

Supplement

How Do Hospital Staff Cope with Covid-19 at Work? A Phenomenological Study

Bagaimana Staf Rumah Sakit Menghadapi Covid-19 dalam Bekerja? Sebuah Studi Fenomenologi

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ABSTRACT

The Covid-19 pandemic has brought negative consequences on hospital finances, the mental health of health care workers (HCWs), and even resulted in the deaths of several health workers at Hasta Brata Hospital (HBH). This study aimed to explore the experiences of HBH's staff in dealing with the pandemic in the hospital. This research is qualitative research with a phenomenological approach. Data were collected using in-depth interviews with two of HBH's staff and then followed by the theme analysis. Hospital staff experienced job demands including emotional and physical stress at work, fear of infection, repeated conflicts with patient visitors, different mindsets among staff, increased workload, and feelings of frustration towards people who do not comply with prevention protocols. Fortunately, they had adequate job resources, ranging from the provision of personal protective equipment, nutrition improvement, and regular Covid-19 screening; update knowledge and methods of handling Covid-19; to motivational and spiritual support from HBH leaders. The staff also had strong personal resources so that they could cope with stressful work situations, feel optimistic that they could win against Covid-19, and hoped that the pandemic would end. Spiritual support embodies tawakkal, an Islamic concept that gives complete surrender to God after employing maximum effort. The presence of strong job and personal resources has moderated job demands and resulted in work engagement. Tawakkal is an added value for personal resources staff who finally realize that Covid-19 cannot be avoided and must be fought before surrendering entirely to God.

Keywords: Covid-19 pandemic, job demands, job resources, personal resources, tawakkal, work engagement

ABSTRAK

Pandemi Covid-19 membawa konsekuensi negatif pada keuangan rumah sakit, kesehatan mental petugas kesehatan (HCW), serta kematian petugas kesehatan pada Rumah Sakit Hasta Brata (HBH). Tujuan dari penelitian ini adalah untuk menggali pengalaman petugas HBH dalam menghadapi pandemi di rumah sakitnya. Penelitian ini merupakan penelitian kualitatif dengan pendekatan fenomenologi. Data dikumpulkan menggunakan wawancara mendalam dengan dua staf HBH yang kemudian dilakukan analisis tema. Staf rumah sakit mengalami *job demands* seperti tekanan emosional dan fisik di tempat kerja, takut terinfeksi, konflik berulang dengan pengunjung pasien, pola pikir yang berbeda di antara staf, beban kerja yang meningkat dan perasaan frustrasi kepada masyarakat yang tidak mematuhi protokol pencegahan. Untungnya, mereka memiliki *job resources* yang memadai, mulai dari penyediaan alat pelindung diri, peningkatan nutrisi, dan skrining Covid-19 secara berkala; update pengetahuan dan metode penanganan Covid-19; hingga dukungan motivasi dan spiritual dari pemimpin HBH. Staf juga memiliki *personal resources* yang kuat sehingga mampu mengatasi situasi kerja yang penuh tekanan, merasa optimis dapat menang melawan Covid-19, dan tetap berharap pandemi akan berakhir. Dukungan spiritual mewujudkan tawakkal yaitu sebuah konsep Islam yang memberikan kepasrahan penuh kepada Tuhan setelah mengerahkan upaya maksimal. Kehadiran *job* dan *personal resources* yang kuat telah berhasil memoderasi *job demands* dan menghasilkan *work engagement*. Tawakkal menjadi nilai tambah personal resources staf yang akhirnya sadar bahwa Covid-19 tidak bisa dihindari dan harus dilawan sebelum akhirnya menyerahkan diri sepenuhnya kepada Tuhan.

Kata Kunci: Job demands, job resources, pandemi Covid-19, personal resources, tawakkal, work engagement

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INTRODUCTION

The Covid-19 pandemic hit so unpredictably, making nearly all hospitals around the world left unprepared. Medical personnel, for example, do not get proper personal protective equipment (PPE) due to global scarcity. According to the data from six professional associations in Indonesia, at least 245 health workers passed away, and 6.720 got infected by September 17th, 2020 (1). Several reports mentioned that surgical teams were forced to make their PPE from garbage bags, glue, rubber bands, and plastic folders purchased from stationery shops (2). This pandemic has also made the workload of the medical personnel increase significantly since they work with new protocols and PPE, treat patients with critical conditions, and care for their sick colleagues (3). The use of multiple layers of PPE causes discomfort when serving many patients and prevents them from resting or going to the toilet. In addition, health workers are also afraid of contracting and infecting their families. During the Covid-19 pandemic, hospital staff also undergo psychosocial problems, such as insomnia, anxiety, somatization, and obsessive-compulsive symptoms. Several risk factors that also influence these psychosocial problems are female gender, the possession of organic disease, living in a rural area, and having close contact with Covid-19 patients (4).

