

Original Research

Factors Affected Recovery Time Of Residents With Covid 19

Firdawsyi Nuzula^{1*}, Maulida Nurfazriah Oktaviana²

^{1,2} Community Nursing Department, Diploma of Nursing, Akademi Kesehatan Rustida, Indonesia

ABSTRACT

Background: The massive spread of Covid-19 and made it a pandemic causing a lot of fear and anxiety among people around the world. Covid-19 has been a global disaster which has a high level of spread and severity since it is a contagious disease. The severity of this disease ranges from asymptomatic to severe with general symptoms of fever and cough and causing acute respiratory distress syndrome, especially in the elderly and people with comorbidity. Family support helps patients to meet their basic needs and can help to increase the spirit to recover which is one of the factors that accelerate the patient's recovery process.

Methods: Population in this study consisted 660 residents who had confirmed Covid-19 and 109 samples were taken with purposive sampling technique appropriately to inclusion criteria. Independents variables in this study consisted of history of co-morbidities, knowledge, family support and motivation to recover. While the dependent variable is the healing time of Covid-19. The instrument of this study used a questionnaire sheet. This is a correlational study with cross sectional quantitative analytic.

Results: Bivariate analytic show that only family support variable has significant results with p value <0,05. Family support is the determinant factors with p value of 0,0017 compared with other factors such as comorbid, knowledge and motivation.

Conclusion: It can be conclude that family support is the determinant of recovery time of people affected by Covid-19. The most needed support for healing in the form of being sufficient and meeting the needs during ilness, both physically and psychologically.

ARTICLE HISTORY

Received : September 14th, 2021 Accepted : February 3th, 2022

KEYWORDS

comorbid, covid 19, family support, knowledge and motivation to get health;

CONTACT

Firdawsyi Nuzula <u>nuzulafirdawsyi@gmail.com</u> Community Nursing Department, Diploma of Nursing, Akademi Kesehatan Rustida, Indonesia

Cite this as: Nuzula, F., & Oktaviana, M. (2022). Factors Affected Recovery Time Of Residents With Covid 19. (*JKG*) Jurnal Keperawatan Global, 67-78. https://doi.org/10.37341/jkg.v0i0.304

INTRODUCTION

Indonesia and the whole word are currently struggling and trying to fight and control the spread of SARS (Severe acute respiratory distress syndrome) disease which has emerged with a new category that is the main cause of COVID 19 (Darsini, Aryani & Nia, 2020). Covid-19 outbreak is a phenomenon that grabs the attention of people all over the world in every level of society because of its massive spread that caused fear and anxiety (Saputra & Simbolon, 2020). This outbreak is become a pandemic disaster

with an alarming level of spread and severity because the virus is highly contagious disease (Winugroho et al., 2021). The severity level of the disease range from asymptomatic to severe with general symptoms as fever and cough and causing acute respiratory distress syndrome, especially in the elderly and people with comorbidity (Microbiol et al., 2021).

The increase of confirmed case of Covid-19 is growing past and it spread all over the world. Indonesia is the country with the highest contagious level of Covid-19 in Southeast Asia. The total number of confirmed case at March 31 2021 reached 170.051.718 case with the mortality rate at 3.540.437 and the case fatality rate at 2,1% in 222 affected countries and 150 community transmission countries (WHO, 2021). The increase of confirmed case has been significant since the case 01 and 02 were announced in March 2020 (Rahman, Utami, & Nadhilah, 2020). Covid-19 cases in Indonesia has spread throughout the provinces with data on confirmed case reaching 50.262 cases and 66% are in Java (Findyartini et al, 2021).

The government of Republic of Indonesia reported that as of May 31, 2021 there were 1,821,703 people confirmed for Covid-19, 50.578 people are deaths with a CFR of 2,8% and 1.669.119 patients who have been declared cured (Kemenkes RI, 2020). East Java Province reported that on June 1st 2020 there were about 155.006 confirmed case of death and 141,839 cases of recovery, while in Banyuwangi the confirmed case reached 6,496 cases with a death rate of 667 cases and 5,728 cases are cured (Dinkes Prov. Jatim, 2021). In working area of Tegalsari Health Centre there were about 671 confirmed case reach 660 case and the death are 11 cases (Satgas Covid-19, 2021).

