

ORIGINAL ARTICLE

Mitigation of Covid-19 in the Spiritual, Psychosocial, Physical Aspects and Anxiety Disorders of Health Workers in Hospital

Inna Sholicha Fitriani^{a*} | Aida Ratna Wijayanti^b

^{ab} Department of Health Science, University of Muhammadiyah Ponorogo, Ponorogo, Indonesia

* Corresponding Author: innasholicha@umpo.ac.id

ARTICLE INFORMATION

Article history

Received March 04, 2021

Revised June 08, 2021

Accepted July 20, 2021

Keywords

Mitigation, COVID-19,
Spiritual, Psychosocial,
Physical, Anxiety Disorder

ABSTRACT

Introduction: The entire world is experiencing the COVID-19 crisis at this time. Hospitals must determine steps to keep treating COVID-19 patients while still provide optimal service by minimizing the risk of COVID-19 transmission. Health workers feel tremendous pressure because of their work. Managing mental and psychosocial health is as essential as maintaining physical care for frontline health workers. **Objectives:** The Research aimed to identify the mitigation of COVID-19 from the spiritual, psychosocial, and physical aspects and its effects on anxiety disorder in health workers in health services. **Methods:** The research type was analytic observational and cross-sectional design with cluster random sampling technique using dichotomy multivariate regression analysis, The research instrument used by google form is submitted through the whats app questionnaire DASS 21. The respondents were 99 health workers at Muhammadiyah Hospital and Aisyiyah Hospital Ponorogo. **Results:** The results show that 70.8% did not have an anxiety disorder, 22.1% had mild anxiety, 6.1% had moderate anxiety, and 1% had severe anxiety. 47% of health workers applied spiritual mitigation well, 84.9% had good psychosocial comfort, and 51.1% had good physical relief. There was an effect of mitigation of COVID-19 in the spiritual, psychosocial, and physical aspects of health workers in dealing with Anxiety Disorder in the New Normal Era in the Health Service. **Conclusions:** Covid-19 can affect health service procedures and the quality of health for health workers. This condition is one of the efforts to ensure the safety of health workers by paying attention to spiritual, psychosocial, and physical aspects; in this case, the management of hospital human resources in dealing with a pandemic is excellent so that it has a positive impact on anxiety disorder incidents for health workers in the hospital environment.

Jurnal Keperawatan is a peer-reviewed journal published by the School of Nursing at the Faculty of Health Science, University of Muhammadiyah Malang (UMM), and affiliated with the Indonesia National Nurse Association (INNA) of Malang.

This journal is licensed under the [CC-BY-SA](#)

Website: <http://ejournal.umm.ac.id/index.php/keperawatan>

E-mail: journal.keperawatan@umm.ac.id

1. Introduction

During the past year, the entire world has been experiencing a crisis in various fields due to the COVID-19 pandemic. Health services are the sector most affected by the COVID-19 pandemic, which must also be prepared to face the new normal. Hospitals have begun to determine steps to keep caring for COVID-19 patients while providing optimal service to general patients by minimizing the risk of COVID-19 transmission (Balancing Act). The essential aspect that must be considered from the hospital is the preparation for facing the new normal with the possibility of a second wave outbreak where the risk of transmission in the community is still possible (Nappoe, 2020). However, the new normal protocol is still not appropriate in East Java, and Surabaya since the number of COVID-19 cases is increasing (Lentera, 2020).

WHO has designated COVID-19 as a pandemic, and the number of cases has passed 1.5 million in the world in early April, with a death toll of more than 88 thousand people (Susilo et al., 2020). In Indonesia, this virus began to appear in early March 2020, with the number of cases

increasing. Based on correspondence data from the Ministry of Health of the Republic of Indonesia in the second week of April, more than 2,900 cases were recorded with a Case Fatality Rate (CFR) of 8.07%. Hospitals are one of the red zones for disease treatment and transmission. More doctors and paramedics are exposed to this virus and become victims (Gusti et al., 2020). As of June 3, 2020, in Indonesia alone, 28,233 people were confirmed positive for COVID-19, with 8,406 people declared cured and 1,698 declared dead. East Java was the second-highest case area, with 5,318 people confirmed positive, with 429 or 8.1% deaths. The proportion of positive cases among health workers was 12%, with the ratio recovered of 68.6%, in care of 28%, and died at 4.3% (RI, 2020a).

