

RESEARCH ARTICLE

Religiosity and Stress on Nurses during COVID-19 Pandemic at a Hospital in Bandung

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Abstract

The problem of the coronavirus disease 2019 (COVID-19) pandemic has resulted in changes in various aspects of life, primarily related to health services. All health workers involved in handling COVID-19 are likely to experience psychological pressure in treating COVID-19 patients with an increasing number of patients. The correlation between religiosity is expected to guide an individual in interacting in the work environment, including in health services and managing stress on nurses. This study aimed to analyze the correlation between religiosity and stress at work during the COVID-19 pandemic in nurses. This research is an observational analytic with a cross-sectional approach. Primary data was obtained from a questionnaire to 78 nurses in the COVID-19 ward at a hospital in Bandung in August 2021. The Pearson correlation test analysis results showed a significant correlation between religiosity and stress. Religious maturity can influence a person's level of mental maturity. It can give a feeling of peace in the heart so that a person can avoid feeling restless and anxious about the problems faced without stress.

Keywords: Nurse, religiosity, stress

Introduction

The problem of the 2019 coronavirus disease (COVID-19) pandemic is still unresolved and even confirmed cases of this virus are increasing. It resulted in changes in various aspects of life, primarily related to health services. All health workers involved in handling COVID-19 are likely to experience psychological pressure because they are overwhelmed in caring for the increasing number of COVID-19 patients.¹⁻³ Various types of psychological disorders have been found in the community, especially in medical personnel.¹⁻³ During the COVID-19 pandemic, one type of psychological disorder is stress. Many factors can cause a person to experience anxiety, including a heavy workload, excessive fear of being infected with COVID-19, worrying about the negative stigma of virus carriers in the community, and being away from family when exposed to COVID-19.⁴⁻⁶ High levels of stress result in staff burnout and turnover and adversely affect patient care. Interventions targeted at sources of occupational stress seem to be required to support nurses.⁷

A person's health is not only related to physical health. Mental health also requires special attention because these mental health disorders have a broader and longer impact than physical health disorders.⁴ Previous research results reported a significant psychological burden on health workers amid an infection outbreak similar to the COVID-19 pandemic. The psychological burdens include anxiety, depression, panic attacks, or psychotic symptoms.^{6,8} Previous research has also reported that major disasters can result in mental disorders that have adverse effects. It is more significant and prolonged than physical conditions. However, attention to the prevention and treatment of mental disorders is still minimal in human resources planning and resources.⁹

According to Andriyani,¹⁰ religious maturity can show a person's level of mental maturity. It can give birth to a feeling of peace in the heart so that a person can avoid feeling restless and anxious about the problems being faced or about the future that will be met later. Regarding the future, someone who has religious maturity, especially followers of Islam, will be sure about the

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existence of *qadha* and *qadar*, so that whatever happens after someone makes a maximum effort is the best decision for him.

Religiosity must be applied in various aspects of life. It means that it is not only done by someone when carrying out worship activities to Allah Swt. alone but also when doing worldly work or when interacting socially with fellow human beings.¹¹ Religiosity is a religious belief of an individual as a basis for him to implement the good of spiritual values in all aspects of his life.¹² In other words, a Muslim with monotheism at least has a side of himself as *abdullah* (servant of Allah Swt.) and has a vertical attachment between creatures and their creators. It does not stop here. A Muslim must also be able to have social sensitivity and be able to read the surrounding environment so that he can act as *khalifatullah fil ard* (representative of Allah Swt. on earth) who uses the abilities given to prosper the world.¹³

The study hospital is a type B referral hospital in Bandung that, as of February 25, 2021, treated 8,373 confirmed cases of COVID-19. The rooms used for treating COVID-19 patients are six units with 191 treatment beds and have a total number of 177 nurses. These data indicate the possibility of a high workload and anxiety for health workers, especially nurses in the COVID-19 patient care room. This study aims to analyze the relationship between religiosity and stress at work during the COVID-19 pandemic in nurses.

Methods

This research is an analytic observational study with a cross-sectional research design that measures the independent and dependent variables simultaneously. The stress data taken is primary data in the form of a modified Chinese Health Questionnaire (CHQ) by Tayyib and Alsolami¹⁴ and questionnaire religiosity from another research.¹⁵ Socialization, informed consent, and questionnaire validation were carried out before the study was conducted. This study used the total population, but only 78 people met the inclusion and exclusion criteria. The inclusion criteria for research subjects were employees <40 years old, willing to be research subjects, having internet access, and being able to use Google Forms. Exclusion criteria for research subjects were having a history of mental illness such as schizophrenia and not being Muslim. Each research subject will be accompanied while filling

out the online questionnaire. The independent variable of this research is stress. The dependent variable of this research is religiosity.

The stress level will group stress data, measured using a modified CHQ for use in the COVID-19 pandemic.¹⁴ The questionnaire uses 14 questions and uses a Likert scale (1: never, 2: rarely, 3: sometimes, 4: often, 5: always).

The religiosity data will be grouped based on the level of religiosity. Questionnaire questions are made based on four dimensions of religiosity, namely belief (*aqidah*), religious practice (worship), practice (morals), and appreciation (*ihsan*). The questions are 40 questions and each dimension consists of 10 questions and uses a Likert scale (1: strongly disagree, 2: disagree, 3: disagree, 4: agree, 5: strongly agree). The final score varies from 0 to 100. Scores above the median will be classified into the high religiosity group, and those below and equal to the median will be classified as low religiosity.¹⁵

The primary data obtained were then processed and analyzed by the researcher—data analysis using the Pearson correlation test.

