

The Factors That Influence Nurse Anxiety In Handling COVID-19 Patients

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Abstract

Background: Health workers are a group with a very high risk of exposure during the treatment process for COVID-19 patients. Many nursing staff suffer from mental health disorders, because they are not only burdened with overload, high risk of infection and fatigue. Many factors cause anxiety for health workers during the COVID-19 pandemic, such as age, gender, education, occupation, and marital status. The research objective was to determine the factors that influence nurses' anxiety in handling COVID-19.

Methods: Survey research design with a correlational study type using a cross-sectional time approach. The sample in this study were all nurses caring for COVID-19 patients, totaling 53 nurses using the total sampling technique. The research instrument used the Zung Self Rating Anxiety Scale questionnaire with data analysis using spearman-rank.

Results: The results showed that the anxiety of nurses in handling COVID-19 was mostly in the mild category (60.4%). Based on the statistical correlation results, there is a relationship between age (p value: 0.0001) and years of service (p value: 0.002) with nurses' anxiety in handling COVID-19 (p value < 0.05) but it is found that gender, education, and marital status factors with nurses' anxiety in handling COVID-19 there is no significant relationship (p value > 0.05).

Conclusion: There is a relationship between age and years of service with nurses' anxiety in handling COVID-19

Keywords: Factors, Anxiety, Nurses, COVID-19

Abstrak

Latar Belakang : Tenaga kesehatan merupakan kelompok dengan risiko paparan yang sangat tinggi selama proses pengobatan pasien COVID-19. Banyak staf perawat mengalami gangguan kesehatan mental, karena mereka tidak hanya menanggung beban yang berlebihan, risiko infeksi yang tinggi, dan kelelahan. Banyak faktor yang menjadi penyebab kecemasan yang dialami tenaga kesehatan selama pandemi COVID-19 seperti usia, jenis kelamin, pendidikan, pekerjaan, dan status pernikahan. Tujuan penelitian adalah untuk mengetahui faktor-faktor yang mempengaruhi kecemasan perawat dalam penanganan COVID-19.

Metode : Desain penelitian survey dengan tipe studi korelasional menggunakan pendekatan waktu cross sectional. Sampel dalam penelitian ini adalah seluruh perawat yang merawat pasien COVID-19 yang berjumlah 53 perawat dengan teknik total sampling. Instrumen penelitian menggunakan kuesioner *Zung Self Rating Anxiety Scale* dengan analisis data menggunakan spearman-rank.

Hasil : Hasil penelitian menunjukkan kecemasan perawat dalam penanganan COVID-19 sebagian besar berada pada kategori ringan (60,4%). Berdasarkan hasil korelasi statistik terdapat hubungan faktor usia (p value: 0.0001) dan masa kerja (p value: 0.002) dengan kecemasan perawat dalam penanganan COVID-19 (p value < 0.05) namun didapatkan bahwa faktor jenis kelamin, pendidikan, dan status pernikahan dengan kecemasan perawat dalam penanganan COVID-19 tidak ada hubungan yang signifikan (p value > 0.05).

Kesimpulan : Terdapat hubungan faktor usia dan masa kerja dengan kecemasan perawat dalam penanganan COVID-19.

Kata kunci: Faktor, Kecemasan, Perawat, COVID-19

INTRODUCTION

COVID-19 is an infectious disease caused by a new type of coronavirus with common symptoms of fever, weakness, cough, convulsions and diarrhea [12,17]. Based on data from the WHO Coronavirus Disease (Covid-19) dashboard, it is known that the incidence of Covid-19 until November 2020 was > 52 million confirmed cases and 1,286,063 cases died from Covid-19 (2.5%). *COVID-19* cases in Indonesia until November 2020 were > 457 thousand cases and 15,037 cases died (3.3%) [17]. This virus has been named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and can move rapidly from human to human through direct contact [7,13]. The rate of transmission and death due to Covid-19 infection is higher than that of Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) [28]. During the process of treating *COVID-19* patients, health workers are a group with a very high risk of exposure. The results showed that due to unprotected initial contact, the possibility of medical personnel being infected with *COVID-19* was 3.8% [1,18]. The use of protective clothing and N95 masks must be used by health workers to avoid exposure to infection but this makes the service much more difficult and tiring. Feelings of fear of being infected and infected cause psychological problems such as anxiety, stigmatization and depression in nurses which can worsen the quality of care [7]. Attention, understanding, decision making, and the ability of health workers are influenced by psychological problems experienced [49].