Hasta Brata Hospital (HBH) is one of the hospitals in East Java affected by the Covid-19 pandemic. The hospital has provided treatment for Covid-19 patients since March 2020. The number of suspected and confirmed Covid-19 patients being treated increases every month from one patient in March to 26 patients on July 12th, 2020. From an unstructured interview in August 2020, the staff had several complaints related to the Covid-19 treatment, such as fear of infection, difficulty in referring to referral hospitals, uncomfortable use of PPE, and the increasing cases that forced HBH to increase the number of beds in the isolation room from 5 to 13. In a Focused Group

Discussion (FGD) conducted in the same month, there were complaints about the completeness of the Covid-19 patient files, which caused delays in services, such as swab tests, specimen referrals, patient referrals, and treatment claims. These situations have caused uneasiness for the staff. Based on those problems arising due to the Covid-19 pandemic, this study aimed to explore the experience of Hasta Brata Hospital staff in coping with the pandemic.

METHOD

This research employed a qualitative method with a phenomenological approach. Data were collected using in-depth interviews with two hospital staff who provided services to the hospital customers during the Covid-19 pandemic in September 2020. These staff were selected as informants because of their role in hospital services and their abundance of information and experience. The first informant is the Covid-19 service coordinator responsible for Covid-19 hospital services, starting from facility readiness, managing internal and external coordination, and managing team conditions. The second informant is the head of nursing services responsible for outpatient and inpatient services starting from team readiness, service standards, and the problems that follow. The data obtained were analyzed by identifying the themes from the transcription of the interviews conducted.

RESULTS

The research resulted in several themes, such as the feelings and experiences of hospital staff while performing their duties and providing services to patients during the pandemic. The interview revealed the sub-themes of job demands experienced by HBH staff, such as high workload, lack of human resources, fear of infection, and anger at dishonest patients, as listed in Table 1. Besides, sub-themes of job resources for hospital staff were found, such as sharing roles and tasks, increasing knowledge about

Table 1. Theme and sub-theme of study

Theme	Sub-theme	Interview
Job demands	Fear of infection	"I think, because they are afraid, phobia or whatsoever. Because they think 'How if I am positive (infected by Covid-19), How if I become like this?' " (Informant 1) "Actually, we were afraid at first. If it's possible, well, we want to serve non-Covid patients only" (Informant 2)
	Differences in the level of understanding of the disease	"Actually, if my colleagues want to re-learn the literature I often shared in the (social media) group, about the current Covid information has been shared in the (social media) group, try to read it, understand it, it could become knowledge" (Informant 1) "Number two: maybe, it is the same, maybe because they only take care of files, so they feel that the files are safe from (covid-19) exposure, so the administrative staff feel more relaxed in dealing with Covid." (Informant 2) "Well, sometimes, because for the staff, the administrative room looks safe, they feel free to eat together with their friends." (Informant 2) "According to Informant 1, some colleagues mentidneJust ignore it! I am not responsible for Covid patients. I do not work in the isolation room." (Informant 2)
	Differences in the level of understanding of the safety protocols	"So, what is a must is that they should wash the hands often. At least wash the hands more often, even if they do not wear <i>handscoen</i> , do not wear a mask. Should be automatically, it is an obligation" (Informant 2) "For our colleagues that contact with the patientthey really care about PPE. But for my friends who do not directly contact with the patient, sometimes they just do not care" (Informant 2) "The most frequent problem is communication. It means several colleagues choose to report it later" (Informant 1)
	Patient referral issues	"Whether want it or not, we must accept patient with a moderate condition, because we cannot find any referral hospital" (Informant 2) "So, because we try to refer the patient for 4 hours, but we cannot find it" (Informant 2)