Many people, particularly health workers, experienced social and psychological impacts during this crisis because of the COVID-19 outbreak. Health workers and people working in the frontline are some parties who feel enormous pressure because of their work. Managing mental and psychosocial health at this time is as essential as taking care of the physical health of workers (health workers) (UGM, 2020). Several factors cause stress for frontline health workers during the COVID-19 outbreak that can become more severe, including stigmatization of people who treat COVID-19 patients and their corpses, stringent biosecurity measures, personal protective equipment that restricts movement, physical isolation, which makes it challenging to help people who are sick or depressed, constant vigilance and caution, higher work demands, increasingly difficult social support due to busy work schedules, lack of opportunities and energy for essential self-care, fear, worry about transmitting COVID-19 to friends and family due to the field of work, weakening social relations, and local dynamics (IASC, 2020).

Health workers need to understand the needs of frontline workers, who provide health services, mental health, and psychosocial support in the community. So efforts to encourage health workers at the forefront are essential, including encouraging self-care for health workers, covering balancing workload with nutritional and resting needs, recognizing the symptoms of stress, and managing stress with coping and social support (RI, 2020b). Health care workers worked in hospitals that treat suspected and confirmed to COVID-19 people who are prone to infections and mental health problems. They also experience fear of transmitting and spreading the virus to family, friends, and colleagues. Health care workers in isolation rooms reported post-traumatic stress, depression, anxiety, fear, and frustration (Psychiatric, 2020).

In an online discussion by the Muhammadiyah COVID-19 Command Center (MCCC) with the theme of Strengthening the Health Service System against COVID-19, a SWOT-analysis carried out by Muhammadiyah, and Aisyiyah (RSMA) hospitals in dealing with the COVID-19 pandemic explained regarding hospital services that must be attempted so that the hospital does not reject COVID-19 patients. Each hospital is also expected to manage all aspects of its service needs starting from facilities, infrastructure, equipment, human resources, and service systems. In handling new COVID-19 patients, there are nine referral hospitals out of 72 RSMA hospitals in Indonesia (Media MCCC, 2020). Besides the Harjono Ponorogo Hospital, the referral hospitals for handling COVID-19 in Ponorogo Regency are the Aisyiyah Ponorogo Hospital and the Muhammadiyah Ponorogo Hospital. As for the number of COVID-19 patients confirmed positive in Ponorogo as of July 10, 2020, 82 people and four people confirmed died (Ponorogo, 2020).

This Research focused on the mitigation of COVID-19 in spiritual, psychosocial, and physical aspects for health workers because, as seen from the distribution chart, COVID-19 The Covid 19 pandemic has begun to decline even though it is still in fluctuating conditions. The policy of maximally reactivating in various sectors such as trade, transportation, industry, even health and education. However, COVID-19 mitigation must still be carried out according to the procedure, plus mitigation of COVID-19 with vaccination has a positive impact on mental health, especially for health workers in the service public health.

2. Methods

This research type was quantitative with an observational method of a cross-sectional analytic design. The research location was limited to Ponorogo Regency; due to limited researchers' access to other areas because of the COVID-19 outbreak. The Research was done from September 2020 to November 2020, with a study population of 370 health workers actively working at Muhammadiyah Ponorogo and Aisiyah Ponorogo Hospitals, totaling 370 people. The research sample was 99 health workers. The sampling technique in this study was random cluster sampling. The research instrument used the DASS 21 questionnaire, which was distributed using a Google Form. The resulting data were analyzed using dichotomous logistic regression. This Research was ethically based on the SK KEPK RS AISIYAH Ponorogo, Number: RSUA/013/170/EC/A/X/2020.

3. Results and Discussion

This study found that 47.5% of health workers had implemented spiritual mitigation well. 84.9% had good psychosocial mitigation, and 51.5% had good physical mitigation too. Health workers who dominated the good spiritual, psychosocial, and physical aspects were nurses and midwives. This study also found that 70.8% of health workers did not tend to have anxiety disorder, 22.1% had mild anxiety, 6.1% had moderate anxiety, and 1% had severe anxiety. The professional cluster that mostly had anxiety disorder was nurses.

Tabel 1. Mitigation of COVID-19 from the spiritual, psychosocial, and physical aspects of health workers in the Health Service in the New Normal Era

Category		PROFESSION						Total
		Medical Specialist	General Practitioner	Dentist	Midwife	Nurse	Swab Expert (Lab)	
Spiritual Aspect	Poor	1%	1%	0%	4%	12.1%	0%	18.1 %
	Fair	2 %	3%	1%	9,2%	15.2%	4%	34.4 %
	Good	4 %	3%	1%	16,2%	17.2%	6.1%	47.5 %
Psychosocial Aspect	Poor	0%	0%	0%	0%	3%	0%	3%
	Fair	1%	0%	1%	5.1 %	4%	1%	12.1 %
	Good	6.1%	7.1%	1%	24.2%	37.4%	9.1%	84.9 %
Physical Aspect	Poor	0%	1.2%	0%	0%	2%	0%	3.2%
	Fair	4%	3%	1%	12.1%	22.2%	3%	45.3%
	Good	3%	3%	1%	17.2%	20.2%	7.1%	51.5 %