Many nursing staff have mental health problems, because they are not only burdened with workload, are at high risk of infection, and fatigue. The results of Lai et al.'s research [22]. Health workers at risk for psychological disorders in treating *COVID-19* patients, showed that 50.4% of respondents had symptoms of depression and 44.6% had symptoms of anxiety due to feeling depressed [22]. The results of Huang's research [16], the

mental health of 1,257 health workers who treat *COVID-19* patients in 34 hospitals in China with symptoms of depression 50% Anxiety 45% Insomnia 34% Psychological pressure 71.5% [16].

Many factors have contributed to the anxiety experienced by health workers during the *COVID-19* pandemic, including high job demands, including long working hours, the number of patients is increasing, it is increasingly difficult to get social support due to community stigma against front-line officers, and personal protective equipment that is not available. Restricting movement, lack of information about long-term exposure to infected people, and fear of front-line workers transmitting *COVID-19* to friends and family because of their field of work [18]. The results of the study by Lockhart et al [26], showed that there was a significant effect of the availability of personal protective equipment on the anxiety of health workers who served in health services. For this reason, the provision of appropriate personal protective equipment is very important [50]. Anxiety that occurs can be influenced by higher job demands, including long working hours, an increasing number of patients and best practices that continue to change with the development of information about *COVID-19* [8]. High anxiety can make the immune system decrease, so nurses are at risk for contracting the coronavirus. Therefore nurses must make efforts to reduce anxiety. This can happen with the psychological support provided by the hospital such as a comfortable place to rest, Personal Protective Equipment (PPE) training, completeness of PPE, and the implementation of relaxation techniques [13].

The results of a preliminary study conducted at the Wijayakusuma Hospital, Purwokerto on December 3, 2020, found that the number of nurses for *COVID-19* patients was 52 nurses. Wijayakusuma Hospital, Purwokerto is one of the level II referral center hospitals in handling cases of the *COVID-19* pandemic, so this causes every nurse to be

able to take every precaution protocol such as wearing masks, hazmat clothes, and keeping a distance from patients. The results of the preliminary study also show that the number of COVID-19 patients in the last 3 months has increased, where in September there were 26 patients, October as many as 41 patients, and November as many as 52 patients. The results of interviews with 3 nurses revealed that nurses experienced anxiety and feelings of fear of contracting COVID-19 with an increase in the number of patients. Nurses also feel anxious if infected, it can cause other family members to also be infected. Based on this description, researchers are interested in researching "Factors Influencing Nurse Anxiety in Handling COVID-19 at Wijayakusuma Hospital, Purwokerto".

METHOD

The survey research design is a correlational study using a cross-sectional time approach. The sample in this study was all nurses who treated COVID-19 patients at Wijayakusuma Hospital, Purwokerto, which consisted of 53 nurses with a total sampling technique. The research instrument used the Zung Self Rating Anxiety Scale questionnaire with data analysis using Spearman-rank.

RESULTS

Description of the characteristics of nurses dealing with COVID-19 based on age, gender, education, marital status and years of service at Wijayakusuma Hospital, Purwokerto.

Age

The results showed that almost half of the respondents aged 30-40 years were 24 respondents (45.3%) (Table 1). According to the researcher's assumption, the age of the respondents in this study is included in the early adult age group, with increasing age there will be changes in physical and psychological terms. Better psychological changes are urgently needed by nurses in caring for COVID-19 patients so that nurses

do not experience anxiety or fear that can affect the respondent's immune system.

Nursalam [30], states that if you are old enough, the level of maturity and strength of a person in thinking will increase. Saputri et al [30], add that if age is correlated with experience, experience has a correlation with knowledge, understanding and individual views of an event or disease that will shape the individual's attitudes and perceptions. Maturity in terms of thought processes, adults are more likely to use better-coping mechanisms than younger people.

This is also supported by the opinion of Kozier et al [23, 26], that nurses of adult age are more likely to have commitments that can change, have dependence, a period of changing values, a creative period and a period of adjustment to a new way of life. All actions taken by adult nurses are more dependent on the commitment they have and require the presence of someone who can change the nature of their dependence [26].

The results of this study are in line with Mahase research [28], where the characteristics of nurses who treat COVID-19 patients are mostly in the early adult category (26-35 years) (52%). Sari's research (2021) at dr. Moewardi found that the characteristics of nurses for COVID-19 patients were mostly 36-45 years old (41.3%).

