

Analysis of Coping Strategies with the Anxiety of Pasuruan Regency IBI Implementing Midwives in the New Normal Era

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ABSTRACT

The high death rate of health workers who died due to COVID-19. Midwives are at the forefront of midwifery services during the Covid-19 pandemic and must continue to provide midwifery services. Apart from that, the high maternal mortality rate causes anxiety among service providers, especially midwives. The aim of writing this research is to find out the relationship between coping strategies and the anxiety level of IBI midwives in Pasuruan Regency in the new normal era. Method This research uses a correlative descriptive research design, namely research to examine the relationship between two variables in a situation or group of objects with a cross sectional approach.. The research was carried out at IBI Pasuruan Regency Branch. Sampling technique uses random sampling of 133 midwives. The analysis used uses Chi-square. The research results showed that the majority chose the PFC coping strategy as many as 100 respondents (75.2%). Respondents experienced emergency mild as many as 65 respondents (48.9%) and respondents with moderate anxiety amounting to 54 respondents (40.6%). Analysis results The data was then tested using statistical tests *Chi-Square*. The results obtained were $p(0.000) < 0.05$, meaning that there is a relationship Coping strategies for anxiety by IBI Managing Midwives in Pasuruan Regency in the New Normal Era.

It is hoped that the Indonesian Midwives Association organization will pay more attention to the psychological health of midwives, because midwives are the front guard in providing health services for mothers and babies in the current Covid pandemic era. Apart from providing support, the availability of facilities and infrastructure, especially PPE for midwives, is being given more attention.

Keywords: Coping Strategy, Anxiety, Midwife

INTRODUCTION

The high death rate of health workers who died due to COVID-19. Globally, as of May 6 2020 there were more than 3.58 million positive cases of COVID-19 with 247,503 deaths.

The International Council of Nurses recorded that as of May 5 2020, more than 90,000 health workers in the world were infected with COVID-19, and it is predicted that even more will be. Based on data dated May 7 2020, worldwide 989 health workers died due to COVID-19 or 0.37% (989/270,426). A study by the United States Center for Disease Control and Prevention reported that the percentage of health worker deaths up to April 9 2020 was 0.16% (27 health worker deaths per 16,570 total deaths due to COVID-19) (WHO data, 2020).

During the 2020 Adaptation to New Habits period, the percentage of health worker deaths was reported at 0.5% (165 health worker deaths per 28,131 total deaths due to COVID-19). In Indonesia itself, in the same period according to the COVID-19 Cluster Team, there were around 12,400 positive cases with 895 deaths (CFR 7.2%), including 55 health workers. This means that for every 100 deaths there are 6-7 health workers (55/895) who died. This needs to be our common concern, because the current percentage of deaths in Indonesia (6.5%) is much higher than the global average (0.37%), even though the figure in Indonesia itself is much higher than the United States which has the highest number of deaths. the highest cumulative death rate in the world today (Technical Instructions for Health Services in Clinics during the Adaptation to New Habits, 2020).

The high death rate of health workers who died due to COVID-19. Midwives as the front guard in midwifery services during the Covid-19 pandemic can use mechanisms coping such as providing a hand washing place with running water for visitors, ensuring that all equipment and supplies have been disinfected, all services are carried out by making an appointment in advance via telephone/WA, carry out a comprehensive assessment according to standards, including information related to Covid-19 transmission precautions. If necessary, the midwife can coordinate with the local RT/RW/Village Head/Lurah specifically for information about whether the mother's status is included in self-isolation (ODP/PDP/Covid +). Apart from that, midwives must implement Covid 19 prevention procedures: wash hands with soap and running water, maintain a distance of at least 1 meter, all patients, companions and health teams wear masks (The health team uses medical masks except for APN midwives using N95 masks), make sure Midwives and the team on duty always use PPE according to service needs. If the midwife is not ready with PPE as needed and it is not possible to provide services, immediately collaborate and refer the patient to PKM/hospital. Screening for factors risk including the risk of infection COVID 19. If risk factors are found, immediately refer to PKM/Hospital closest to the standard. Midwifery services for pregnant, maternity, postpartum, BBL and family planning women during the Covid 19 pandemic refer to

guidelines from the Ministry of Health, PB, POGI, PP, IDAI and PP IBI (IDM Webinar 5 May 2020, DR. Emi Nurjasmi, M. Kes).

