

# JNPH Volume 10 No. 1 (April 2022) © The Author(s) 2022

#### PATIENT'S PERSPECTIVES IN IMPLEMENTATION OF HEALTH PROTOCOL PREVENTING THE TRANSMISSION OF COVID-19 IN THE HEALTH SERVICE ENVIRONMENT BASED ON THE QUALITY OF LIFE (QOL) CONCEPT

#### YAYAN KURNIAWAN, SUTRI YANI PROGRAM STUDI DIII KEPERAWATAN, STIKES SAPTA BAKTI, BENGKULU, INDONESIA Email: yayansewar@gmail.com, sutrie201012@yahoo.com

#### ABSTRACT

Introduction: Currently, COVID-19 has become a global pandemic. The number of COVID-19 cases in Bengkulu Province in January reached 23.110 cases, while for regional cases, Bengkulu City occupies the highest position, namely 9.015 cases compared to 8 (eight) surrounding districts, which Among them, as many as 158 people died. Transmission of COVID-19 can occur airborne or through air contaminated with the coronavirus, then the virus enters through the nose, eyes, mouth, and other mucous membranes. Discipline in implementing health protocols in the community has reduced transmission. Patients' quality of life undergoing treatment in hospitals during the current COVID-19 pandemic often shows terrible symptoms. Nurses cannot be separated from their responsibilities as severing agents and preventing transmission in the family, community, or health care environment. Aspects of focus in this study's concept of Quality of Life (QOL) are biological health functions, psychological, spiritual, social, and family support. Metode: The design of this research is descriptive phenomenology with a qualitative study method. The total respondents in this study were 15 patients who were taken from 3 treatment rooms (inpatient)-sampling using the purposive sampling method. The criteria for respondents in this study were inpatients, patients with the good general condition, adult patients, and cooperative patients. The data that was explored from the respondents was an overview of the patient's perspective related to efforts to prevent COVID-19 by implementing health protocols in terms of the Quality Of Life (QOL) aspect obtained through in-depth interviews, namely an overview of (1) functions health biologically (physiological), (2) psychological, (3) spiritual, (4) social and (5) family support. Hasil: The results of the analysis obtained from in-depth interviews on the physiological aspect that the application of health protocols is effective in preventing transmission, on the psychological aspect the application of health protocols has an impact on feeling safe in patients, on the spiritual aspect the application of health protocols does not make the patient reduce the value of worship, on the social aspect the patient says that With the application of strict protocols, patients use alternative communication media without having to meet in person so that patients feel protected. Regarding family support, respondents said that the implementation of health protocols could also be adequately realized with full support from the family. Kesimpulan: Implementation related to strict health protocols can be well received and beneficial for the

patient's quality of life.

### Keywords: Implementation of Health Protocol, COVID-19, Quality Of Life (QOL)

### **INTRODUCTION**

COVID-19 has become а global pandemic at this time. In January, the number of COVID-19 cases in Bengkulu province reached 23,110 cases. For regional cases, the city of Bengkulu occupies the highest number compared to 8 (eight) districts in Bengkulu province, namely 9,015 people, of which 158 people died.<sup>1</sup> Transmission of COVID-19 can occur through the airborne (air contaminated with the virus), which then enters the body through 3 main accesses, namely the nose and mouth, eyes, and other mucous membrane. The equitable distribution of socialization programs and community discipline regarding the application of health protocols has proven to suppress transmission.<sup>2</sup> Nurses who work in health care environments cannot be separated by their responsibilities as severing agents and preventing transmission, be it in the family, community, or health care environment, because That is why nurses have to work hard to make people avoided in COVID-19<sup>3</sup> Patients' quality of life undergoing treatment in health services sometimes shows an unfavorable status when facing a pandemic like today. The risk of transmission can occur in the patient, coupled with the concern that even if a person does not show symptoms (OTG), that person may become a carrier (carrier agent) for the family at home.<sup>4</sup> The focus aspect in the discussion of Quality of Life (QOL) in this study refers to 5 basic aspects of human life, including biological health functions (physiological), psychological, spiritual and family support.<sup>5</sup>

### **METHODS**

This research design is descriptive phenomenology research with a qualitative study method. All respondents involved in this study amounted to 15 people.