Table 2. Table of Anxiety Disorder Experienced by Health Personnel of Cross Incidents in the Health Service in the New Normal Era

Profession	Anxiety Disorder				Total
	Severe	Moderate	Mild	Normal	
Medical Specialist	0%	0%	2%	5.1%	7.1 %
General Practitioner	0%	0%	1%	6.1%	7.1 %
Dentist	0%	0%	1%	1%	2%
Midwife	0%	2.1%	4%	23.2%	29.3%
Nurse	1%	4%	13.1%	26.3%	44.4%
Swab Expert (Swab Staff)	0%	0%	1%	9.1%	10.1%
Total	1%	6,1%	22,1 %	70.8 %	100%

Based on the results of data analysis, the researcher conducted a comprehensive test, which can be seen in the Pearson's variable Sig of 0.877, indicating the model was fit for use because the p-value $> \alpha$; $0.877 > 0.05$. The results of the model significance test, which can be seen in the intercept only final variable value, show a sig of 0.00, indicating that all aspects of the independent variables were statistically significant in affecting the dependent variable, including spiritual, psychosocial, and physical factors. They involved the incidence rate of anxiety disorder

because of the p -value $< \alpha$, in which $0.00 < 0.05$. The results of data analysis on the partial test, which shows the value of the sig variable's spiritual, psychosocial, and physical aspects, show that all values in the existing data were 0.006; 0.012; 0.01, which were less than α . It indicates that all independent variables affected the dependent variable (spiritual, psychosocial, and physical aspects affected the incidence rate of anxiety disorder). The measurement result of coefficient $R^2 = 0.677$. It indicates that the variable variability was 67.7% or other factors outside the model explained about 32.3%, so the model cannot explain it. Based on the estimated parameter output, the model regarding the aspects that affect the incidence of anxiety disorder level was: $-26,671 + -15.535 + -5.433$. In the model section, the incidence of severe anxiety disorder tended to be affected by the physical aspect by 2.419 then the other aspects. Then, the model of the incidence of moderate anxiety disorder tended to be affected by the psychological aspect, and the model for the incidence of mild anxiety disorder tended to be affected by the spiritual aspect.

According to the Islamic perspective, the COVID-19 pandemic, which is contagious and deadly, is called *al tha'un*. Based on PP Muhammadiyah circular no 02/EDR/I.0/E/2020, the current condition is an emergency phase on a global scale. From the context of the current development of the COVID-19 outbreak, protection from the religious aspect is a concern of all groups. The fundamental values of the Islamic religion derive from the principles that seek the virtue of goodness and ease efforts in practicing religion aiming at creating benefit. Mitigation in preventing the spread of COVID-19 is a form of worship that has the value of *jihad* and vice versa. Efforts that carry the risk of transmission are part of *dzolim* acts. It is in line with the Qur'an surah Al Maidah (5) verse 32, which means "Whoever takes a life—unless as a punishment for murder or mischief in the land—it will be as if they killed all of humanity; and whoever saves a life, it will be as if they saved all of humanity." The verse means, whoever tries and has the effort to maintain the existence of a human's life, it is as if they have kept the presence of the life of all humankind. On the other hand, whoever has let someone be killed on purpose is as if they have eliminated the existence of all humanity (Iswahyudiharto & Priyono, 2020).

Based on the research data, the nurse cluster pursues the most spiritual aspect with good efforts. Health workers who seek to mitigate COVID-19 from a spiritual aspect properly were 47%. In this case, most health workers in the scope of hospitals under the auspices of the Muhammadiyah institution - have implemented them well. In the COVID-19 pandemic, it is essential to provide an example to society. The hospital's spiritual department has implemented spiritual guidance for all staff, including medical, paramedic, and non-medical health workers, through the group's WhatsApp app network and giving Islamic education after the midday prayer. Health workers have widely applied many efforts to pray and do dhikr in the morning and evening. However, some have not been maximized. This situation cannot be separated from the contribution of the hospital missionary institutions, which provide a lot of Islamic discourse for staff. In the Covid-19 pandemic, it is very important to provide an example to staff to the community using hospital services.