Transmission of Covid-19 virus occurs from person to person through respiratory droplets with a contact distance of about 2 meters or by touching an object that has been exposed to the virus and the sticks to the nose or mouth (Alvita, Hartini, & Winarsih, 2021). Severe acute respiratory syndrome form coronavirus2 (SARSCoV-2) which spreads through aerosol in a closed environment, especially in a room with a humidity temperature regulated by air conditioning or in a room with closed ventilation. At this condition the virus will survive longer, which is 16 hours, and it make a higher risk of transmitting the virus (Carbone et al., 2020).

High case fatality rates in subjects hospitalized with Covid-19 with critcal illness and in patients with underlying comorbid conditions, bad habbit and patients lenght of stay in mechanical ventilation are other factors reported to be associated with length of recovery (Garg et al., 2021). The manifestation of this disease is range from asymptomatic or flu like syndrome to a life threathening complication since it is not only affected the respiratory tract only but also affected the digestive, nervous and cardiovascular system (Tali et al., 2021).

Considering the risk of severe outcome in in Covid-19 patients with comorbities such as hypertention, DM and higher BMI, especially for those who are severely obese on any treatment plan is very important. Overweight and obesity are risk factors for invasive mechanical ventilation, and obesity is a risck factor for hospitalization and death, especially among adults, because obesity is a recognized risk factor for the severity of Covid-19 (Huang et al., 2020). It is associated with chronic inflamation that impairs immune and thromboghenic responses to pathogens and impaired lung function caused by being overweight.

Obesity is a common metabolic disease (Kompaniyets et al., 2021). Another thing that to be know is knowledge. Knowledge is a fact, the thruth of information obtained

through experience or learning and can be known or realized by someone. A person does not have a basis in making decisions and determining actions to problems faced without knowledge. A person's knowledge regarding the Covid-19 disease, both treatment and care, is expected to be a motivation to speed up the healing period (Yunus & Zakaria, 2021).

Family has an important role in preventing the transmission of the Covid-19 because family is the closest person who will providing support to each family member and family is the most appropriate one to promote a clean and healthy behavior (Alvita et al., 2021). Motivation or patient's inner support in another important factor affecting the recovery time (Bau, 2019). The outbreak is also has an impact on changes in people's live pshycologically such as how they thinking and understanding the information of health and illness, emotional changes such as anxiety and physiological changes (Zalukhu & Rantung, 2020). An effort to keep balance between emotion and emotion is to seek a comprehensive understanding of oneself and others and to balance fear and acceptance of unsafe situations by responding positively (Rifani & Rahadi, 2021).

Recovery time of confirmed Covid-19 residents varies greatly, influenced by many factors. There are some whose healing is classified as very fast, which is less than 1 week, but there are some who have long Covid, which is more than 4 weeks and sometimes still have signs of residual symptoms even though they are free from the virus. Tegalsari Health Center has experienced a rapid spike in cases and has formed a new cluster that is shocking.

Therefore, researchers are interested in finding out what factors most influence the recovery time of residents affected by Covid-19 in the Tegalsari Health Center working area. This study aims to identify the factors that affect the recovery time of residents affected by Covid-19 in the working area of the Tegalsari Health Center. It is hoped that this research can provide benefits in the form of additional knowledge for residents affected by Covid-19 about the factors that affect the healing time of residents affected by Covid-19.

MATERIALS AND METHOD

This is an observational study conducted with cross sectional design with quantitative approach, which the observation of the dependent variables and independent variables is carried out at the same time (Sastroasmoro & Ismail, 2015). The independents variables in this study consisted of history of co-morbidities, knowledge, family support and motivation to recover where it is suspected that these factors affect the healing of these disease. While dependent variable is the healing time of Covid-19.

The target population in this study are the residents affected by Covid-19 and recorded in Tegalsari Health Center data. Population in this study consisted 660 residents who had confirmed Covid-19 and 109 samples were taken with purposive sampling method by determining inclusion and exclusion criteria. The inclusion criteria of this study were all residents affected by Covid-19 in the period from March to May 2021, with an age range of 25 to 50 years and registered at the Tegalsari Health Center. As for the exclusion criteria, they are those who have been complete vaccinated against Covid-19 and someone who gets a re-attack.