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Theme	Sub-theme	Interview
	Visitors' violation on hospital rules	"So, for the patient's caregiver, we have done the maximum effort, although it is violated. Sometimes Mr. Informant 1 and I feel tired to ask them to get out of the ward. Our mouths are tired of it" (Informant 2) "Kids are not allowed to come into the ward, but some caregivers are stubborn to bring them in, so we feel annoyed" (Informant 2)
	Angry at patients who cover up their actual condition	"The pressure is when a patient comes in dishonestly. Many patients are lying, more recently many of them are lying (about Covid-19 symptoms/contact history)" (Informant 1) "Oh my God! (rising intonation) Why this patient does not say it early, perhaps... (about Covid-19 symptoms/contact history)" (Informant 1)
	Disappointed with the community's disobedience and distrust with Covid-19	"If society does not care about healthy protocols, what to expect then" (Informant 1) "It is also related to the people's habit. If they do not maximally support, do not do health protocols at their best, then, we at the hospital will get the consequences." (Informant 1) "So, people out there said they do not believe with Covid-19, well, I truly believe it" (Informant 2)
	Disappointed with the increasing Covid-19 cases	"More recently, the cases have been rising, why it is not decreasing. It adds every day." (Informant 1) "It increases (quick reply and laugh). If I should say, it is not decreasing" (Informant 2)
	Lack of human resources	"The problem that confuses us is how to arrange the day off because the human resources are insufficient" (Informant 1) "And, if it happens at midnight, this is our problem. We do not have a decontamination team at the night shift" (Informant 1)
	Difficulties in establishing the diagnoses for patients admitted to inpatient High workload	"The second problem which has made us worried lately is that the patient was not monitored as a Covid suspect at first. However, after several times of observations, they show the symptoms. It leads to Covid" (Informant 1) "The problem is the facilities related to bed availability or patient placement because we separate between the suspect and confirmed patients" (Informant 1) "This is a Bhayangkara Hospital. Our coverage is on members from Malang Raya, not only from Batu City. So, other than that, we serve local general patient, our main target is serving police force members" (Informant 2) "Since 15th last month, we have done referring suspected Covid patient. If we do a referral, it means we are out of vacant bed. Well, it is highlighted at 13, but in fact it is surpassed" (Informant 1) "Field coordinator of Covid special services, starting from the patient flow, coming to the hospital until discharged. It means that starting from the patient's triage, initial examination, and so on, then what is the patient coverage, and followed up by care service or he carries out self-isolation." (Informant 1)
Job resources	Full support from the leader	"At the early of Covid pandemic, there were suggestions from hospital leader to enhance nutrition every morning and afternoon. There are eggs, ginger, and turmeric-honey" (Informant 2) "In this Covid service, based on the hospital leader decree regarding the formation of the first Covid team, I have a job as a service coordinator, field coordinator for Covid service" (Informant 1) "We were taught to be leaders in the unit, field leaders who can make decisions" (Informant 1)
	Rules in service	"If it is related to patient visits, actually we have prepared a team, where this team will do screening" (Informant 1) "Particularly for services to emergency patients who will enter the emergency department, before undergoing the subsequent medical procedure, we have applied the rapid test for every patient" (Informant 1) "If there is a suspect identified reactive IgG or IgM or both, we will move the patient who is initially in the triage room into the decontamination room or our <i>minpinere</i> (infectious disease emerging and re-emerging) room. It is for not disturbing the non-covid patient services" (Informant 1) "For surgery, ophthalmology, and dentistry patients we obliged them to take a rapid test" (Informant 1)
	General motivation exposure	"Oh... One more skill, being a little bit crazy (laughing together) ... Crazy means is to strengthen up the mentality" (Informant 2) "In isolation room, I have a trick. So, when we must serious, we have to be serious. When we serve the patient, we focus on providing the care. After finish, we might do silly things" (Informant 1)
	Spiritual motivation exposure	"If I am allowed to cite our leader, 'the law of conservation of energy,' energy never disappears, it is indestructible, although it is small, it stays contagious. So, we need a mindset that all of these are our worship" (Informant 1)
	Efforts to provide PPE & wear PPE properly	"So, there is a minimum application of PPE that our staff should complete. For example, if they are on the general ward, level 2 standard must be automatically used. Although we do not wear hazmat, the level 2 standard should not be ignored" (Informant 2) "The point is they must be discipline to obey SOP. Because Infection Prevention and Control (PPI) is already running, and so does the SOP" (Informant 2)