One of the efforts in the conditions of the COVID-19 outbreak is meditation. *Tafakur* is an approach in the Islamic perspective to motivate all external and internal activities of Muslims to face COVID-19 through quarantine which is an act of isolating areas affected by the outbreak, being patient, and being kind, thinking, trying, and praying a lot (Yunus et al., 2020). In the context of mitigation, the leadership must have a "sense of crisis" to anticipate the situation of this pandemic (Muhammadiyah MCCC, 2020). One form of meditation is to read a lot of prayers, such as the prayer of salvation that is read during the morning and evening *dhikr* following the teachings of the Prophet Muhammad (Rusman, 2020).

The Islamic perspective in regulating and seeing aspects in the world is none other than the guidelines in the Qur'an, Qs. Albaqoroh 2: 155 - 157 "We will certainly test you with a touch of fear and famine and loss of property, life, and crops. Give good news to those who patiently endure who, when faced with a disaster, say, "Surely to Allah we belong and to Him we will 'all' return. They are the ones who will receive Allah's blessings and mercy. And it is they who are 'rightly' guided". Based on the reference to this verse, by exploring the spiritual aspect of this pandemic, COVID-19 is a test. Therefore, the attitude that requires to be taken is submitting and obeying the commands of Allah SWT. It is because we are creatures and servants of Allah SWT. As humans, we

must return to our identity that we are His servants who must return all incidents only to Allah SWT. Then, we need to pray for safety and be protected from the spread of diseases due to COVID-19, which we must ask Allah SWT. The next attitude is following what the Prophet Muhammad SAW recommended (Mukharom & Aravik, 2020). Health workers have pursued it in the hospital environment, wherefrom the spiritual aspect, mitigation of COVID-19 has several aspects that have been done regularly, such as adding to the Sunnah prayer of *Tahajud*, doing *dhikr* in the morning and evening. However, some remain in the category of not routinely implemented, such as prayer reading to be avoided from diseases and calamities according to the Sunnah and the hadith of the Prophet Muhammad (Muhammadiyah MCCC, 2020).

The data table shows the results of the mitigation of COVID-19 from respondents who are still lacking in seeking to mitigate COVID-19 from the spiritual aspect, which is only 18%. Although in a small percentage, it cannot be denied that social restrictions have caused some Muslims to prefer to worship at home rather than going to the mosque, many think that they are afraid of contracting the plague and can trigger death. For religious people, the condition of the COVID-19 pandemic must be addressed appropriately through hope, strength, and belief that all the problems of this pandemic can be resolved and have a solution. Such matters are a result of the diversity of Muslim reasoning that remains far from enlightening. Science has not fully become a reference, although Islam is in line with science. Faith in *Qodo* and *Qodar* is not fully understood. Patience and *tawaqal* have not been fully pursued (Rusliana, 2020).

Ironically, theological debates arise in this situation, for instance, about the suggestion not to be afraid to go to the mosque due to this pandemic because Allah SWT has determined death and pain. Therefore, there is no need to be frightened and reject the fatwa while praying in the mosque. There is a conspiracy that scholars lack knowledge and do not believe in destiny.

Mitigation of COVID-19 from the Psychosocial Aspect

The SARS outbreak has had an impact; even after years of exposure, it is still challenging to return to life before the outbreak. Health care providers (HCP), particularly doctors or nurses involved in SARS, have been more susceptible to stigmatization. Likewise, the COVID-19 outbreak can increase stigmatizing factors such as fear of isolation, racism, discrimination, and marginalization with all social consequences. WHO also issued special psychosocial considerations to minimize the increase in the stigma of COVID-19 (Dubey et al., 2020).

Based on research data, mitigation of COVID-19 in health services for health workers seen from the psychosocial aspect had a good effort of 84.9% with the largest cluster of health care workers of nurses and midwives. The psychosocial aspect for health workers must indeed receive special attention from the World Health Organization to support psychological health workers who are at the forefront of handling COVID-19 which is noted as a significant public mental health challenge during this pandemic performed and implemented correctly by health workers in the hospital environment. The success of the mitigation of COVID-19 from the psychosocial aspect of health workers is obviously supported by the way hospitals and organizations perform psychosocial interventions for the mental health of staff and health workers in the hospital environment after identifying several sources of mental health burden. This situation is inseparable from the complex work component of the hospital team and the Central Muhammadiyah MCC in realizing the success of minimizing the spread and transmission rate and the impact of COVID-19. The development of piety and mental readiness; that has been attempted by the hospital religious team itself has also brought success in reducing the level of anxiety that can trigger psychosocial problems for all health workers in the face of the COVID-19 pandemic.

It is in line with the study results conducted by Tomlin (2020), where several hospitals in China applied several principles that can perform psychosocial interventions and organizational practices of health workers. Some of the worst affected hospitals in China stated that health workers need more rest, personal protective equipment, and mental health training or staff to assist them when interacting with complex or aggressive patients (Tomlin et al., 2020). In better dealing with psychosocial problems, psychosocial crisis prevention and intervention models should be developed by the government, health workers, and other stakeholders. Implementing

appropriate internet, technology, and social media services to muffle pandemics and infodemics needs to be encouraged. Psychosocial preparedness by forming a particular mental organization for a future pandemic is highly necessary (Dubey et al., 2020).

