

CHAPTER 1

INTRODUCTION

A. Background

The spread of the illness caused by novel coronavirus, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), is accompanied by uncertainties in its epidemiological, clinical, and virological characteristics especially in its spread to the human population and its virulence (World Health Organization, 2020a). The World Health Organization designated the illness caused by SARS-CoV-2 as Coronavirus Disease 2019 (COVID-19). To avoid stigmatizing the virus's origins in terms of communities, location, or animal connotations, the name COVID-19 was selected. First appearing in Wuhan, China as a cluster case of atypical pneumonia in December 2019, this disease has threatened the health and economy of all people globally. The COVID-19 outbreak was designated a global health emergency by the WHO on January 30, 2020 (Cennimo, 2022; Gallegos,

2020; Wee et al., 2020). On March 11, 2020, the World Health Organization (WHO) proclaimed COVID-19 a global pandemic, its first such classification since 2009, when it named H1N1 influenza a pandemic because there have been many deaths due to this virus in many countries in the world (Cucinotta and Vanelli, 2020; The New York Times, 2020).

World governments have done quite a few things to reduce the spread of this virus, one of which is social restrictions that only allow essential activities or what is known as a lockdown (World Health Organization, 2020b). So far, the healthcare system in each country has been tested for resilience to be able to survive in managing the increasing number of critical patients due to this virus (Blumenthal et al., 2020; Ferrara and Albano, 2020). Indonesia is considered to have a slow response in handling the COVID-19 pandemic because when neighboring countries such as Singapore have carried out massive detection and strict prevention of Covid-19 transmission, Indonesia is still in denial that the disease has entered Indonesia (Aeni, 2021). Indonesia is the 4th most

populous country in the world. It is estimated that the case of COVID-19 in Indonesia can cause greater and longer losses than in other less populated countries (Pradana et al., 2020). The first confirmed case of COVID-19 in Indonesia on March 2, 2020, after the period December to February did not report any cases of infection at all. One month after the first case report, on April 2, 2020, COVID-19 cases in Indonesia reached 1790 confirmed cases with 170 deaths and 112 recoveries (Djalante et al., 2020). This number makes Indonesia one of the countries in Southeast Asia with the most positive cases of COVID-19 (Westerman, 2020).

Healthcare workers are at the forefront of dealing with an increase in patients due to COVID-19, being the part of society most exposed to this COVID-19 virus infection (Li and Luo, 2020; Nguyen et al., 2020). Health workers have an increased risk of getting a positive test for COVID-19 by three times that compared to the general public (Nguyen et al., 2020). This is because health workers receive considerable exposure to COVID-19 patients, which is exacerbated by the high mental

burden that health workers get due to high workloads (Santarone et al., 2020). In addition, the scarcity of stock of personal protective equipment or PPE causes the risk of contracting health workers to COVID-19 because health workers cannot protect themselves with proper PPE (World Health Organization, 2020c). This also triggers health workers to reuse their PPE to protect themselves, despite the increased risk of contracting health workers to COVID-19 (Jain, 2020; Rimmer, 2020). This is because when PPE is reused, the filter quality may be reduced, leading to an increased risk of contracting COVID-19.

In Indonesia, in October 2020, there were 136 doctor deaths due to COVID-19, bringing the doctor death ratio due to COVID-19 to 2,4%, six times higher than in the United States (Anisa, 2020; The Jakarta Post, 2020a). Ikatan Dokter Indonesia has reported, the medical professional body in Indonesia, on September 7th, 2021, that there had been 730 casualties from doctors (Tim Mitigasi PB IDI, 2021). Besides doctors, many other health workers are infected with this virus,

causing many health facilities to be closed due to a shortage of medical personnel to run health facilities (BBC News Indonesia, 2020; The Jakarta Post, 2020b). This has prompted the need for an assessment of the risk of COVID-19 infection in health workers in Indonesia.

From the description above, it is important to research the description of doctors' situation in dealing with COVID-19 in Indonesia.

B. Problem Statement

1. What are the characteristics of doctors who work during the COVID-19 pandemic?
2. What are the characteristics of doctors who work during the COVID-19 pandemic?
3. What are a doctor's workplace characteristics during the COVID-19 pandemic?
4. What are the behavioral characteristics of doctors working during the COVID-19 pandemic?

5. What are the characteristics of using personal protective equipment for doctors working during the COVID-19 pandemic?
6. What are the characteristics of hand hygiene compliance for doctors who work during the COVID-19 pandemic?

C. Aim of The Study

1. To understand and describe the characteristics of doctors working during the COVID-19 pandemic.
2. To understand and describe the career characteristics of doctors working during the COVID-19 pandemic.
3. To understand and describe the characteristics of a doctor's workplace during the COVID-19 pandemic.
4. To understand and describe the behavioral characteristics of doctors working during the COVID-19 pandemic.
5. To understand and describe the characteristics of using personal protective equipment compliance for doctors working during the COVID-19 pandemic.
6. To understand and describe the hand hygiene compliance for doctors who work during the COVID-19 pandemic?

D. The benefit of The Study

General Purpose:

1. To find out the characteristics of doctors who worked during the COVID-19 pandemic.
2. To provide insights and scientific treasures on the risk of COVID-19 to doctors in Indonesia.

Specific Purpose:

1. To determine the hospital's efforts to reduce the exposure/infection of doctors from infected patients.
2. To determine the doctor's efforts in reducing the exposure/infection of doctors from infected patients.
3. To assess the compliance of Indonesian doctors in carrying out health protocols.