There were about 109 respondents who have previously passed the ethical feasibility test with ethical clearance number 571/KEPK/STIKES-BWI. Respondents

who took part in this study filled out a questionnaire that had been tested for validity and reliability and the results of data collection from the questionnaire were then tabulated. Analysis of the data in this study used three analyzes, namely univariate analysis to explain the characteristics of each variable, both independent variables in the form of history of comorbidities, BMI, knowledge, family support, anxiety and motivation to recover with the length of recovery time for residents affected by Covid-19. Respondents fill out the questionaire directly (offline).

Comorbid variables were obtained by asking a history of previous diseases which were one of DM, HT, obesity, asthma and other chronic diseases, while the BMI data uses the WHO formula benchmark with the classification of thin, normal, overweight and obese obtained from the results of questionaire that have been filled out by respondents. Knowledge is measured by using a questionaire about basic knowledge of covid 19 which is assessed with good, sufficient and poor knowledge indicators, likewise family support is measured by a questionaire that is assessed based on low, medium and high criteria and motivation to recover is classified into several categories, namely high, medium and low.

By looking at the frequency distribution each variable and in the bivariate analysis using the chi-square test to determine or identify the relationship of the independent variable with the healing time of residents affected by Covid-19 using = 0.05 and 95% Confident Interval (CI), if p value > there is no relationship , if the value of p means that there is a relationship and multivariate analysis, the test used is logistic regression with the provision that only variables that have a p value <0.05 (in bivariable analysis) are carried out by logistic regression.

RESULTS

The results of calculation of the characteristics of respondents affecting the recovery time of residents affected by covid 19 can be seen in the master table at table 1.

Respondent's Characteristic		Frequency	Percentage	
Gender	Female	58	53.2%	
Gender	Male	51	46.8%	
Total		109	100%	
Blood type	А	41	37.6%	
	Ο	31	28.4%	
	В	26	23.8%	
	AB	11	10.2%	
Total		109	100%	
Age	46-65 years old	44	40.4%	
	26-45 years old	63	57.8%	
-	12-25 years old	2	1.8%	
Total	-	109	100%	
Occupation	Helath worker	29	26.6%	
	Enterpreneur	63	57.8%	
	Housewife	1	9%	
	Farmer	5	4.6%	
	Government employee	11	10.1%	

Table1. Respondets's Characteristic affecting recovery time of residents affected of Covid 19

Respondent's Characteristic	Frequency	Percentage
Total	109	100%

Based on the table above it can be seen that 58 respondents (53,3%) are female, 41 respondents (37,6%) is having A Blood type, 63 respondents (57,8%) are 24- 45 years old and 63 (57,8%) respondents are working as an enterpreneurs and followed by the health workers for 26,6%.

		Cate		
Variable		Less than 2 weeks n (%)	More than 2 weeks n (%)	p-value
Comorbidities	Absent	86 (78.9)	12 (11.1)	0.728
Comordiantes	Present	8 (7.3)	3 (2.7)	0.728
	Lack	33 (30.1)	2 (1.9)	
Knowledge	Sufficient	31 (28.4)	6 (5.6)	0.310
	Good	31 (28.4)	6 (5.6)	
	Low	3 (2.7)	3 (2.7)	
Family support	Medium	59 (54.1)	6 (5.6)	0.017
	High	33 (30.1)	5 (4.6)	
Mativation to manyon	Medium	78 (71.6)	14 (12.8)	0.095
Motivation to recover	High	17 (15.6)	0 (0)	0.085

Table 2. Anlysis Factors affecting the recovery time of people affected by Covid 19

According to the table 2 it can be concluded that the variable of family support is the most dominant factors among the others which are comorbid, knowledge and motivation to recover. Based on bivariate analysis, it was found that only the family support variable had significant value which has p value of 0,017. Thus, among other variables, it can be concluded that the family support is the most dominant factor affecting recovery time of residents affected by covid 19.