Respondents taken are patients undergoing treatment (inpatient) in various rooms. The sampling method used is purposive sampling with the following criteria; patients are inpatients, patients with good general condition, and cooperative patients to the research process. Data collection was carried out through in-depth interviews by exploring the patient's point of view on the application of health protocols for the prevention of COVID-19 transmission in terms of the Quality Of Life (QOL) concept. The data that has been taken then through interviews and then analyzed using the Colaizzi method, which refers to 4 stages<sup>6</sup>, namely (1) the researcher collects data in the form of primary data and secondary data by listening repeatedly and then making a transcript of the recording (verbatim). (2) the researcher reads the transcript that has been written repeatedly so that he gets a significant meaning and underlines every critical statement of the respondent. (3) determine the category of each data that is considered necessary to become a sub-theme. These various subthemes collected will then become part of the essential sub-variables. (4) the last, researcher will write the report. At this stage of writing the report, the researcher must be able to write down the meaning of each phrase so that it can describe the data well.

### RESULT

The age of the respondents varied from the age of 25-50 years. Male is the most common of gender, namely ten people and women as many as five people.

the following table of data analysis results.

Table1.Patient'sPerspectivesinImplementationofHealthProtocolsintermsoftheQualityofLife(QOL)Concept

| No | Quality<br>Of Life<br>Compone<br>nts | Statements   | Conclusio<br>n  | menggunakan maskeration ofseperti sekarang ini kanhealthmembuat kita tenangprotocolstanpa harus takut tertular"can |
|----|--------------------------------------|--|-----------------|--|
| 1  |                                      | "Kan dengan sering mencuci                                     |                 | ( <b>R1</b> ). provide a   |
|    |                                      | tangan dengan sabun virus                                      |                 | "By a policy that requires sense of  |
|    | function                             | COVID-19 bisa mati,  | ation of        | wearing masks like today, it calm in   |
|    |                                      | artinya secara fisik tangan                                    | health          | will make us calm without patients'  |
|    | gical)                               | kita menjadi bersih dan  | protocol        | having to be afraid of gettinghearts, both<br>infected" ( <b>R1</b> ). in the                                      |
|    |                                      | tidak ada virus yang<br>menempel" <b>(R2).</b>                 | can prevent the | health care  |
|    |                                      | "By washing our hands with                                     |                 | <i>"Iya mas, dengan</i> environme  |
|    |                                      | soap it able to kill the virus,                                | n of            | menggunakan masker saya nt and in  |
|    |                                      | that means our hands   | COVID-19        | jadi lebih tanang, apalagi the general   |
|    |                                      | became clean and hygine  | physically      | sekarang ini siapa saja bisa public.   |
|    |                                      | physically" (R2).  | 1 5 5           | jadi pembawa, meskipun   |
|    |                                      |  |                 | tanpa gejala" (R6).  |
|    |                                      | "Ya dengan mencuci   |                 | "Yes sir, by wearing a mask I  |
|    |                                      | tangan dan mencuci muka  |                 | feel more comfortable,   |
|    |                                      | kan selain membersihkan  |                 | especially now that anyone   |
|    |                                      | dari virus, tapi kan baik                                      |                 | can become a carrier, even   |
|    |                                      | untuk membersihkan muka  |                 | without symptoms"( <b>R6</b> ).  |
|    |                                      | <i>dari debu"(R7).</i>   |                 | "Cana biaga ach chum   |
|    |                                      | "By washing our hands and                                      |                 | "Saya biasa sebelum<br>menyentuh apapun selalu   |
