety during the covid 19 pandemic in Indonesia, $p = 0.000$. Based on the results of research, workplace spirituality affects the level of risk of anxiety events, especially during the covid19 pandemic, so this needs to get attention from organizations and leaders in the workplace to improve spirituality in the workplace, especially nurses, who are health workers on the front line during this period covid19 pandemic.

Keywords: Workplace spirituality, anxiety, nurse

INTRODUCTION

At the beginning of 2020, mankind around the world was shocked by the phenomenon of the Corona Virus (Covid-19) pandemic, which caused panic everywhere (Dinah & Rahman, 2020). Nurses are one of the health professions who are at the forefront during the covid 19 pandemic. All changes and supported by information related to the development of the Coronavirus can cause anxiety in nurses (Pardede et al., 2020). In addition to nurses already working, nursing students also experience impacts such as boredom because the practice cannot be carried out in hospitals and is carried out online, including doing final assignments. Anxiety that occurred in nurses during the COVID-19 pandemic in the Philippines, as many as 123 nurses out of 325 (37.84%) nurses experienced dysfunctional anxiety (Labrague & De Los Santos, 2020; Putri, P. et al., 2020).

Based on initial data collection, interviews conducted with five nurses in five different hospitals stated that hospital nurses in the new normal era of the covid19 pandemic experienced anxiety. This anxiety occurs primarily when some friends or patients have just been diagnosed with covid19, even 2 out of 5 people declared to scream hysterically.

Anxiety can respond to mild, moderate, severe panic depending on each individual's response (Peplau in Suliswati, 2005). Anxiety can cause difficulty in logical thinking, increase motor activity and increase vital signs (Videbeck, 2008). Physical and psychological effects that can arise include excessive fear and anxiety about yourself and those around you, changes in sleeping and eating patterns, and worsening existing health problems. This makes nurses feel anxiety at work, both in health services and could the community (Pardede et al. 2020). In addition to this, anxiety can also cause boredom at work, reducing the quality of caring and nursing services (Afandi, AT & Ardiana, A., 2020). One of the things that can cause anxiety is spirituality (Arwati et al. 2020). Spirituality is

something to overcome various life problems so as to make meaning in life through one's relationship with oneself, others, the environment, and God (Yusuf et al, 2016). One of spirituality is spirituality at work. For some people, spirituality in the workplace is a more direct and direct assessment of some of the concepts that exist in everyday life (Underwood and Teresi, 2002).

Increasing spirituality in the workplace for nurses is expected to reduce anxiety. In addition, things that can reduce anxiety are coping mechanisms that take or use social, interpersonal, and intrapersonal sources (Salmawati, 2010).

MATERIALS AND METHODS

The research design used correlation with approach cross sectional. The research population is hospital nurses in Indonesia, while the number of research samples is 130 nurses, with a sampling technique using quota sampling. The independent variable of the study is spirituality at work, while the dependent variable of the study is anxiety. It is collecting data using a questionnaire that has been tested for reliability with a value > 0.7 and validity above 0.6319. Analysis of research data using analysis chi-square. This research has been conducted an ethical test at the Research Ethics Committee of the Faculty of Nursing, the University of Jember on July 17, 2021, with no. 130/UN/25.114/KEPK/2021.

RESULTS

Table 1 Characteristics of respondents (n=130)

No	Information	Number of respondent s (%)	anxiety	
			Low(%)	High (%)
1	Gender			
	Male	58 (44.6%)	46 (35.4%)	12 (9.2%)
	Female	72 (55.4%)	7 (5.4%)	65 (50%)
2	Tenure			
	< 1 year	15 (11.5%)	2 (1.5%)	13 (10%)

	1-3 years	56 (43.1%)	17 (13.1%)	39 (30%)
	>3 years	59 (45.4%)	34 (26.2%)	25 (19.2%)
3	Marital status			
	Married	99 (76.2%)	30 (23.1%)	69 (53.1%)
	Not married	28 (21.5%)	21 (16.1%)	7 (5.4%)
	Widow/widower	3 (2.3%)	2 (1.5%)	1 (0.8%)

Table 2 workplace spirituality and nurse anxiety

Spirituality Anxiety	Low	high	Total
Low	2 (1.5%)	51 (39.2%)	53 (40.7%)
High	65 (50%)	12 (9.3%)	77 (59.3%)
Total	67 (51.5%)	63 (48.5%)	130 (100%)
p	0.000		