Gender

The results showed that most of them had male sex as many as 40 respondents (75.5%) (Table 1). According to the researcher's assumption, the nurse's job is identical to the female gender because it is based on affection, but in this case the respondent is a nurse for COVID-19 patients which can cause an increase in anxiety about contracting so that the respondents in this study are dominated by male nurses in treating COVID-19 patients. -19. This

happens because men are physically stronger than women so that women can show a more responsive response in dealing with situations that they consider dangerous.

Chen et al [5], states that gender is a determinant of the individual quality of men or women, while the anatomical and physiological differences between humans cause differences in the structure of behavior and structure of activities of men and women. Based on research that has been conducted by Fadli et al [10], in Chan et al [4], states that women tend to be more disciplined than men and are more consistent in doing weigh-ins effectively.

Based on the opinion of Mahase [28], which states that the work of nurses is dominated by the female gender. This is in connection with the demands of the work of nurses who are expected to be patient in taking care of their patients, the nursing profession can certainly be identified with the female gender where the innate nature of women who should be able to take good care of themselves, their children, husband and family. Caring for patients is no longer a big problem for female nurses, so the nursing profession is dominated by women.

The results of the Raditiya et al [33], study where the characteristics of nurses who treat COVID-19 patients are mostly female (65.1%). Yeni's research at Dr. M. Djamil, it was found that the characteristics of nurses for COVID-19 patients were mostly female (89.3%)

Education

The results showed that most of them had an academia Nursing education level as many as 40 respondents (75.5%) (Table 1). According to the researcher's assumption, the level of education can influence respondents in receiving information that can increase knowledge in this case knowledge about handling COVID-19 patients so that

respondents can carry out appropriate treatment in accordance with the COVID-19 prevention health protocol.

The results of this study are in accordance with the opinion of Stuart (2016) which states that the level of individual education affects the ability to think. The higher the level of education, the easier it is for individuals to think rationally and capture new information, so the higher one's education, the higher one's knowledge.

The results of the study are in line with Rothe et al [36], which states that there are far more nurses with a DIII educational background than those with an undergraduate education background, thus opening up much greater opportunities for D III nurses to provide different results. The level of education is one of the factors that affect a person's compliance or responsibility for his work. When someone has a high education, they will be given tasks and responsibilities according to their abilities [28],

The results of this study are in line with Li et al research [24] where the educational characteristics of nurses for COVID-19 patients are mostly DIII Nurses (36%). The research is different from the Rothe et al research [36] which shows that the characteristics of nurses who treat COVID-19 patients mostly have a bachelor's level of education (87.6%)

Marital status

The results showed that most of them had married status as many as 43 respondents (81.2%) (Table 1). According to the researcher's assumptions, most of the respondents in this study were married. This can be one of the factors they experience anxiety because when treating positive COVID-19 patients or conducting examinations on people who have COVID-19 symptoms. Nurses who are married not only

think about their own needs, but also have to think about the needs of their family life, including maintaining the health condition of the family.

This is supported by the opinion of Shanafelt et al, [41], that health workers are worried that they will transmit the coronavirus to their families. Kang et al., [19], added that the burdens they experience such as fear of an increased risk of being exposed, infected, and possibly infecting their loved ones and loved ones. Health workers must isolate themselves from their family and closest people even if they do not suffer from COVID-19, this condition is a difficult decision and can have a significant psychological burden on them.

This research is supported by the research of Li et al., and ; Rothe et al., [24, 36], nurses feel stigmatized because they feel themselves in contact with patients infected with the virus. The results of this study indicate that the status of health workers who have families with anxiety tend to have a greater influence than unmarried health workers ($r = 0.38$; 95% CI = 0.15-0.81). Rahmat's research (2021) at the Daya Makassar Hospital found that most of the nurses for COVID-19 patients had marital status and had married (84.7%).

Years of service

The results showed that most of them had a working period of 10 years as many as 38 respondents (71.7%) (Table 1). According to the researcher's assumption, the length of time a person works is related to the level of experience in carrying out their duties and obligations. Work experience can affect a person's compliance. A lot of experience can provide skills and expertise in work, especially at this time is handling COVID-19 patients who require preventive protocol measures that must be adhered to properly.

This is supported by Azwar's (2018) statement that every nurse has a different experience. This difference in experience can cause the abilities of nurses to differ from one nurse to another in problem-solving. The longer a person works in a job that is occupied, the more experienced that person will be so his work skills are expected to be better.