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Personal Resources	Efforts of periodic screening	"We undertake swab test after a rapid test screening. If the result of screening shows that the staff is indicated exposed (Covid-19), then the follow-up action is doing the swab test" (Informant 1) "If there is a clinical symptom, we suggest them to take an examination, undertake the early screening. Minimally, they do complete blood count and rapid test" (Informant 1) "Up to this day, with staff totaling around 180, our fourth swab, periodically, there is no staff infected to Covid-19." (Informant 1)
	Identification requiring PCR	"But we never know because the rapid test cannot be the basis of a diagnosis until this very time" (Informant 2)
	Efforts to increase the knowledge	"So that our colleagues know the Covid development mainly for non-medical staff. Thus, we often share the knowledge" (Informant 2)
	Efforts to protect the environment	"As a prevention, we do environmental decontamination twice a day. But on the Covid service area, we do it three times a day" (Informant 1) "So, since the pandemic, their empathy to themselves and the environment is higher. When they start to enter the hospital, in the service areas, the handwashing habit is enhanced. Then, the number of places with hand rub also increases" (Informant 1)
	Efficacy	"I always said to our colleagues that we must take part. If we do not, we will be finished, it is over." (Informant 2) "I was entrusted to be the head of the nursing service. So, starting from outpatient to inpatient care are under my control, including the service and the human resources. Including all the problems (laugh together)" (Informant 2)
	Resilience	"That is why in the end, we have to fight. The point is fighting for ourselves, so we also have to fight how to win against Covid, so that this hospital can still exist, can stay healthy, and we also want to still provide services to our community" (Informant 2)
	Hope	"The point is that the leader is up to the staff. Are the staff ready to work? They are actually very enthusiast" (Informant 2) "Alhamdulillah, by this day, we are still protected" (Informant 2)
	The feeling that working is worship	"But, I take part in this service because I believe it is my worship" (Informant 1)
	Resignation to God after making the effort	"It is just the way of my worship" (Informant 1) "I believe this is one of my endeavors to get closer to the God" (Informant 1)
	Vigor	"Alhamdulillah, the doctors are also ready. All of the team also support, starting from the anesthesiologist, pediatrician, that I was doubtful at first because they all have comorbidities and other consents. Yet, alhamdulillah, yesterday's case was very smooth, and the operative room staff were also very supportive." (Informant 2)
Work engagement	Dedication	"To make this hospital still exist, to stay healthy, and we also want to still provide service to our society" (Informant 2) "In the end, cataract surgery with Covid also has been served. Yes, several were the same, but changes were fantastic" (Informant 2)
	Absorption	"So, when we must be serious, we are very serious. When we are taking care of a patient, we fully focus" (Informant 1) "If I am in the hospital, I will be the executor too, as an executor. So, I am not a coordinator who gives the order "you do it, do it, do it" (pointing to the three different directions)."

Covid-19, PPE provision, additional nutrition in the hospital, regulation formulation related to patient management during the pandemic, and routine screening. Another sub-theme obtained was the personal resources for hospital staff, including self-efficacy, resilience, hope, belief that work is worship, and surrendering to God after trying. The interaction analysis of these sub-themes resulted in the main theme, which is the work engagement of HBH staff during facing the Covid-19 pandemic. The work engagement of HBH staff is reflected in three sub-themes, which are vigor, dedication, and absorption (Figure 1).

DISCUSSION

This study has identified that in this Covid-19 pandemic, HBH staff experienced various job demands, such as work pressure (high workload, lack of human resources), work-related emotions (fear of infection, anger at dishonest patients, disappointment with Covid-19 that continues to increase and people who ignore the safety procedures), work difficulties (diagnoses cannot be established when patients are admitted to inpatient), role conflict, and the

need for cognitive skills at work (differences in the level of understanding on the disease, differences in the level of understanding on the safety protocols). Job demands and job resources are part of The Job Demands Resources Model (JD-R Model) (5). Job demands are the physical, psychological, social, and organizational aspects of work that require effort to achieve and have an impact on certain physical or psychological aspects (6). Job demands function as an external factor stressor that negatively impacts and causes fatigue and other health consequences to workers (7).

The identified job demands are workload, risk, and difficulty in carrying out tasks. The workload of HBH staff has increased due to the increasing number of Covid-19 patients since the beginning of the Covid-19 pandemic. The same situation was also found in Belgium; as many as 50.3% of the 647 health workers had to work more than 40 hours a week with a significantly higher burden of officers in the Covid special care room than in other places (8,9). The uncomfortable use of layered PPE protocols on duty can also cause fatigue and prevent defecation (9). Besides, health workers are also stressed because they have to

treat patients with critical conditions and also witness and care for their relatives who are sick (3).