Mitigation of COVID-19 from the physical aspect of health workers in Health Service in the New Normal Era

The COVID-19 pandemic us to stay at home more and sit more often than usual. Indeed, health workers need to continue to perform activities at the hospital to provide health services despite the pandemic. However, physical activity needs to be completed by health workers who can reduce the risk of depression for mental health, prevent cognitive decline, and increase positive feelings (WHO, 2020). In this case, based on the study results, 51.5% of health workers in the environment of Muhammadiyah hospital had good physical mitigation of COVID-19. During the COVID-19 pandemic, individual nutritional status was used as a measure of resistance to nutritional destabilization. Optimal nutrition and dietary intake have an impact on the immune system in the body. A balanced diet will ensure a robust immune system that can help withstand any virus attacks. There is currently no evidence regarding any supplement to boost an individual's immune system and treat or prevent viral infections, except Vitamin C (Kriaucioniene et al., 2020)

Based on the study results, health workers in the environment of Muhammadiyah hospital had good sleep patterns. Good sleep is essential to our overall health. According to The National Institutes of Health (NIH), part of the United States Department of Health and Human Services: "Immune system activation alters sleep, and sleep in circulation affects our body's adaptive system. Meanwhile, individuals who have adequate amounts of sleep can have a defense system and optimal performance. The CDC recommends that 18-60 years sleep seven or more hours every night (Jones, 2020).

In this pandemic, the most effective strategies to slow the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are good hand hygiene, social distancing, and physical quarantine for suspected or confirmed cases. (Ng et al., 2020). Increasing physical immunity to prevent infection from the COVID-19 virus can be pursued through eating balanced food (carbohydrates, protein, vegetables, fruits containing vitamins and minerals), drink enough water at least 2 liters per day, exercise for at least 30 minutes a day, bask in the morning twice a week, and limit smoking or drinking alcohol (RI, 2020b).

Level of Anxiety Disorder Incidence of Health Workers in the Health Service in the New Normal Era

The coronavirus pandemic (COVID-19) has a psychological impact on health workers, which could continue; frontline workers would be especially at risk. Action is required to reduce the effects of COVID-19 on mental health by protecting and enhancing the psychological well-being of health workers during and after an outbreak (Holley Blake & Fiona, 2020). Anxiety disorder makes people feel anxious at particular times, which can happen for no apparent reason. People with an anxiety disorder may experience uncomfortable feelings of anxiety to avoid daily routines and activities that can cause these feelings. Some people have the occasional anxiety attack so intense that they get scared or do not move. People with anxiety disorders are commonly aware of the irrational and exaggerated nature of their fear. Therefore, they know the time to come for treatment. The main categories of anxiety disorders are classified according to the focus of anxiety (Rector, 2011). Each anxiety disorder can have many different symptoms. Anxiety disorders such as panic, phobias, and obsessive behavior can be triggered by traumatic memories, irrational hatred for specific objects, closeness to particular situations or physical locations, or constant worry that something terrible will happen in the future.

Anxiety disorders can be defined as having characteristics such as being easy to get angry, difficulty concentrating and depression, being persistent and annoying. Many people also experience physical symptoms, such as palpitations, sweating, tension and aches, heavy and rapid breathing, dizziness, fainting, indigestion, abdominal pain, acute aches, and diarrhea (Swift et al., 2014). One respondent also experienced it, although the percentage is tiny of 1% of 99 respondents with a category of severe anxiety disorder. The results showed data that anxiety

among health workers with a mild anxiety disorder was 22.1%, and moderate anxiety disorder was 6.1%. The current condition of the study shows that cases of COVID-19 have decreased dramatically. From September 4, 2020 - September 14, 2020, Ponorogo Regency had the status of the Orange Zone. From October 19, 2020 - to November 12, 2020, the level of Ponorogo was the yellow zone. However, from November 13, 2020 - November 28, 2020, Ponorogo re-entered the orange zone with a total of 636 cases with a cure of 88.05%, 4.09% died, and 7.86% carrying out isolation (Ponorogo, 2020). Health workers, particularly those currently working in hospitals and caring for positive and suspect COVID-19 patients have a higher risk of transmission and mental health problems. The fear of transmission to family, colleagues and other people in the surrounding environment can trigger anxiety disorder (Xiang et al., 2020). It is also confirmed by the research results in China, where the level of anxiety and stress experienced by health workers is higher related to COVID-19. Overall, 48% of respondents among 213 interviewed showed a form of stress that was greater than before the COVID-19. In general, 26% of respondents were considered to have a mild stress level, where 33% had moderate stress. Only 5% of the total respondents (213) were assessed as having a very high stress level (Holly Blake et al., 2020). One of the attempts to maintain mental health is by reducing watching, seeing, hearing, or reading informational materials related to things that can trigger or be a source of anxiety. Doing positive activities such as exercising, providing mutual support with colleagues are also part of attempts to prevent an increase in anxiety levels (Banerjee, 2020).