The results of this study are in line with Marben [27] research where the characteristics of nurses who treat COVID-19 patients mostly have an average length of work of 4.6 years. The research of Chan et al., [3,4], showed that most of the nurses for COVID-19 patients had a working period of < 5 years (49.7%).

Table 1 Frequency Distribution of Nurses Handling COVID-19 Characteristics at Wijayakusuma Hospital, Purwokerto (n: 53)

Variable	f	%
Age		
1. < 30 years old	22	41.5
2. 30-40 years old	24	45.3
3. > 40 years old	7	13.2
Gender		
1. Female	13	24.5
2. Male	40	75.5
Education		
1. Diploma in practical Nursing	40	75.5
2. Bachelor's Degree	6	11.3
3. Master's Degree	7	13.2
Marital Status		
1. Single	10	18.8
2. Married	43	81.2
Years of Service		
1. ≤ 10 years	38	71.7
2. >10 years	15	28.3
Total	53	100

Overview of nurses' anxiety in dealing with COVID-19 at Wijayakusuma RST Purwokerto

The results showed that more than half of the respondents had a mild level of anxiety as many as 32 respondents (60.4%) and there were no respondents with severe anxiety and panic levels (0%) (Table 2).

According to the researcher's assumption, the mild anxiety experienced by nurses in this study was due to the knowledge factor where the COVID-19 pandemic had been running for almost two years so that nurses had information about prevention so as not to contract COVID-19 so that it caused nurses' anxiety to decrease.

The results of this mild anxiety study are in accordance with the research of Cohen et al., [6], that the score of nurses who have mild anxiety is due to having almost good knowledge and attitudes about COVID-19 but further information must be provided by WHO and the ministry of health to add their insight.

The results showed that nurses only experienced mild anxiety and moderate anxiety, this is also in accordance with research conducted by Setyowati, et al [40], the anxiety of nurses in China and Iran due to COVID-19 ranges from low to moderate anxiety because they are easier to receive and understand health information from WHO and other sources, and they are better able to control negative emotions that may arise from within themselves

Mental health research conducted by Dustan et al., [8], with the title Depression and Anxiety in Hong Kong during COVID-19 found a 12.4% anxiety prevalence rate during the covid 19 pandemic. There were sudden changes such as quarantines and restrictions from the government, working from home, closing non-essential services and closing schools are risk factors that greatly affect human mental health. In line with research conducted in India by Huang et al [16], more than 80% of anxiety is caused by thinking about the covid 19 pandemic.

The anxiety experienced by nurses can make the immune system decrease, so nurses are at risk for contracting the coronavirus. Therefore nurses must make efforts to reduce anxiety. This can happen

with the psychological support provided by the hospital such as a comfortable place to rest, PPE training, completeness of PPE, and the implementation of relaxation techniques [13].

Table 2. Distribution of Nurse Anxiety Frequency in Handling COVID-19 at Wijayakusuma Hospital, Purwokerto (n: 53)

Anxiety	f	%
1. Mild	32	60.4
2. Medium	21	39.6
3. Serious	0	0
4. Panic	0	0
Total	53	100

The relationship between factors of age, sex, education, marital status, and years of service with nurses' anxiety in dealing with COVID-19 at Wijayakusuma Hospital, Purwokerto

Table 3. Relationship of Age, Gender, Education, Marital Status, and Period of Work with Nurse Anxiety in Handling COVID-19 at Wijayakusuma Hospital, Purwokerto (n: 53)

Variable	Anxiety				p value
	Mild		Medium		
	f	%	f	%	
Age					
< 30 years	7	13.2	15	28.3	0.0001
30-40 years	19	35.9	5	9.4	
> 40 years	6	11.3	1	1.9	
Total	32	60.4	21	39.6	
Gender					
Male	8	15.1	5	9.4	0.923
Female	24	45.3	16	30.2	
Total	32	60.4	21	39.6	
Education					
1. Diploma in practical Nursing	25	47.2	15	28.3	0.512
2. Bachelor's Degree	4	7.5	2	3.8	
3. Master's Degree	3	5.7	4	7.5	
Total	32	60.4	21	39.6	
Marital Status					
Single	5	9.4	5	9.4	0.466
Married	27	51	16	30.2	
Total	32	60.4	21	39.6	
Years of Service					
≤ 10 years	18	34	20	37.7	0.002
> 10 years	14	26.4	1	1.9	
Total	32	60.4	21	39.6	

DISCUSSION

Age

The results showed that respondents aged < 30 years had a moderate level of anxiety (28.3%) higher than respondents aged 30-40 years (9.4%) and age > 40 years (1.9%). The results of the Spearman-rank test showed a p-value of $0.0001 < 0.05$, which means that there is a relationship between age and nurse anxiety.