HBH staff are also afraid of contracting Covid-19 because it transmits very quickly. In addition, they found some patients or their families dishonest with a history related to Covid-19 during the examination; this fact is also found in other studies (10). It angers them because they are at risk for contracting Covid-19. The previous study identified several fears of hospital staff during the Covid-19 pandemic, namely the fear of being infected (84.8%), being quarantined (69.6%), not obtaining medical care (62%), losing their lives (56.8%), and infecting other family members (94.2%) (11). Hospital staff have a greater risk of Covid-19 exposure, so if they are not adequately protected, they are at risk of contracting and experiencing severe conditions and even death (12). The patients' dishonesty regarding their history of exposure to Covid-19 can increase the risk of worker exposure.

The staff experienced difficulties in referring patients because referral hospitals around HBH could no longer accommodate Covid-19 patients, thus requiring the hospital to treat patients among its limitations in terms of facilities and human resources. Limited resources were also experienced at the Pidie Regional General Hospital, which on March 28th, 2020, only had 20 sets of hazmat and 100 sets of N-95 masks, and the number of respiratory aids or ventilators was also only 4 pieces (11). This pandemic handling is not only influenced by the capacity of the acute care unit and the bed availability but also by the availability of personnel and equipment, such as ventilators (11). A study in China found that 29% of Covid-19 patients treated were health workers working in hospitals, which caused hospitals to be understaffed to provide services during the pandemic (14).

The difficulty of diagnosing Covid for the inpatients is also a separate problem for HBH staff because the hospital does not own any PCR equipment. Indonesia is still unable to meet the needs for PCR testing. A survey on 44 government laboratories identified a lack of reagents and equipment and limited human resources, limiting the frequency of testing per day (10). Not only in Indonesia, but this problem also occurs in many countries; therefore, WHO finally decided to change the criteria for completing the isolation period for Covid-19 patients without the use of PCR results, except in certain conditions to optimize the PCR equipment for diagnosis purposes (15).

Differences in the level of Covid-19 understanding and staff compliance with protocols are a source of stress for health workers because they raise concerns about the spread of infection to hospital staff. A study in Italy found that administrative staff and other non-medical staff had a 5.77 and 2.31 times greater risk of being infected with Covid-19, respectively, than doctors, who had a twice greater risk than nurses. It can be influenced by the poor understanding and implementation of the Covid-19 transmission prevention protocol, especially for those who do not directly provide direct services to patients (16).

The community's neglecting the protocol for preventing the transmission of Covid-19 has also frustrated HBH staff because it potentially causes Covid-19 cases to continue growing. The implementation of wearing masks and maintaining social distance in America has reduced the case increase ratio by 1.1% on the 5th day after the

regulation was enacted and to 2% after a few weeks (17,18). However, the American CDC data found that 60.3% of respondents always wear masks when in a crowd, while 13.8% often wear masks in a crowd, and 17.1% of respondents rarely or never wear masks in a crowd (19,20).

In addition to job demands, during the Covid-19 pandemic crisis, HBH staff also received job resources that were autonomy in work (sharing roles and tasks), opportunities to develop (increasing knowledge about Covid-19), social support (PPE provision, additional nutrition in hospitals, regulation formulation in patient management during a pandemic, routine screening, adding hand washing facilities to managing the environment to reduce the risk of transmission of Covid-19), feedback and guidance from superiors (motivation and role models from leaders and identification of the need for PCR machines to support service and safety of HBH staff) (6). Job resources are the physical, social or organizational aspects of work that can affect the achievement of goals, reduce job demands and accompanying physical and psychological aspects, and stimulate growth, learning and personal development (19). HBH staff were fully supported by the leaders, such as sharing roles in handling Covid-19 and providing additional nutrition. Strong leadership, clear organizational strategies for staff welfare, constant communication, and team support are interventions that protect health workers' mental health from the pandemic's impact to create a psychologically safe environment (22,23).