Results

Table 1 shows that the average value of religiosity at work during the COVID-9 pandemic for nurses was 85.74, and the median value was 89.37. It shows that the religiosity of nurses is still low because the average value of religiosity is below the median value.

Table 1 also seen that the average stress value at work during the COVID-9 pandemic for nurses at a hospital in Bandung was 44.16, and the median value was 42.85. It shows that nurses have stress because the average stress value is above 37.3.

The 95% CI result showed a significant correlation between the value of religiosity and stress at work during the COVID-19 pandemic on nurses with a p value=0.001 with a correlation strength of 0.62. It indicates a strong correlation with a negative direction, indicating that the higher value of religiosity makes the stress value lower at work during the COVID-19 pandemic in nurses thus otherwise.

Table 2 shows that nurses, 72% with high levels of religiosity mainly experienced no stress at work during the COVID-19 pandemic. While nurses with low levels of religiosity mainly experienced stress with high levels of 69%.

Table 1 Characteristics and Correlation between Religiosity and Stress of Research Subjects

Variables	Mean (SD)	Median (Min–Max)	P	Correlation Strength
Religiosity	85.74 (12.90)	89.37 (58.13–100)	0.001	0.62*
Stress	44.16 (17.77)	42.85 (10.71–100)		

Note: *with negative direction

Table 2 Correlation Religiosity Level with Stress at Work during Pandemic COVID-19 of Research Subjects

Religiosity	No Stress		Stress		Total		p
	n=42	%	n=36	%	n=78	%	
High	31	72	12	28	43	100	0.001
Low	11	31	24	69	35	100	

Note: *chi-square test, p<0.05 significant

The Chi-square test analysis results at a 95% CI show that statistically, there is a significant relationship between religiosity and stress during the COVID-19 pandemic on nurses with a p value=0.001.

Discussion

Religiosity is a comprehensive unity of elements, which makes a person called a religious person (being religious), not just claiming to have a religion (having religion). Religiosity includes spiritual knowledge, religious beliefs, the practice of religious rituals, religious experience, religious behavior (morality), and socio-religious attitudes. In Islam, religiosity is broadly reflected in the practice of *aqidah*, sharia, and morals, or in other words: faith, Islam, and *ihsan*.¹⁶ Religiosity is a form of the human relationship with its creator through religious teachings internalized within a person and reflected in daily attitude and behavior.¹⁷

Table 1 shows that the average value of religiosity at work during the COVID-9 pandemic for nurses in Bandung is still low. Religiosity is a dynamic phenomenon in which individuals have a high level of religiosity and a low level of religiosity.¹⁸ Two factors influence religiosity, including internal and external factors. Internal factors include heredity, age, personality, and psychological conditions, while external factors include family, school, and community.¹⁹

Stress is an uncomfortable condition experienced by individuals, and these conditions interfere with thoughts, emotions, actions, or behavior in everyday life or the job in question.²⁰ Stress that comes from and is related to everything in the work environment is usually called work stress. Individuals who experience work stress can affect the implementation of tasks and individual performance resulting from ineffective conditions and feeling required to complete work better.²¹

The results in Table 1 show that nurses at a hospital in Bandung experienced stress at work during the COVID-19 pandemic. COVID-19 has caused changes in various sectors of life. It has caused many problems, such as a decline in mental health.²² Daily stress, compared to traumatic events, is a predictor factor affecting mental health more. A prolonged physiological stress response is a risk factor leading to disease. Psychological work stress during the COVID-19 pandemic that most of the respondents experienced was feeling pressured due to working in stressful situations, feeling insecure to complete work, feeling afraid of contracting COVID-19 at work, and feeling dissatisfied with the outcome.²³

Health workers are at high risk of experiencing mental problems in the form of mild to severe stress due to the various pressures they have to face. Fear of the increased risk of being exposed, infected, and possibly infecting their loved ones is also a burden. Working amid intense media

and public attention, long, massive, and perhaps unprecedented work duration for some health workers has additional implications in triggering adverse psychological effects in the form of stress. Stigmatization in society that makes medical personnel look like carriers of the virus can also trigger stress for medical personnel.²⁴

The results show that the higher the religiosity value, the lower the stress value during the COVID-19 pandemic on nurses. The study also indicates a statistically significant relationship between the level of religiosity and stress in the workplace during the COVID-19 pandemic on nurses. The results of this study are in line with the results of the research of Utama and Surya,²⁵ which stated that religiosity has a negative relationship with work stress. In other words, the higher the value of religiosity the lower the stress value at work. The results of this study are also in line with Bashori and Meiyanto's²⁶ research, which states that the higher the level of one's religiosity in dealing with problems, the lower the stress level in dealing with work problems. Since religiosity increases a person's ability to overcome tension due to the difficulties one faces, individuals who have a high level of religiosity will be able to take their religious values to be used in solving problems or managing unstable emotional conditions as a result of stressful events.²⁷

Conclusion

There is a correlation between religiosity and stress at work during the COVID-19 pandemic on nurses in Bandung.

Conflict of Interest

There is no conflict of interest in this research.

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