The more mature a person, the higher the coping mechanism against stressors. In this study, it was found that most of the early adults experienced moderate anxiety. This is because respondents do not have much experience dealing with stressors so their coping mechanisms still need to be well formed.

Based on the results of the study, it is known that respondents at a young age are more prone to experiencing higher anxiety, due to immature mental and mental readiness and lack of experience [25]. Notoatmodjo [29], explains that the older you are, the level of maturity and strength of a person will be more mature in thinking so that the way of thinking becomes more mature.

Younger ages have higher anxiety due to less adaptive coping mechanisms than older people. Where the coping mechanism becomes important in determining the response that can appear whether adaptive or maladaptive from each individual's life. Sadock et al [37], stated that the older the individual, the better the psychological maturity of the individual, meaning that the more mature a person's psychology is, the better adaptation to anxiety will be.

Age in this study had a relationship with anxiety (p-value: 0.0001), where almost all ages, both < 30 years and > 30 years experienced moderate anxiety. Health workers, especially nurses during the COVID-19 pandemic, feel pressured and worried so anxiety increases in carrying out their duties due to feelings of anxiety about their own health and the spread to their families. Based on the results of the study, it is also known that the average anxiety score of respondents aged < 30 years (44) is higher than respondents aged 30-40 years (41) and > 40

years (41.14). The results of this study were supported by Ren et al [34], which showed that the highest average anxiety score was found in respondents aged < 30 years (49.9%). There is a relationship between age and respondents' anxiety during the COVID-19 pandemic (p value: 0.001) [34].

The results of the study supported by the research of Sahin et al., [38], also showed that there was a relationship between age and nurses' anxiety during the COVID-19 pandemic (p-value: 0.004) [38]. In contrast to the results of research by Liu et al [25], which showed that there was no relationship between age and nurse anxiety during the COVID-19 pandemic (p-value: 0.283) [25].

Gender

The results showed that female respondents had moderate levels of anxiety (30.2%) higher than male respondents (9.4%). The results of the Spearman-rank test showed a p-value of $0.923 > 0.05$, which means that there is no relationship between gender and nurse anxiety.

Based on the results of the study, it is known that women experience more anxiety than men. Women have higher anxiety than men. However, it must also be related to one's coping in the face of concern. The female gender increases the risk of up to five times more anxiety than the male.

This study is in accordance with the opinion of Sadock et al [37], where 56.41% of female individuals tend to respond more anxiously to risky things. The anxiety that is felt is more common in women than men because of the excess autonomic nervous reaction response with an increase in the sympathetic system, more epinephrine, causing an increase in the release of catecholamine. Chen et al [5], predict that there are two main causes for women to be prone to anxiety, namely the first related to the evolution of human women who played initially as caregivers now have become hard-working, careful and protective figures, the second is related to the chemical structure of the brain.

Based on the results of the analysis of the answers, it is known that the average

score of male respondents' answers is higher than female respondents, according to the researcher's assumptions, this can be caused because as many as 85% of male respondents are married so they are more afraid to transmit the virus to their families. The results of the study showed there was no relationship between gender and nurse anxiety. This is in line with the results of research by Ren et al [34], which showed that the highest average score for health workers was found in respondents with male gender (43.58) compared to female (43.31). There is no relationship between gender and the anxiety of health workers during the COVID-19 pandemic (p-value: 0.653) [34].

The results of the study are different from the research of Setyowati et al [40], which shows that the average anxiety score is higher in women than men, and there is a sexual relationship with the anxiety of health workers during the COVID-19 pandemic (p-value: 0.001). The results of research by Liu et al [25], show that there is a relationship between gender and anxiety of health workers during the COVID-19 pandemic (p-value: 0.005) [25].

Level of education

The results showed that respondents with a Diploma in Nursing education had a moderate level of anxiety (28.3%) higher than respondents with a bachelor's degree in Nursing (3.8%) and nurses profession (7.5%). The results of the Spearman-rank test showed a p-value of $0.512 > 0.05$, which means that there is no relationship between the level of education and the anxiety of nurses.