|    |                                      | face, beside cleaning the face from the virus but also         |                 | sebelumnya mencuci tangan  |
|    |                                      | it will clean our face from                                    |                 | dengan sabun dan air   |
|    |                                      | the dust" ( <b>R7</b> ).                                       |                 | mengalir,, dan saya tidak  |
|    |                                      | the dust (IX).   |                 | terlalu khawatirlah dengan   |
|    |                                      | "Kita kan diwajibkan   |                 | penularan" (R10).  |
|    |                                      | mengenakan masker dengan                                       |                 | "I used to always wash my  |
|    |                                      | ketat ya selama di rumah                                       |                 | hands before touching  |
|    |                                      | sakit, dengan menggunakan                                      |                 | anything with soap and   |
|    |                                      | masker dengan baik dapat                                       |                 | running water, and I'm not   |
|    |                                      | mencegah virus terhirup  |                 | too worried about contagion"   |
|    |                                      | masuk ke dalam hidung"   |                 | (R10).   |
|    |                                      | <i>(R5)</i> .  |                 |  |
|    |                                      | "Aren't we required to wear                                    |                 | "Pembatasan jumlah   |
|    |                                      | masks strictly While in the                                    |                 | pengunjung juga bagus,<br>paling tidak mambayikan  |
|    |                                      | hospital, using a mask   |                 | paling tidak memberikan<br>ketenangan hati, dapat  |
|    |                                      | properly can prevent the                                       |                 | mengurangi resiko  |
|    |                                      | virus from being inhaled from entering the nose"( <b>R5</b> ). |                 | penularan" ( <b>R14).</b>  |
|    |                                      | from entering the hose (K5).                                   |                 | "Restricting the number of   |
|    |                                      | "Tempat duduk yang ada   |                 | visitors is also good, at least  |
|    |                                      | disini juga kan dikasi   |                 | it gives peace of mind, and  |
|    |                                      | pembatas (physical   |                 | can reduce the risk of   |
|    |                                      | distancing) kan! dengan  |                 | transmission."(R4)   |
|    |                                      | tidak berdempet-dempet   |                 |  |
|    |                                      | dapatlah mengurangi  |                 | "Di rumah sakit juga kita  |
|    |                                      | penularan secara fisik"( <b>R4).</b>                           |                 | dilarang terlalu banyak  |
|    |                                      | "The seats here are also                                       |                 | berintraksi, jadi lebih  |
|    |                                      | given a barrier (physical                                      |                 | efektif mengurangi   |
|    |                                      | distancing) right! By not                                      |                 | penyebaran melalui udara"<br>( <b>P1</b> 2)  |
|    |                                      | being close each other, we                                     |                 | <i>(R12).</i><br>"In the hospital we are also  |
|    |                                      | can reduce physical transmission"( <b>R4).</b>                 |                 | prohibited to interacting too  |
| 2  | Psycholo                             | " Dengan kebijakan yang  | The             | much, so it is more  |
| 4  | gical                                | mengahruskan   | Implement       | effective to reduce the  |