A midwife is a woman who has completed a Midwifery education program both domestically and abroad which is legally recognized by the Central Government and has fulfilled the requirements to practice Midwifery. Midwifery services are a form of professional service which is an integral part of the health service system provided by midwives independently, collaboratively, and/or by referral. During the COVID-19 pandemic and facing the New Normal era, health services must continue to run optimally, safely for patients and midwives with various adjustments based on Covid handling guidelines or health protocols. Various MCH and KB service guidelines have been developed: Ministry of Health, POGI, IDAI, IBI ensures that services continue to run and are safe for patients and providers with various adjustments relevant to preventing COVID-19. The high maternal mortality rate causes anxiety among service providers, especially midwives.

Based on a preliminary study through interviews on March 29 2021 conducted at IBI Pasuruan Regency with 15 implementing midwives, data was obtained that there were 13 midwives who were anxious at time The COVID-19 pandemic is due to still providing services to clients who may carry germs that could impact midwives. Based on these data and observations to date, this research aims to analyze the relationship between coping strategies and anxiety of IBI implementing midwives in Pasuruan Regency in the new normal era.

METHOD

This research is an analytical observational research with a cross sectional design using a questionnaire distributed via Google Form conducted in April – July 2021. This research uses an analytical design with a design cross sectional. The population was 200 respondents, namely implementing midwives at IBI Pasuruan Regency. The sample size was 133 respondents. Technique sampling in this research is technique *Simple Random sampling*. The results of data analysis are then tested using Test *Chi Square* $p (0.000) < 0.05$, then the hypothesis is accepted, meaning that there is a relationship between coping strategies and anxiety of IBI implementing midwives in Pasuruan Regency in the new normal era.

RESEARCH RESULT

Table 1. Frequency Distribution of Respondent Data Based on Age

No	Age	Frequency	Percentage (%)
1	20-35 years	77	57,9

2	> 35 years	56	42,1
Amount		133	100

Based on table 1, it shows that the majority of respondents were aged 20-35 years, namely 77 respondents (57.9%), while those aged >35 years were 56 respondents (42.1%)

Table 2. Frequency Distribution of Respondent Data Based on Education

No	Attitude	Frequency	Percentage (%)
1	D3	67	50,4
2	D4/S1	63	47,4
3	S2	3	2,3
Amount		133	100

Based on table 2, it shows that there were 67 respondents with D3 education (50.4%), while there were 63 respondents with D4 or S1 education (47.4%) and 3 respondents with Master's education (2.3%). The most dominant education of respondents is D3 education.

Table 3. Distribution of respondents based on coping strategies

No	Coping strategies	Frequency	Percentage (%)
1	PFC	100	75,2
2	EFC	33	24,8
Amount		133	100

Based on table 3, it shows that of the 133 respondents, the majority chose the PFC coping strategy, 100 respondents (75.2%).

Table 4. Distribution of respondents based on anxiety

No	Attitude	Frequency	Percentage (%)
1	Normal	14	10,5
2	Light	65	48,9
3	Currently	54	40,6
Amount		133	100

Based on table 4, it shows that there were 14 respondents who did not have anxiety (normal), while the respondents who did have an emergency were mild as many as 65 respondents (48.9%) and respondents with moderate anxiety amounting to 54 respondents (40.6%).

Table 5. Relationship between coping strategies and anxiety of IBI Implementing Midwives in Pasuruan Regency in the New Normal Era.

Coping Strategy	Emergency		Normal		Light		Currently		Total	
	F	%	F	%	F	%	F	%	F	%
PFC	14	14	62	62	24	24	100	100%		
EFC	0	0	3	9,1	30	90,9	33	100%		

Based on table 5, it shows that the majority of respondents who chose the PFC coping strategy had a mild level of anxiety, 62 respondents (62%). Meanwhile, almost all respondents who chose the EFC coping strategy had a moderate level of anxiety, namely 30 respondents (90.9%).

Table 6. Cross tabulation between age and coping strategies

Coping Strategy	20-35 Years		>35 Years		Total	
	F	%	F	%	F	%
PFC	55	55	45	45	100	100%
EFC	22	66,7	11	33,3	33	100%

Based on table 6, it shows that respondents aged 20-35 years mostly have PFC coping strategies, namely 55 respondents (55%). Meanwhile, those aged >35 years also mostly had PFC coping strategies, namely 45 respondents (45%).

Table 7. Cross tabulation between education and coping strategies

Coping Strategy	D3		D4/S1		S2		Total	
	F	%	F	%	F	%	F	%
PFC	53	53	44	44	3	3	100	100%
EFC	14	42,4	19	57,6	0	0	33	100%

Based on table 7, it shows that the higher a person's education, the more they have a PFC coping strategy, that is, it can be seen from the table above that there are 3 respondents who have a Master's degree and all of them have a PFC coping strategy (100%).