Based on research data, 70.7% of health workers willing to become respondents showed usual anxiety disorder. Health workers who worked in the hospital had tried to strengthen mental resilience with stress coping strategies following their current conditions. In this case, psychological interventions aiming to solve mental health problems that can arise because of the trauma of the spread of COVID-19 and the management of COVID-19 patients that are more detailed and had stringent procedures could be psychological pressure. Support structures for health workers affected by anxiety disorder related to the role of the peer team and leaders can be beneficial for emotional comfort and health for all health workers. Besides, moral support and affection as an intervention to deal with anxiety disorder problems can be provided as a mitigation of the impact of COVID-19 and can have a positive effect on the emotional health of health workers and all hospital staff (Rosyanti et al., 2020). Hospitals and their organizations as health service providers have an essential role in supporting health workers and other staff in handling the impact of mental health in the COVID-19 era. Financial support, logistics, digital platforms, and other mental health service support materials can be provided based on the needs of health workers and procedures that can be applied in all hospital locations (Balasubramanian et al., 2020).

The Effect of Mitigation of COVID-19 in Spiritual, Psychosocial, and Physical Aspects of Health Workers Dealing with Anxiety Disorder in the Health Service in the New Normal Era

The very rapid spread of COVID-19 is a severe threat to human health and affects public health. Nurses are part of the professional workforce in charge of controlling and preventing the transmission of COVID-19. Nurses and doctors are the vanguards who directly care for individuals infected with COVID-19, where this task has the most significant risk of COVID-19 transmission, impacting the health of these health workers (Chen et al., 2020).

The results of data analysis show that the value of the final intercept only of the variable sig value was 0.00, indicating that all aspects of the independent variables had a statistically significant effect on the dependent variable. The spiritual, psychosocial, and physical aspects affect the level of anxiety disorder because of the p-value $< \alpha$, in which $0.00 < 0.05$. The variability of the dependent variable, which the variability of the dependent variable can explain was 67.7% or about 32.3%, was presented by other factors outside the model, indicating that the model cannot explain it. In the model section, anxiety disorder was severe, which tended to be affected by the physical aspect by 2.419 than other aspects. Then, the model for the incidence of moderate anxiety disorder tended to be affected by the psychosocial aspect, and the model for the incidence of mild anxiety disorder tended to be affected by the spiritual aspect.

Health workers may experience psychological pressure as they provide direct care to COVID-19 patients or are required to perform quarantine or isolation. Mitigation strategies for psychological treatment are essential to ensure the psychological health of health workers remains healthy. A survey conducted on 1,257 (41,5% of respondents) nurses and doctors who treat patients showed that they are at risk of experiencing psychological distress in China. The 180 health workers providing COVID-19 services found that levels of anxiety and stress substantially affect sleep quality. A qualitative study in Toronto regarding health personnel dealing with the SARS outbreak in 2003 showed a high level of pressure at the risk of transmitting to these health workers and their families (Wu et al., 2020).

In this study, the majority of health workers in the hospital environment under the auspices of the Muhammadiyah institution did not tend to have an anxiety disorder, and the highest incidence rate of anxiety disorder was in the mild category, 47% of health workers had implemented spiritual mitigation for protection and strength to face this pandemic. 84.9% had good psychological mitigation, and 51.1% had good physical mitigation efforts. This mitigation of spiritual, psychosocial, and physical aspects had a significant role and was directly proportional to efforts to prevent the emergence of anxiety disorder for these health professionals. The efforts to face the COVID-19 pandemic can increase the success of protecting oneself from being infected, including wearing a mask, taking vitamins, maintaining distance, exercising, getting used to washing hands, and all other attempts. The best efforts are those that scientifically increase the chances of success. However, all these efforts are not enough. Probability cannot be 100% successful. Even if each attempt has reached a 0.99 chance of success, there is still a 0.01 chance of failure. Therefore, it needs the effort to surrender to God. Hence, it is necessary to perform religious advice at this stage, including worship, prayer, and other good deeds. Prayer and worship carried out by humans is a way of persuading God to make all the efforts that have been done to be successful. After completing all efforts to protect themselves from COVID-19, people worship and pray so that they are genuinely prevented from the COVID-19 pandemic (Rio, 2020). The body health system is the most severe aspect for everyone in this COVID-19 pandemic, where the SARS COVID-19 case has a fast spread rate and is easily contagious for anyone. Some of the primary focuses in maintaining the body's health system are by maintaining nutrition and reducing emotional levels in oneself (OECD, 2020). Managing stress and social well-being is just as important as maintaining physical health for health workers. Communicating well and with quality can be a good mitigation attempt on anxiety and an antidote to feeling out of control (IASC, 2020).