DISCUSSION

Table 2 found that 51.5% (67 people) nurses have less workplace spirituality. Workplace spirituality is a situation where a nurse can recognize and understand the meaning of work in life and understand and express yourself through work experience (Widiastuti, 2020). Spirituality in the workplace provides values that can be understood and shared in society (eg honesty, integrity) (Zohar and Marshall, 2005). Spirituality at work can impact work engagement and work attitudes. The higher spirituality at work, the higher the work attitude of a person, including nurses (Mahdani, 2017, Iqbal et al., 2020, Dahshan & El-kholy, 2020). Spirituality in nurses' workplaces can be seen from interpersonal, intrapersonal, and work relationships to feel part of a community in the workplace environment.

Based on table 2, 59.3% (77 people) nurses experienced high anxiety during the Covid-19 pandemic. Yun Liu (2020) stated that health workers, including nurses, could experience increased anxiety during the Covid-19 pandemic if the nurse works with Covid-19 patients or in a room with Suspect Covid-19 patients. High anxiety in nurses can have a different impact on each individual. Some individuals who experience anxiety can affect physiological reactions, such as a faster heart rate, stomach pain, headaches, itching, and others (Vibriyanti, 2020). If this anxiety occurs in nurses and occurs over a long period, it may affect the performance of nurses, especially caring for nurses.

Table 1 explains that 55.4% of nurses are female, and 50% experience high anxiety. Vellyana (2017) states that the female gender has a higher risk of experiencing anxiety. Women are more at risk of experiencing anxiety because women are considered more sensitive and use feelings than men. Men are believed to have a stronger mentality, especially in responding when facing danger (Bachri et al., 2017). This is in line with the results of research conducted by Li (2020), which states that the anxiety value of female nurses is higher than male nurses. Gender can affect the anxiety experienced by nurses, so female nurses should pay more attention to psychological responses in the face of the Covid-19 pandemic.

Table 1 found that 45.4% (59 people) of nurses had work experience of more than three years and 26.2% (34 people) of nurses experienced mild anxiety. Li (2020) stated that nurses with low tenure during the pandemic could increase the risk of nurses' anxiety. Nursalam (2007) says that the longer a person's working period can reduce

anxiety. Nurses who have more work experience are more accustomed to threats to reduce the risk of a nurse's anxiety. Nurses' work experience can affect the anxiety experienced by nurses. This is because more experienced nurses are used to and more easily adapt to changing conditions in the hospital.

Based on table 1, 76.2% (99 people) of married nurses and 53.1% (69 people) of married nurses experienced high anxiety. Marriage is one of the factors influencing the anxiety of a nurse during the Covid-19 pandemic. Nurses who are married have a higher risk of experiencing anxiety than nurses who are not married (Li, 2020). Could the Larague et al. (2020) state that the anxiety experienced by nurses can be caused by social support, personal resilience, and support from the organization. Other factors affecting nurses' anxiety are the lack of personal protective equipment, nurses' knowledge, training, workload, and perceptions of job risks (Li et al., 2020, Danu et al., 2021, Lestari, 2021). Anxiety during the COVID-19 pandemic that hit almost all over the world can affect the anxiety of health workers, especially nurses, who are health professionals who are twenty-four hours by the side of the patient.

Based on the statistical results in table 3, the value of $p = 0.000$ states that there is an influence between spirituality and anxiety. Arwati et al. (2020) stated that spirituality and anxiety influence each other, where the higher a person's spiritual level, the lower the risk of anxiety. Nurses with a good level of spiritual well-being will impact anxiety and affect their performance (Fabbris, et al., 2016, Doraiswamy & Deshmukh, 2015). Spirituality in the workplace impacts the level of risk of anxiety events, especially during the covid19 pandemic, so this needs attention from the leadership at work to increase spirituality in the workplace, especially for nurses, who are health workers on the front line.

CONCLUSION

1. More than half of nurses' spirituality in the workplace is lacking.
2. More than half of nurses experienced high anxiety during the COVID-19 pandemic.
3. Spirituality in the workplace can affect anxiety in nurses.

Recommendations: Leaders pay more attention to nurses' spirituality in the workplace, for example, by implementing organizational facilitation and spiritual leadership.

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