DISCUSSION

Statistical analysis show that 78,9% respondents with no comorbid are recover within 14 days, while 7,3% respondent with comorbid are recover in more than 14 days and there were only 2,7% with history of comorbid are recover in more than two days. While the p value of 0.728 higher than $\alpha = 0,05$. It can be conclude that there is no effect of comorbid to the recovery time of residents with covid-19. Covid-19 are known to be dangerous when it infected the elderly or those with comorbid.

The comorbid can be dangerous and belong to those who are at high risk of infected with covid-19. Some of them are obesity, cardiovascular disease, hypertension, pulmonal disease, renal disease and the disease affecting the liver. Majority the death of covid 19 are realated to the patient who has history of comorbid (Armani, 2021).

The study conducted by Hikmawati and Setiyabudi found that the highest percentage of comorbid is hypertension. People with hypertension tend to has lower lymphocyte and it can make the prognosis became worst. Second highest comorbid is diabetes mellitus because the higher rate of blood glucose will affect on the increase of virus virulence, increase the riks of inflammation and people's immunity (Hikmawati & Setiyabudi, 2020). The manifestation for covid-19 are vary and so does the comorbid.

When entering the hospital, the patients are reported to have one of hypertension, diabetes mellitus and another cardiovascular disease. One of those comorbid can increase the risk by 3.4 times for developing Acute Respiratory Distress Syndrome (ARDS) (Karyono & Wicaksana, 2020).

In this study, comorbidity was not related to the lenght of healing for residents affetcted by Covid-19, this may be influenced by several factors, depend on person's condition and the psychological condition of each person brings different impacts and changes to the disease response. This is as described in the results of research conducted by Atkins et al where comorbidity is thought to be a factor that effects the level of morbidity and mortality of patients with Covid-19 but not with the lenght of recovery (Atkins et al., 2020).

This is contrast to results of study from Khedret al that patients with comorbidities experienced significantly more severe symptoms, a tendency to have significantly worse laboratory parameters, a higher percentage of ICU admisiions, a higher need for invasive mechanical ventilation than patients without comorbidities and a lower recovery frequency and overall mortality rate significantly higher in cases with comorbidities (Khedr et al., 2020). The main key in patients infected with the Covid -19 virus is the immunity.

Basically the comorbid has no effect on the recovering of confirmed patients, but rather these comorbidities are at risk to become easily infected with the SARS- Covid-19 virus because people who are sick will have a decreased antibody formation and cytokine, and lowering the function of phagocytosis so that the body will succeptible to the infection due to low resistance to invading disease. This happens because people with comorbid diseases have a weaker immune system than people without comorbid diseases. In addition, patients with comorbid diseases may also have experienced complications or organ damage due to the disease they have suffered so far, so they will find it more difficult to fight corona virus infection.

Based on statistical analysis it was found that there was almost no significant difference between sufficient and good knowledge and the recovery time of patient with Covid 19, both with recovery times of more than 14 days or less than 14 days. On sufficient an good knowledge with healing time for more than 14 days each obtained 5,6% while with recovery time less than 14 days it was obtained as many as 28.4% in those with good and sufficient knowledge. The gap only appear at the category of poor knowledge, which are 1,9% for long recovery and 30, 1% for shorter healing. The p value is 0,310 is greater than α 0,05. It can be concluded that there is no effect between knowledge and the recovery time of residents affected by covid 19.

Based on the Indra results study, it was found that a significant relationship between positive knowledge about Covid-19 had a good correlation in an effort to prevent viral transmission because it was able to trigger self awareness to carry out health protocols properly (Indra et al., 2020). However no similar research has been found regarding the relationship between knowledge and recovery time for patients diagnosed as positive for Covid-19.

The knowledge about the Covid-19 prevention in the community is essential during this time and it should include about the Covid-19 transmission, the virus characteristic, sign and symptoms as well as necessary checks to be carried out as well as the test needed to be carried out, the virus transmission process and the prevention as well. Good knowledge can be supported by acceptance of information circulating in the community about the Covid-19 virus (Suprayitno et al., 2020). It is hoped that the information obtained will be able to increase the patient's motivation to recover.