4. Conclusion

The adaptation process of the new normal can affect health service procedures and health quality both mentally and physically for health workers. One of which is planning changes in health services in hospitals to face the new normal, particularly for health workers. It becomes an effort to ensure the safety of health workers by observing spiritual, psychosocial, and physical aspects. Good mitigation of COVID-19 from spiritual, psychosocial, and physical aspects will affect the level of anxiety disorder incidents for health workers to face the COVID-19 pandemic, which is crucial in serving patients.

5. Acknowledgment

We thanked the Research and development of higher education of PP Muhammadiyah, which has provided COVID-19 National Research funds, LPPM of Muhammadiyah University Ponorogo, which has facilitated COVID-19 National Research, and all health workers who become research respondents.

6. References

Balasubramanian, A., Paleri, V., Bennett, R., & Paleri, V. (2020). Impact of COVID-19 on the mental health of surgeons and coping strategies. *Head and Neck*, 42(7), 1638–1644. <https://doi.org/10.1002/hed.26291>

- Banerjee, D. (2020). The COVID-19 outbreak: Crucial role the psychiatrists can play. *Psychiatry Research*, 288(January). <https://doi.org/10.1016/j.psychres.2020.112966>
- Blake, Holley, & Fiona, B. (2020). Mitigating the Psychological Impact of COVID-19 on Healthcare Workers. *Int J Environ Res Public Health*, 17(1).
- Blake, Holly, Birmingham, F., Johnson, G., & Tabner, A. (2020). *Mitigating the Psychological Impact of COVID-19 on Healthcare Workers : A Digital Learning Package*.
- Chen, S. C., Lai, Y. H., & Tsay, S. L. (2020). Nursing Perspectives on the Impacts of COVID-19. *The Journal of Nursing Research : JNR*, 28(3), e85. <https://doi.org/10.1097/NRJ.0000000000000389>
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Lahiri, D., & Lavie, C. J. (2020). Psychosocial Impact of COVID-19. *Diabetes and Metabolic Syndrome: Clinical Research and Reviews*, 14(5), 779–788. <https://doi.org/10.1016/j.dsx.2020.05.035>
- Gusti, N., Agung, A., Yuniawaty, M., & Novianti, P. A. (2020). Surgical Strategies in The New Normal Pandemic Of COVID-19. *Jurnal Bedah Nasional*, 4 no 1(Covid 19), 11–14.
- IASC. (2020). *Notes on Mental Health and Psychosocial Aspects of the Covid-19 Outbreak Version 1.0* (Issue Feb). Inter Agency Standing Committe.
- Iswahyudiharto, & Priyono. (2020). *Disaster Mitigation in a Religious Frame*. Pasundan Express.
- Jones, J. (2020). *COVID-19_ lifestyle tips to stay healthy during the pandemic _ Health*.
- Kriaucioniene, V., Bagdonaviciene, L., & Rodr, C. (2020). *Associations between Changes in Health Behaviours and Body Weight during the COVID-19 Quarantine in. February*.
- Lentera. (2020). East Java Preparing New Normal Organization of Doctor Indonesian Judging Not Right. *Lentera*, 037.
- MCCC, Media. (2020). Directorate General of Disease Prevention and Control, Ministry of Health RI. *PP Muhammadiyah, April*.
- MCCC, Muhammadiyah. (2020). *A Pandemic Has Not Ended, Muhammadiyah_ Exemplary Management and Mitigation of Community Resilience is Very Important- TAJDID*. MCCC Muhammadiyah.
- Mukharom, & Aravik, H. (2020). Prophet Muhammad's Policy in Handling Communicable Disease Outbreaks and Their Implementation in the Context of Tackling the Coronavirus Covid-19. *SALAM*, 7 NO 3, 239–246.
- Nappoe, S. (2020). Entering the New Normal: Challenges For Hospitals in Indonesia. In <Http://Mutupelayanankesehatan.Net>. <http://mutupelayanankesehatan.net/sample-levels/19-headline/3436-memasuki-new-normal-tantangan-untuk-rs-di-indonesia>
- Ng, Q. X., Chee, K. T., Lee, M., Qing, Z., & Chua, Z. (2020). *Staying connected during the COVID-19 pandemic*. <https://doi.org/10.1177/0020764020926562>
- OECD. (2020). Beyond Containment: Health Systems Responses to Covid-19 in the OECD. In *Oecd* (Issue April, p. 22). https://oecd.dam-broadcast.com/pm_7379_119_119689-ud5comtf84.pdf
- Ponorogo, P. (2020). *Ponorogo Respons Covid 19*. district government Of Ponorogo.
- Psychiatric, A. I. (2020). *Management Guidelines for Psychiatrists Serving in Mental Health Services in the Covid-19 Epidemic Era* (Issue 010). PDSKJI.
- Rector, N. A. (2011). *Anxiety disorders An information guide*. Anxiety disorders An information guide. CAMH.
- RI, M. of H. (2020a). *COVID-19 in Numbers*. Ministry of Health RI.
- RI, M. of H. (2020b). *Guidelines for Mental Health and Psychosocial Support in the COVID 19 Pandemic*. Directorate General of Disease Prevention and Control, Ministry of Health RI.
- Rio, A. (2020). *The Concept of Probability to Model the Resolution Between Efforts, Surrender, and Prayer in Facing the Covid 19*.
- Rosyanti, L., Hadi, I., Keperawatan, J., Kendari, P. K., Keperawatan, J., & Kendari, P. K. (2020). Dampak Psikologis dalam Memberikan Perawatan dan Layanan Kesehatan Pasien COVID-19 pada Tenaga Profesional Kesehatan 1. *HJJP*, 12, 107–130.
- Rusliana, I. (2020). Corona Virus: Affirming Values in Islamic Teachings Guidliness. *Maarif*, 15 no 1(Juni 2020), 181–196.