|            | spread through the air"<br>(R12)                 |   | kesehatan kan, mencuci activities<br>tangan, hidung, dan muka outside th |
|------------|--|---|--|
| 3 Social   |  |   | adalah bagian dari wudhu home to   |
|            | menerapkan pembatasan implement                  |   | untuk sholat" ( <b>R8</b> ). worship                                     |
|            | aktifitas di masyarakat baik ation of            |   | "By doing worship  |
|            | <i>di dalam maupun luar</i> health               |   | frequently, without realizing  |
|            | rumah sakit, kan tetap tidak protocols           |   | it is part of the health   |
|            | <i>mengurangi intraksi,</i> does not             |   | protocol, washing hands,   |
|            | sekarng ini kan bisa telepon hinder              |   |  |
|            | suara, video call, wa mas patient                |   |  |
|            | <i>ya"</i> ( <i>R13</i> ). interaction           |   |  |
|            |  |   |  |
|            |  |   |  |
|            | implementing restrictions on communica           |   | -  |
|            | activities in the community, tion media          |   |  |
|            | both inside and outside the without              |   |  |
|            | hospital, it still doesn't having to             |   |  |
|            | hinder interactions, everyone meet face          |   | 1 0,   |
|            | can make a voice call, video to face,            |   |  |
|            | calls, whatsapp, isn't?" patients                |   | still worship well (R5).   |
|            | (R13) feel the                                   |   |  |
|            | positive   |   |  |
|            | "Ya meskipun pembatasan impact of                |   |  |
|            | dilakukan kan bukan berarti implementi           |   |  |
|            | kita benar-benar tidak bisa ng health            |   |  |
|            | <i>berkomunikasi</i> " ( <b>R8).</b> protocols.  |   |  |
|            | "Even though restrictions are                    |   |  |
|            | placed, it doesn't mean we                       |   | terutama sholat" ( <b>R15).</b>  |
|            | really can't communicate"                        |   | "Restriction of activities out   |
|            | (R8)   |   | side the home, I think is also   |
|            |  |   | good, mas, with activities at  |
|            | "Dengan penerapan                                |   | home can be used to further  |
|            | protokol kesehatan ini tentu                     |   | increase worship, especially   |
|            | akan menjaga diri setiap                         |   | prayer" (R15).   |
|            | anggota masyarakat dari                          | 5   | Family "Semenjak diberlakukannya The                                     |
|            | paparan COVID-19" <b>(R9).</b>                   |   | Support penggunaan masker, Implemen                                      |
|            | "By the implementation of                        |   |  |
|            | this health protocol, every                      |   |  |
|            | member of the community                          |   |  |
|            | will protect themselves from                     |   |  |
|            | exposure to COVID-19"                            |   | -  |
|            | ( <b>R</b> 9).                                   |   | · · · · ·  |
| 4 Spiritua |  |   |  |
| - Spiritua | protokol kesehatan yang implement                |   | family   |
|            | <i>baik, seperti mencuci tangan</i> ation of     |   |  |
|            | disertai dengan ibadah health                    |   | ē  |
|            | 0  |   | <i>v</i>   |
|            | yakin pada allah, pasti protocols                |   | e ;  |
|            | <i>wabah ini berakhir" (R11).</i> strongly       |   | · ·  |
|            | "By the implementing the supports                |   |  |
|            | properly health protocols, spirituality          | <ul> <li>nose and face is part of wudhu" (R8)</li> <li>"ya meskipun tetap menjaga jarak saat beribadah, kan tetap sama saja kita masih bisa</li> <li>beribadah dengan baik (R5).</li> <li>"Even though we keep our distance while worshiping, it's still the same we can still worship well (R5).</li> <li>"Pembatasan aktifitas dengan dirumah saja, bagi saya juga bagus mas, dengan kegiatan dirumah saja bisa digunkan untuk lebih meningkatkan ibadah, terutama sholat" (R15).</li> <li>"Restriction of activities out side the home, I think is also good, mas, with activities at home can be used to further increase worship, especially prayer" (R15).</li> <li><b>5 Family</b> "Semenjak diberlakukannya di rumah senang mas" (R3).</li> <li>"Since the implementation of the use of masks, thank God, my family at home is happy, Sir." (R3).</li> <li>"Kanmencuci tangan tujuannya membersihkan tangan bukan hanya karna khawatir ada virusnya, tapi juga membersihkan tangan bukan hanya karna khawatir ada virusnya, tapi juga disiplin mencuci tangan" (R5).</li> <li>"Handwashing aims to clean hands not only because we are worried about the virus, but also to clean it from dust, it's also good for health, our</li> </ul> |  |
|            | such as washing hands and is able                |   |  |
|            | accompanied by worship to                        |   |  |
|            | believing in Allah, this strengthen              |   |  |
|            | epidemic will definitely end" patients'          |   |  |
|            | (D11) haliafa                                    |   |  |
|            | (R11). beliefs.                                  |   | are worried about the virus  |
|            | People take                                      |   |  |
|            |  |   | but also to clean it from dust,  |
|            | People take                                      |   | but also to clean it from dust,<br>it's also good for health, our        |
|            | People take<br>"Dengan rajin beribadah advantage |   | but also to clean it from dust,  |