The recovery process for Covid-19 patients is not only influenced by basic knowledge about the disease, because sometimes knowing many things about the disease will actually have an impact on the individual's psychological state as anxiety and fear. The negative information related to Covid-19 can also has an impact on negative thoughts which will reduce the body immunity and have an impact on the recovery process of the disease. Therefore the people need to be smart to sort out correct and appropriate information and not be provoked by irresponsible news.

Statistical analysis test show the results of 54,1% patient received moderate support with a recovery time of less than 14 days and 30,1 % with high support. For low support, both were found to be 2,7% for each category of recovery of less and more tha 14 days. The obtained p value is 0,0017 smaller than α = 0,05. It can be conclude that there is a relationship between family support and the healing time of residents affected by Covid 19. Appropriate family support will greatly help patients to meet their needs when experiencing conditions that are felt to be down.

The support provided will help the patient feel valued and give them confidence by removing the negative stigma, and it will speed up the recovery process. Support from closest one, both morally and materially, will help the Covid-19 survivors to stay strong and enthusiastic in living their days to get well soon (Rahmatina et al., 2021), family has a strong relationship with the health status of its members where the role and support of the family is very important for every aspect of health care members starting from strategies to the rehabilitation phase (Husni, Romadoni, & Rukiyati, 2012).

People who are sick are really need support from their families. Because the family are able to motivate and provide the encouragement for the sick to always thinks positively about the prognosis of his illness and always obey the recommended treatment. Support is one of the factors that can strengthen a person to perform a good health behavior and prevent health threats (Soesanto, 2021). Family is the closest environment for the patients and therefore a strong relationship will be established among the members. It will affecting each other both physicially or psychologically. Family has a big role and responsibility for the health of themselves and all other family members (Kundari, Hanifah, Azzahra, Islam, & Nisa, 2020).

The presence of the family will providing a sense of security and happiness, motivation and self confidence. This kind of support will triggering the increase of dopamine. Besides, positive family support will providing a save, comfortable and and calming feeling due to the increasing of endorphine. If these happiness hormone are produced properly, it will improve the immunity and speed up the recovery process.

From table 5.9 above it can be stated that respondents with very severe anxiety level were 44 respondents (40,4%); sever anxiety were 45 respondents (41,3%), moderate anxiety for 1 respondents and the rest was no axiety with a long periode of time. For category of recovery time more than a week, the anxiety level was vary range from very severe for 7 respondents (6.4%), severe anxiety for 5 respondents (4,6%) and moderate anxiety and normal both has 1 respondent (0,9%). The obtained p value is 0,401 greater than α = 0.05 so it can be stated that there is no relationship between anxiety and recovery time of patients with Covid-19.

Based in the table above it is known that most of the respondents with moderate recovery motivation were 78 respondents (71,6%), high motivation to recover were 17 people (15,6%) with less than two weeks of recovery time. Based on table 5.16 the p

value of 0,85 is greater than 0.05 so a conclution can be drawn that there is no effect between motivation to recover and the length of time for recovery of residents with Covid 19.

Motivation is an aspect of human behavior or is can be stated that motivation is the behavior that can encourage someone to do something or not do anything. Motivation is the drive that an individual has that can stimulate them to be able to take actions or a basis or reason for a person to behave (Suparno, 2017). Motivation is an inner process or psychological process within the patients which is influenced by several factors, such as education level, past experience, wishes and hopes for the future (recovering). Individual perception of oneself; where a person is motivated or not to do something much depends on the cognitive process in the form of perception. A person's perception of himself will encourage and direct a persons to act to speed up recovery time.

Recovery is a state where the individual is healthy or instact physically, mentally, and socially and not just a state that free of disease, disability and weakness. As a condition of balance between physical, mental, social and spiritual health status that allows the person to live independently and productively which requires treatment and care because both have the same role in revealing the diseases (Hardhiyani, 2013). The level of motivation to recover is related to the three dimensions which are (1) having a positive attitude and behavior that shows a strong and optimistic attitude in dealing with recovery; (2) goal oriented achievement that directs individuals to achieve the desired goals, and (3) forces that encourage individuals are strength that come from within and form outside themselves that can encourage individuals to achieve goals.