- Rusman, I. (2020). Tafakur For Pandemic Coronavirus Covid-19 in Islamic Education Perspective. In *16 Maret 2020* (p. 1). <https://www.harianterbit.com/opini/read/119220/Tafakur-Pandemi-Coronavirus-Covid-19-dalam-Perspektif-Pendidikan-Islam>
- Susilo, A., Rumende, C. M., Pitoyo, C. W., Santoso, W. D., Yulianti, M., Sinto, R., Singh, G., Nainggolan, L., Nelwan, E. J., Khie, L., Widhani, A., Wijaya, E., Wicaksana, B., Maksum, M., Annisa, F., Jasirwan, O. M., Yuniastuti, E., Penanganan, T., New, I., ... Cipto, R. (2020). *Coronavirus Disease 2019 : Review of Current Literatures*. 7(1), 45–67.
- Swift, P., Cyhlarova, E., Goldie, I., & O’Sullivan, C. (2014). Living with Anxiety: Understanding the role and impact of anxiety in our lives. In *Mental Health Foundation*. Mental Health Foundation. <https://www.mentalhealth.org.nz/assets/A-Z/Downloads/Living-with-anxiety-report-MHF-UK-2014.pdf%0Ahttps://www.mentalhealth.org.uk/sites/default/files/living-with-anxiety-report.pdf>
- Tomlin, J., Dalgleish-warburton, B., Lamph, G., Ambrosi, P., Pavia, U., & Tomlin, J. (2020). *Psychosocial Support for Healthcare Workers During the COVID-19 Pandemic*. 11(August), 1–7. <https://doi.org/10.3389/fpsyg.2020.01960>
- UGM, P. (2020). *Outbreak-Related Mental and Psychosocial Health Support*. Center for Behavior and Health Promotion, Faculty of Medicine, Health Public, UGM.
- WHO. (2020). *Physical activity*. WHO.
- Wu, P. E., Styra, R., & Gold, W. L. (2020). Mitigating The Psychological Effects of COVID-19 On Health Care Workers. *Cmaj*, 192(17), E459–E460. <https://doi.org/10.1503/cmaj.200519>
- Xiang, Y. T., Zhao, Y. J., Liu, Z. H., Li, X. H., Zhao, N., Cheung, T., & Ng, C. H. (2020). The COVID-19 outbreak and psychiatric hospitals in China: Managing challenges through mental health service reform. *International Journal of Biological Sciences*, 16(10), 1741–1744. <https://doi.org/10.7150/ijbs.45072>
- Yunus, N. R., Rezki, A., Nabi, K., Saw, M., Wabah, M., & Menular, P. (2020). The Concept of Tafakkur in The Qur’ran in Responding to Coronavirus Covid - 19. *Jurnal Sosial Dan Budaya Syari’*, 7 no 3, 211–216.