Source: Interview, 2022

#### DISCUSSION

Implementation of health protocols in the community will be considered new for the society. It is hoped that this situation will not make people depressed, bored, and stressed, but instead will create a society with a strong mentality, solution, and adaptability. In this research, we will discuss the patient's perspective regarding the application of health protocols in terms of the Quality Of Life (QOL) concept.

#### **Biological health function (Physiological)**

Various of studies have shown that washing hands regularly, especially after covering the mouth and nose when sneezing, is very effective in suppressing the spread of COVID-19.<sup>7</sup> In addition to regularly washing hands, another preventive step is to use masks. As known that one of the transmissions of COVID-19 is airborne. The proper use of N95 masks has a high level of effectiveness because it has a density so that it has maximum protection against droplets or aerosols.<sup>8,9</sup> The policy for physical distancing and use the mask properly is claimed to be the most effective way to break transmission. WHO (2020) states that airborne transmission can occur when a person infected with COVID-19 coughs, sneezes, or talks, and the droplets spread in the air and are inhaled directly or attached to the body of someone has not been infected. The most effective physical distancing is at least 2 (two) meters.<sup>10</sup>

### Physicological

Wiranti's (2020) research states that the community is adaptable and well-accepted regarding the PSBB policy. As known as that PSBB is part of the health protocol<sup>11</sup>. Restriction of visitors in inpatient rooms

(hospitals) is not something new. Limiting the number of visitors has existed since before the COVID-19 outbreak. Restrictions on the number of visitors are increasingly being tightened and disciplined since COVID-19 increases day by day. The rules that form the basis for limiting the number of visitors are based on the Decree of the Ministry of Health (Kepmenkes) regarding guidelines for implementing hospitals/emergency field hospitals during the Corona Virus Disease 2019 (COVID-19) pandemic.<sup>12</sup> Policies related to implementing health protocols can adequately suppress the spread of COVID-19. The effectiveness of implementing strict health protocols has a very positive impact, and these positive effects have generated optimism and serenity in the community.

#### Social

The social aspect of this study shows that with the implementation of health protocols, such as examples related to physical distancing, this policy does not reduce the quality of interaction in the community. Physical distancing itself aims to minimize the possibility of physical contact between someone who is infected and who has not infected.<sup>13</sup> People use existing been communication media, such as voice calls and video calls via WhatsApp, SMS, and Facebook, as an alternative to communicating. implementation, In its physical distancing in the community is a very appropriate policy and very beneficial to the community, so it is also well-received by all circles of society.<sup>14</sup>

### Spiritual

In this aspect, there were not obstacles found in worship, even with health protocols (physical distancing). Respondents said that the physical restriction program did not discourage their intention to worship. Another respondent also conveyed that the restrictions on activities outside the home were used to increase worship at home. Akmal (2020) conducted an online survey of 18.743 respondents and found that most people are aware of the dangers of COVID-19 and have the awareness to be disciplined in carrying out the health protocol.<sup>15</sup> From the description of the findings of this study, it can be concluded that the attitudes and spiritual values of the community feel the urgency to prevent the spread of COVID-19.

# **Family Support**

This study found that respondents received good support from their families regarding the implementation of health protocols. Family support will significantly affect a person's discipline in healthy living behavior<sup>16</sup>. The results of other studies that support these findings are research conducted by Alyssa (2021) which states that helping patients with hygiene is not only creating a personal relationship between the patient and family members but also part of maintaining the patient's health, the researcher also adds that by being aware of the limitations that the patient has is a positive view of the patient's ability to support the patient's healthy behavior.

So it can be concluded that jointly supporting each other regarding the implementation of health protocols in the community can be very beneficial for the community itself.

# CONCLUSIONS

The concluded the study that implementation of health protocols in the health care environment had been appropriately implemented. The respondent's perspective in interpreting the application of health protocols in terms of the Quality Of Life aspect shows a positive image. The description of the biological function of health (physiological) shows that implementing health protocols is very beneficial for respondents. Respondent's psychological image (psychological) is adaptable and accepts the health protocol policy. Description of the social aspect (social) respondents do not feel that implementing of health protocols is a breaker of social intraction; they use alternative communication media as a substitute for faceto-face communication. The description from the social aspect of the respondent said that there were no significant obstacles with social restrictions and so on. The spiritual aspect shows that there are no significant obstacles to practicing religion; despite implementing strict health protocols, respondents use activities at home to increase worship, especially prayer. From the aspect of family support, most families provide support to other family members in carrying out health protocols.