To reduce the risk of Covid-19 transmission from outside the hospital, either from patients or visitors, HBH performs rapid test screening on ER patients or those who will take certain medical procedures (24). In addition, the manager also ensures that PPE is always available for HBH staff by regulating the use of PPE through SOP. The availability of PPE is crucial to protect health workers (12). The availability of good PPE can increase the willingness of health workers to work in crises (24). HBH also pays attention to the possibility of Covid-19 spread among staff through regular screening programs for all employees, routine environmental decontamination, and increasing the number of hand hygiene facilities. Periodic screening can discover Covid-19 cases in hospital staff, including those without symptoms (28). Guo et al. identified contamination in areas where Covid-19 patients are hospitalized and in semi-contaminating areas, namely on the dressing room floor. In addition, positive SARS-Cov-2 swab results were also obtained on staff's PPE, namely in the arm cuffs, gloves, and shoe soles. This indicates the spread of droplets through the officer's shoes. The objects that were also contaminated were computer mice, keyboards, and window frames (25). Staff's poor hand hygiene could cause this.

To reduce the level of stress experienced, HBH staff would do anything to make them laugh after completing their tasks. They stay focused while on duty but still joke outside of their duties. A study in Italy found that participants who used high humor coping mechanisms had lower stress levels during the Covid-19 pandemic (26). In addition, HBH leaders also instill spiritual motivation in their staff. No matter how small the good they do, it will be helpful in the service provided. A study in Malaysia revealed that spiritual coping had a significant relationship to the anxiety and depression of health workers during the Covid-19 pandemic (27).

Hasta Brata Hospital staff stated that they needed to play an active role in the fight against the Covid-19 pandemic. They also have confidence, including when carrying out their role as unit leaders in hospitals during a pandemic. Hasta Brata Hospital staff also have passions for providing services and hopes to remain healthy so that they can provide services to their customers. Drawn from positive psychology and positive organizational behavior, Luthans and his colleagues proposed the concept of Psychological Capital (PsyCap), "a positive state of mind manifested during an individual's growth and development." PsyCap includes four core parts, namely self-efficacy, hope, optimism, and resilience. Self-efficacy is defined as self-confidence in doing a task, ability to face challenges, and willingness to succeed. Confident people choose challenging tasks, expand motivation and efforts to achieve their goals successfully, and endure in the face of obstacles (28). Hope refers to a state of positive motivation based on achieving the intended goals through various channels. An optimistic individual makes specific attributions to positive events and maintains a positive attitude in the present and future. At the beginning of the pandemic, many Hasta Brata Hospital staff did not want to treat Covid-19 patients. When conditions were unmanageable, they mentioned that they were trying to stay healthy and fight the pandemic in order to serve the community. It is a form of resilience, namely to recover quickly or change and grow from adversity, setbacks, and failures (28). Good efficacy and resilience are negatively associated with burnout among health workers in Romania and the Netherlands during the Covid-19 pandemic (24,26). Intrapersonal expectations have a negative relationship to psychological stress (anxiety, depression, and somatization) during the Covid-19 pandemic (29). Therefore, personal resources or Psycap are vital for hospital staff during the Covid-19 pandemic.

Another personal resource owned by HBH staff is that they consider working as worship and all the forms they do are

an effort to get closer to God. Spirituality gives employees a sense of attachment to the work environment community, loyalty, and a sense of belonging to the organization (30). In the Islamic concept, all forms of efforts made by hospitals and staff in dealing with a pandemic can be referred to as *itqan*, which is having knowledge and being thorough in making all efforts. The efforts done consistently and continuously by the hospital to deal with the pandemic, such as continuing to increase knowledge, wearing PPE according to SOPs, and carrying out environmental management, are manifestations of *istiqamah*. In the end, leaving all the results to God is a means of getting closer to God as a manifestation of the *tawakkal* attitude (31).

If supported by good job resources and personal resources, job demands in the Covid-19 pandemic conditions at Hasta Brata Hospital among the staff seem to lead to a positive outcome that is work engagement characterized by vigor, dedication, and absorption. Vigor is reflected in the support of doctors, nurses, and operating room staff to perform surgery on patients with ruptured membranes with an indication of Covid-19 despite the hospital's limitations. Dedication is reflected in hospital staff's efforts to stay healthy to provide the services needed by the community and its customers. Absorption is expressed in their focus on the patient, and the leaders also want to go to the field to serve and set a good example for their staff. Good work engagement is related to organizational outcomes, such as organizational commitment, extra-role behavior, personal initiative, and good performance (32).

The Covid-19 pandemic has forced the hospital and staff to adapt quickly to the conditions. The presence of job resources and personal resources succeed in moderating job demands and resulting in positive outcomes. *Tawakkal* is an added value for personal resource staff who realize that the Covid-19 situation is unavoidable, and they must try to fight back before finally leaving the results entirely to God.

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