The results showed that the higher the education of the respondents, the lower the anxiety of the respondents and the results of the questionnaire analysis showed that the average anxiety score of respondents with DIII Nursing education was higher than respondents with undergraduate education and professional nurses. In the opinion of the researcher, this shows that the higher the level of education, the easier it will be for someone to accept new things and adapt easily. The higher a person's education, the

easier it is for someone to receive information and finally the more knowledge he has.

The results of research by Liu et al [25], show that the highest average score for health workers is found in respondents with a lower level of education (38.75). There is no relationship between the level of education and the anxiety of health workers during the COVID-19 pandemic (p-value: 0.223) [34]. The results of the research by Ren et al [34], showed that there was no relationship between education and the anxiety of health workers during the COVID-19 pandemic (p-value: 0.366) [34].

Education for everyone has its own meaning. Education is generally useful in changing mindsets, behavior patterns and decision-making patterns. A sufficient level of education will make it easier to identify stressors within themselves and from outside themselves. The level of education also affects awareness and understanding of the stimulus [37].

Marital status

The results showed that respondents with married marital status had moderate levels of anxiety (30.2%) higher than respondents with single marital status (unmarried) (9.4%). The results of the Spearman-rank test showed a p-value of $0.466 > 0.05$, which means that there is no relationship between marital status and nurse anxiety.

Based on the results of the study, it is known that nurses with single marital status have the same level of anxiety between mild and moderate while respondents with married marital status have mild anxiety levels that are higher than moderate anxiety, in the opinion of researchers this can occur because unmarried nurses still live with family (parents) so that it can still increase the anxiety of nurses while those who are married take precautions before meeting with the family at home.

This is not in line with the opinion of Shanafelt et al [41], which state that family status is one of the factors they experience anxiety when treating positive COVID-19 patients or conducting examinations on

people who have *COVID-19* symptoms. Health workers are worried that they will transmit the *COVID-19* coronavirus to their families.

Based on the results of the study, it is known that the average anxiety score of respondents with married marital status is higher than respondents who are not married, this is in line with research by Ren et al [34], that the average anxiety score is higher in respondents who are married than married respondents. respondents who are still single and higher in respondents who have children, and there is a relationship between marital status and anxiety of health workers during the *COVID-19* pandemic (p-value: 0.001).

There is no relationship between marital status and anxiety levels in this study, which could be due to the family support factor given to nurses, both married and unmarried. Lauer et [23], states that family support is related to the formation of mental balance and psychological satisfaction. This support can have a buffering effect, which is the negative effects of anxiety on health and the main effect that can directly affect health. Very large family support for the respondent psychologically can increase the enthusiasm of the respondent which has an impact on a low level of anxiety

Years of service

The results showed that respondents with a working period of 10 years had a moderate level of anxiety (37.7%) higher than respondents with a tenure of > 10 years (1.9%). The results of the Spearman-rank test showed a p-value of $0.002 < 0.05$, which means that there is a relationship between tenure and nurse anxiety.

The period of work is related to work experience, namely various events experienced by a person during work, and can be used as experience in improving the quality of work. Nurses with a longer working period will improve their skills at work, the easier it will be to adjust their work so that they are more able to deal with pressure at work [25]. This early experience is an important and even very decisive part of the mental condition of the individual in the future [37].

The results showed that the average anxiety score was higher for respondents with a length of work < 10 years, and there was a relationship between the length of work and the anxiety of health workers during the *COVID-19* pandemic (p-value: 0.017 [38]. In line with the results of research by Ren et al., [34], the average results of the highest health worker anxiety scores were found in respondents with 6-10 years of work (43.9) compared to respondents with >10 years of service (43.77). There is a relationship between tenure and the anxiety of health workers during the *COVID-19* pandemic (p-value: 0.001) [34].

CONCLUSIONS

Based on the results of research and discussion, it can be concluded as follows: The characteristics of nurses who handle *COVID-19* at Wijayakusuma Hospital, Purwokerto, almost half of the respondents are 30-40 years old (45.3%), most of them are male and have a DIII Nursing education level (75.5%), most of them have married status and are married. (81.2%), and most of them had 10 years of service (71.7%).

Nurses' anxiety in dealing with *COVID-19* at Wijayakusuma Hospital, Purwokerto, more than half of the respondents had a mild level of anxiety (60.4%).

There is a relationship between age and years of service with nurses' anxiety in dealing with *COVID-19* at Wijayakusuma Hospital, Purwokerto (p-value < 0.05). There was no correlation between gender, education, and marital status factors with nurses' anxiety in dealing with *COVID-19* at Wijayakusuma Hospital, Purwokerto (p-value > 0.05).

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