The healing of patients affected by Covid-19 is not only influenced by the motivation to recover within by himself but many other factors, such as support from family and closest people, external motivation has more influence on someone with this condition. Good nutrition and postive thoughts are also to be very best source of streight to increase the imunity.

CONCLUSION

Based on the results of the study, it can be concluded that there was several factors can influence a person's healing process, both internal and external factors. The only significant factor in this study was the influence between family support and the duration of recovery time for residents affected Covid 19. Meanwhile, the comorbid variables, BMI, knowledge and motivation for healing have no significant effect. Suggestions for future researchers are expected to further develop methods, other variables and other impacts of the disease.

ACKNOWLEDGEMENT

The researcher would like to thank the Rustida Health Academy, Banyuwangi Health Office, Tegalsari Health Center, and the community who have supported and assisted in providing information data for the purpose of this research.

REFERENCES

Ardi Findyartini, Rr. Diah Handayani, Oktavinda Safitry, Retno Asti Werdhani, Andi Ade Wijaya, Syska Widyawati, Dina Muktiarti, N. C. S. (2021). *Modul Tanggap Pandemi COVID-19*. Retrieved from https://ocw.ui.ac.id/course/view.php?id=75

- Armani, M. (2021). Pasien Corona dengan Komorbid: Melihat Risiko hingga Potensi Sembuh. Retrieved from Kompas website: https://www.kompas.com/tren/read/2020/09/07/173000465/pasien-coronadengan-komorbid--melihat-risiko-hingga-potensi-sembuh?page=all
- Atkins, J. L., Masoli, J. A. H., Delgado, J., Pilling, L. C., Kuo, C. L., Kuchel, G. A., & Melzer, D. (2020). Preexisting Comorbidities Predicting COVID-19 and Mortality in the UK Biobank Community Cohort. *Journals of Gerontology - Series A Biological Sciences and Medical Sciences*, 75(11). https://doi.org/10.1093/gerona/glaa183
- Bau, P. (2019). Hubungan Dukungan Sosial Spiritual Dengan Motivasi Sembuh Klien Di Ruang Rawat Inap Rumah Sakit St. Carolus Borromeus Kupang. Jurnal CHM-K Applied Scientifics Journal, 2(3).
- Carbone, M., Lednicky, J., Xiao, S., Venditti, Ma., & Bucci, E. (2020). Coronavirus 2019 Infectious Disease Epidemic: Where We Are. What Can Be Done and Hope For. *Journal of Thoracic Oncology*, 16 No. 04(January), 546–71.
- Darsini, H. P. A. N. S. N. (2020). VALIDITAS DAN RELIABILITAS KUESIONER PENGETAHUAN TENTANG COVID-19 (SARS-CoV-2). Jurnal Keperawatan, 19.
- Dinkes Prov. Jatim. (2021). Update Data Terbaru Covid 19 Provinsi Jawa Timur. Retrieved from https://www.facebook.com/dinkesjatim.page/
- EB, H. (2013). Perkembangan Anak (Jilid 1). Jakarata: Erlangga.
- Emdat Suprayitno, Sylvina Rahmawanti, Adivtian Ragayasa, M. Y. P. (2020). Pengetahuan dan Sikap Masyarakat dalam Pencegahan COVID-19. *Journal of Health Science*, V(Ii), 68–73.
- Galia Wardha Alvita, Sri Hartini, Biyanti Dwi Winarsih, N. F. (2021). PEMBERDAYAAN DUKUNGAN KELUARGA DALAM MENINGKATKAN PEMAHAMAN PENCEGAHAN COVID-19. Jurnal Pengabdian Kesehatan Stikes Cendekia Utama Kudus, 4(1), 10–20.
- Garg, M., Bhalla, A. S., Jagia, P., & Bhalla, A. (2021). The Conundrum of ' Long-COVID-19': A Narrative Review. 2491–2506.
- Hardhiyani, R. (2013). Hubungan Komunikasi Therapeutic Perawat Dengan Motivasi Sembuh Pada Pasien Rawat Inap di Ruang Melati Rumah Sakit Umum Daerah Kalisari Batang.
- Hikmawati, I., & Setiyabudi, R. (2020). Hipertensi dan Diabetes Militus Sebagai Penyakit Penyerta Utama Covid-19 di Indonesia Hypertension And Diabetes Mellitus As Covid-19 Comorbidities In Indonesia. Semnas LPPM Universitas Muhammadiyah Purwokerto, 0(April), 95–100.