Table 8. Test results *Chi Square* The relationship between coping strategies and anxiety of IBI Implementing Midwives in Pasuruan Regency in the New Normal Era

No.	Statistics	Asymp. Sig	P Value
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1.	Pearson Chi-Square	0,000	0,05
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Based on table 8, it shows that if $\text{sig} < 0.05$ then the hypothesis is accepted, but if $\text{sig} > 0.05$ then the hypothesis is rejected. In this study, the sig value is 0.000 or smaller than 0.05, so the hypothesis is accepted. This shows that there is a relationship between coping strategies and the anxiety of the Pasuruan Regency IBI Implementing Midwives in the New Normal Era.

DISCUSSION

Based on table 4, it shows that the majority chose the PFC coping strategy as many as 100 respondents (75.2%). According to researchers, coping strategies are one of the ways midwives use to overcome their anxiety. The coping strategies chosen by midwives focus on PFC because midwives seek moral support from other people, especially fellow health workers, and also seek support. social surroundings. In accordance with the theory put forward by Lazarus and Folkman (in Rahman, 2013) that Problem Focused Coping is a good strategy for changing situations, goals or objectives by changing something in the environment or seeking social support from the family or surrounding environment.

Another factor that influences coping strategies is age, seen from table 1 shows that almost all of them are 20–35 years old (57.9%). According to researchers at this age, midwives are associated with a level of maturity, which means the way or attitude in dealing with problems in providing services and at this age the physical and psychological conditions are in the best condition so that it helps in adapting their professional duties. According to Hurlock (in Lely Dian Sari, 2014), as an individual gets older, it is hoped that his emotions will be more able, master and control his emotions. Individuals become better in their ability to view a problem, channel and control their emotions in a more stable and emotionally mature manner.

Based on table 5, it was found that 14 respondents did not have anxiety (normal), while 65 respondents (48.9%) experienced mild anxiety and 54 respondents (40.6%) experienced moderate anxiety. Discussion of the level of anxiety that occurs among midwives in providing midwifery services to patients during the Covid-19 pandemic can be studied based on the characteristics of respondents such as age. Based on age characteristics, it is known that the majority of respondents are 20-35 years old. The anxiety period begins in the 35s and 40s. In the United States, the average age at which anxiety disorders appear is 35 years old. Medical personnel aged >35 years are more worried about infecting their families, whereas

for medical personnel aged >50 years the death of a patient causes more stress. In staff aged 41-50 years, factors such as concerns about their safety are also important. Older medical personnel experience increased stress due to fatigue from working hours (Cai et al., 2020).

The most important factor that reduces stress for health workers such as midwives is when their family is healthy, not infected with Covid-19, and is believed to be not at risk of infection. A positive work environment with a guarantee of personal safety when working during the Covid-19 pandemic are two main factors that may be the key to encouraging medical staff to continue working during the pandemic (Cai et al., 2020). The support they get from others and good coping strategies are related to their psychological status during infectious disease epidemics. Lack of support and poor coping strategies have been shown to be common predictors of acute and chronic post-traumatic stress and other mental health problems (Si et al., 2020). Most of the midwives in this study did not experience anxiety, according to the researchers this could be because most of the midwives did not have a history of chronic disease, most of the midwives were not providing care to patients with positive confirmation of Covid-19 which could increase the risk of infection. Even though most midwives have had contact with patients suspected of being infected or who have been confirmed positive for Covid-19, most midwives do not experience anxiety in providing midwifery services. can be caused due to the adequacy or completeness of available personal protective equipment in place of work. According to Groth, (2020) the use of personal protective equipment becomes an important way to stop the transmission of Covid-19 and protect health workers which became frontline in health services during the pandemic safely. Lack of personal protective equipment can make health workers come into contact with Covid-19 patients which increases the risk of infection. Personal protective equipment is a big concern in reducing anxiety. Researchers in China report that there is a shortage of protective gear linked with high levels of anxiety and depression (Rodriguez et al., 2020).

At the beginning of the spread of the virus, hospitals have limited availability and personal protective equipment is limited and guidelines or treatment are not yet good (Xiang et al., 2020). Therefore, many healthcare professionals feel confused and unprepared to adequately care for patients infected with the virus (Huang et al., 2020). As a result, they feel a sense of uncertainty, helplessness, isolation, and difficulty managing workload. Additionally, operators have to face loneliness, the stigma of which can lead to several emotional outcomes and psychological problems such as anger, anxiety, insomnia, and related stress with uncertainty outbreak (Giusti et al., 2020). Apart from optimal personal

protective equipment from the workplace, health workers, in this case midwives, also get supplements to maintain and improve system immunity from their respective workplaces.