# SUGGESTION

Hopefully there will be better research in the future

# REFERENCES

- Akmal, Burhani. H. Pengentahuan Sikap dan Tindakan Umat Beragama Mengahadapi COVID-19. Badang Litbang dan Diklat Kemenag RI. 2020. https://simlitbangdiklat.kemenag.go.id/si mlitbang/spdata/upload/dokumenpenelitian/1592454380Laporan\_UmatVS Covid\_.pdf.
- Alyssa L, Goldenhart. Assiting Patients With Personal Hygiene. Statpearls Publishing. 2021. PMID: 33085302. https://www.ncbi.nlm.nih.gov/books/NB K563155/.
- ANA. Clinical Information. ANA Interprise. 2022. https://www.nursingworld.org/ana-enterprise/.
- Aristina H. Hubungan Dukungan Keluarga dan Strategi Penenganan Kecemasan pada Perawat yang Merawat Pasien Penderita COVID-19. J Keperawatan Sekolah Tinggi Ilmu Kesehatan William Booth. 2021;10(1)18-28. https://doi.org/10.47560/kep.v10i1.267.
- Covid 19 Provinsi Bengkulu. Data Real Time

Covid-19: Perkembangan Kasus Covid 19 Provinsi Bengkulu. 2022. https://covid19.bengkuluprov.go.id/Data bengkulu.

- Dac T. Quality Of Life. J Statpearls Publishing. 2021.
- Ika. Efektivitas Masker Kain Cegah COVID-19 Paling Rendah. 2020. <u>https://www.ugm.ac.id/id/newsPdf/19280</u> <u>-efektivitas-masker-kain-cegah-covid-19paling-rendah</u>.
- Jhon T, Brooks. Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure. Centers for Disease Control and Prevention (CDC). 2021;70(7):254-257.

https://www.cdc.gov/mmwr/volumes/70/ wr/pdfs/mm7007e1-H.pdf.

- Kemenkes. Keputusan Menteri Kesehatan Republik Indonesia Tentang Penyelenggaraan Rumah Sakit Darurat Pada Masa Pandemi Corona Virus Disease 2019. 2021
- Kresna A, Ahyar J. Pengaruh Physical Distancing dan Social Distancing Terhadap Kesehatan Dalam Pendekatan Linguistik. J Syntax Transformation. 2020;1 (4)14-19. <u>https://jurnal.syntaxtransformation.co.id/i</u> <u>ndex.php/jst/article/view/42</u>.
- Nandasena H, Pathirathna M.L, Atapattu. Quality of Life of COVID 19 Patients After Discharge: Systematic Review. J Plos One. 2022; 17 (2): e0263941. https://doi.org/10.1371/journal.pone.026 3941.
- Sujianto U, Billy R. Family's Experience: Nursing Care for Colorectal Cancer Patients with Colostomy. J Nurse Media Journal of Nursing. 2020; 10(1)96-106. https://ejournal.undip.ac.id/index.php/me dianers/article/view/28725/17171.
- WHO. Handwashing an effective tool to prevent COVID-19, other diseases. WHO.Int. 2020
- WHO. Coronavirus disease (COVID-19): Herd Immunity, lockdowns and COVID-19. 2020. https://www.who.int/news-

room/questions-and-answers/item/herdimmunity-lockdowns-and-covid-19.

- WHO. Coronavirus Disease (COVID-19): How is it transmitted. Geneva. 2021.
- Wiranti, S. Ayun. Determinan Kepatuhan Masyarakat Kota Depok Terhadap Kebijakan Pembatasan Sosial Berskala Besar Dalam Pencegahan COVID-19. J Jurnal Kebijakan Kesehatan Indonesia: JKKI. 2020; 09 (03): 117-124
- Yunus. N.R, Rezki A. Kebijakan Pemberlakuan Lock Down Sebagai Antisipasi Penyebaran Corona Virus: J Salam: Jurnal Sosial dan Budaya Syar-i. 2020; 07 (3). https://doi.org/10.15408/sjsbs.v7i3.1508.