- Huang, Y., Lu, Y., Huang, Y.-M., Wang, M., Ling, W., Sui, Y., & Zhao, H.-L. (2020). Obesity in patients with COVID-19: a systematic review and meta-analysis. *Metabolism Clinical and Experimental*, 113(January), 1–12.
- Husni, M., Romadoni, S., & Rukiyati, D. (2012). HUBUNGAN DUKUNGAN KELUARGA DENGAN KUALITAS HIDUP PASIEN KANKER PAYUDARA DI INSTALASI RAWAT INAP BEDAH RSUP Dr . MOHAMMAD HOESIN PALEMBANG TAHUN 2012. Jurnal Keperawatan Sriwijaya, 2(2355), 77–83.
- Indra, A., Diva, Y., Sindy, M., Pratiwi, A., Violin, M., Yani, W., ... Suryawati, A. (2020). Artikel Penelitian Gambaran Karakteristik Pengetahuan, Sikap dan Perilaku Risiko Covid-19 Dalam Kerangka Desa Adat di Desa. Jurnal FK Unand, 9(3), 313–319.
- Kanina Sista. (2021). Waspadai Obesitas dan Pengaruhnya Terhadap Keparahan Penyakit COVID-19. Retrieved from RSUP dr. Soeradji Tirtonegoro website: https://rsupsoeradji.id/waspadai-obesitas-dan-pengaruhnya-terhadap-keparahan-penyakit-covid-19/
- Karyono, D. R., & Wicaksana, A. L. (2020). Current prevalence, characteristics, and comorbidities of patients with COVID-19 in Indonesia. *Journal of Community Empowerment for Health*, 3(2). https://doi.org/10.22146/jcoemph.57325
- Kemenkes RI. (2020). *Situasi Infeksi Emerging*. Retrieved from sampai saat ini telah tersebar kepada lebih dari 122 negara, termasuk Indonesia. Sementara di Indonesia, Covid-19 telah menyebar ke 279 kabupaten/kota yang tersebar di 34 provinsi
- Khedr, E. M., Daef, E., Mohamed-Hussein, A., Mostafa, E. F., Zein, M., Hassany, S. M., ... Hashem, M. K. (2020). Impact of comorbidities on COVID-19 outcome. *MedRxiv: The Preprint Server for Health Sciences*. https://doi.org/10.1101/2020.11.28.20240267
- Kompaniyets, L., Goodman, A. B., Belay, B., Freedman, D. S., & Sucosky, M. S. (2021). Body Mass Index and Risk for COVID-19 – Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death —. *MMWR*, 70(10), 355–361.
- Kundari, N. F., Hanifah, W., Azzahra, G. A., Islam, N. R. Q., & Nisa, H. (2020). Hubungan Dukungan Sosial dan Keterpaparan Media Sosial terhadap Perilaku Pencegahan COVID-19 pada Komunitas Wilayah Jabodetabek Tahun 2020. Jurnal Media Penelitian Dan Pengembangan Kesehatan, 30(4), 281–294.
- Mauliza. (2018). Obesitas dan pengaruhnya terhadap kardiovaskular. Jurnal Averrous, 4(2).
- Mendelson, M., Nel, J., Chb, M. B., Blumberg, L., Bch, M. B., Micro, M. C., ... Bch,M. B. (2021). IN PRACTICE Long-COVID: An evolving problem with an

extensive impact. SAMJ Journal, 111(1), 10–12.