The oath of office is also a source of special power for an internal midwife to give service to the community whatever the existing conditions in the field including during a pandemic like the current one, Covid-19 has become a health problem that has a major impact on individuals and society. Different individuals and groups will experience different levels of psychological crisis, but healthcare professionals are the most affected group. Midwives are part of primary health services in health protection and promotion as an important group in the public health system. It is very important for midwives to manage their own anxiety and anxiety in order to provide healthy psychosocial care to the pregnant women they will care for during pregnancy, labor and after birth or the postpartum period (Sogut et al., 2020).

The anxiety experienced by midwives is also influenced by the level of education, based on the research results shown in table 2, most of them have a D3 education, namely 67 respondents (50.4%). The higher the level of education, the better the tolerance and control of anxiety, and the development of a more rational mindset in dealing with the stressors experienced. Another opinion expressed by Utaminingtias, Ishartono, & Hidayat (2016) is that the higher the level of education someone has, the higher the cognitive complexity will be. Therefore, someone who is highly educated will be more realistic and active in solving problems.

Based on table 5, the research results show that the majority of respondents who chose the PFC coping strategy had a mild level of anxiety, 62 respondents (62%). Meanwhile, almost all respondents who chose the EFC coping strategy had a moderate level of anxiety, namely 30 respondents (90.9%). Apart from that, the research results show that there is a relationship between coping strategies and anxiety of the IBI Managing Midwife, Pasuruan Regency in the New Normal Era, seen from the significant value of $0.000 < P \text{ Value } 0.05$. If $\text{sig} < 0.05$ then the hypothesis is accepted but if $\text{sig} > 0.05$ then the hypothesis is rejected. In this study, the sig value is 0.000 or smaller than 0.05, so the hypothesis is accepted. These results indicate that respondents who chose more PFC coping strategies did not experience anxiety or were normal compared respondents with the choice of EFC coping strategy. Because PFC coping strategies reduce stressors by learning new ways to help solve the problems experienced so that midwives here are more inclined to choose the PFC coping strategy. This is in accordance with research by Utaminingtyas (2016) that individuals solve unpleasant problems and burden your mind by trying to make something positive out of the

problem. According to researchers, choosing a PFC coping strategy is good for midwives to eliminate or change sources of anxiety with behavior, for example routinely checking themselves and their families, finding out the risk of contracting Covid-19 and the steps that must be taken and with sufficient information received, the midwife can overcome his anxiety problems.

Problem-centered coping behavior tends to be carried out if the individual feels that something is wrong constructively can be done in this situation or he believes that the resources he has can change the situation. This strategy has an influence on individuals, namely they can know the impact of the problems they are experiencing and can prepare themselves to face problems more calmly (Maryam, 2017). When the coping strategy chosen is correct, anxiety will decrease and conversely, when the coping strategy chosen is incorrect, anxiety will increase. This is in accordance with Rahmania's (2016) opinion that midwives with good coping strategies will have a higher level of well-being and health.

The coping strategies used by midwives can reduce midwives' anxiety problems in the new normal era, in accordance with research by Rahmawati (2013) that unpleasant conditions or circumstances experienced by midwives are caused by demands, both internal and external demands that can harm the individual. so that the individual reacts physiologically and psychologically. This situation can be handled one way by choosing the right coping strategy. This agrees with research conducted by Rinanda (2017) regarding the relationship between coping strategies and death anxiety in terms of the length of time suffering from HIV-AIDS. The results of this research show that good coping strategies can reduce death anxiety significantly. Based on this, it is proven that coping strategies can reduce or control anxiety. This also shows that researchers got the same response in research conducted in the IBI Working Area, Pasuruan Regency.

CONCLUSION

Based on the results of the chi square test, if $\text{sig} < 0.05$ then the hypothesis is accepted, but if $\text{sig} > 0.05$ then the hypothesis is rejected. In this study, the sig value is 0.000 or smaller than 0.05, so there is a relationship between coping strategies and anxiety of the IBI Managing Midwife, Pasuruan Regency in the New Normal Era.

IBI implementing midwives in Pasuruan Regency must improve appropriate coping strategies in taking the steps that must be taken in providing health services to clients.

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