- Microbiol, C., Mallah, S. I., Ghorab, O. K., Salmi, S. Al, Abdellatif, O. S., Tharmaratnam, T., ... Qahtani, M. Al. (2021). COVID - 19: breaking down a global health crisis. *Annals of Clinical Microbiology and Antimicrobials*, 1–36. https://doi.org/10.1186/s12941-021-00438-7
- Rahman, N. E., Utami, A. W., & Nadhilah, A. (2020). HUBUNGAN PENGETAHUAN TENTANG COVID-19 PADA ORANG YANG BERSINGGUNGAN DENGAN COVID-19. *Social Work Jurnal*, *10*(2), 209–215. https://doi.org/10.24198/share.v10i2.29614
- Rifani, D. A., & Rahadi, D. R. (2021). Ketidakstabilan Emosi dan Mood Masyarakat Dimasa Pandemi Covid-19. *Jurnal Manajemen Bisnis*, *18*(1), 22–34.
- Riksavianti, F., & Samad, R. (2014). Reliabilitas dan validitas dari modified dental anxiety scale dalam versi Bahasa Indonesia (Reliability and validity of modified dental anxiety scale in the Indonesian. *Dentafasial*, *13*(3), 145–149.
- Saputra, A. W., & Simbolon, I. (2020). HUBUNGAN TINGKAT PENGETAHUAN TENTANG COVID- UNTUK MENGURANGI PENYEBARAN COVID-19 DI KALANGAN MAHASISWA BERASRAMA UNIVERSITAS ADVENT INDONESIA. *Nutrix Journal*, 4(2), 1–7.
- Sastroasmoro, S., & Ismail, S. (2015). Dasar-Dasar Metodologi Penelitian Klinis Edisi 5 (5th ed.). Jakarta: Sagung Seto.
- Satgas Covid-19. (2021). Data Terkini Covid-19 Banyuwangi. Retrieved from https://corona.banyuwangikab.go.id/
- Soesanto, E. (2021). HUBUNGAN DUKUNGAN KELUARGA DENGAN UPAYA PERAWATAN KESEHATAN LANJUT USIA HIPERTENSI DIMASA PANDEMI COVID-19. Jurnal Keperawatan Dan Kesehatan Masyarakat STIKES Cendekia Utama Kudus, 10(2), 170–179.
- Suparno, S. F. (2017). Hubungan Dukungan Sosial dan Kesadaran Diri dengan Motivasi Sembuh Pecandu Napza. *Psikoborneo*, *5*(2), 173–179.
- Sutejo. (2018). Keperawatan Jiwa, KOnsep dan Praktik Asuhan Keperawatan Kesehatan Jiwa, Gangguan Jiwa dan Psikososial. Yogyakarta: Pustaka Press.
- Tali, S. H. S., LeBlanc, J. J., Sadiq, Z., Oyewunmi, O. D., Camargo, C., Nikpour, B., ... Anbuhi, S. J. (2021). Tools and Techniques for Severe Acute Respiratory Syndrome Coronavirus Sars-cov- Covid-19 Detection. *Clinical Microbiology Reviews*, 34(3), 1–63.
- WHO. (2021). Coronavirus disease (COVID-19) Weekly Epidemiological Update and
Weekly Operational Update. Retrieved from

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

- Winugroho, T., Imansyah, M., Bangun, E., Apriyadi, R. K., & Hidayat, A. (2021). ANALISIS PENGARUH FAKTOR DEMOGRAFI TERHADAP LAMA KARANTINA PADA PERAWAT TERPAPAR COVID-19 DI JAWA. PENDIPA Journal of Science Education, 5(2), 229–236.
- Yunus, M., & Zakaria, S. (2021). Sumber Informasi Berhubungan Dengan Pengetahuan Masyarakat Tentang Covid-19. *Jurnal Keperawatan*, *13*(2).
- Zalukhu, A., & Rantung, J. (2020). TINGKAT KECEMASAN TERHADAP SIKA P ANAK SD TERHADAP MENJAGA KESEHATAN DI MASA PANDEMI COVID-19. Jurnal Skolastik Keperawatan, 6(2), 114–122.
- Zulfa Rahmatina, Galuh Ayu Nugrahaningrum, Ambarwati Wijayaningsih, S. Y. (2021). Social Support for Families Tested Positive for Covid-19: Dukungan Sosial Pada Keluarga yang Divonis Positif Covid-19. Proceeding of Inter-Islamic University Conference on Psychology, 1(1), 1–8.