The Anxiety of Midwifery Students in Clinical Practice at Health Service Facilities during the Covid-19 Pandemic

Kecemasan Mahasiswa Kebidanan dalam Praktik Klinik di Pelayanan Kesehatan Selama Masa Pandemi Covid-19

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ABSTRACT
Background: The Covid-19 pandemic seriously affects the mental state of individuals in various circles of society, including health students, specifically in midwifery. The role of midwifery students experiencing clinical practice during a pandemic, nevertheless, they get higher vulnerability to anxiety and stress. Therefore, this study aims to determine the anxiety level of midwifery students in carrying out clinical practice during the Covid-19 pandemic. This study is a cross-sectional that was conducted to determine the anxiety level of midwifery students in carrying out clinical practice during the Covid-19 pandemic. Methods: Total sampling was performed using the Hamilton Anxiety Rating Scale (HARS), a measuring instrument presented as an electronic questionnaire through a google form. Result: The results showed a relationship between the anxiety levels of midwifery students carrying out clinical practice at health service facilities during the Covid-19 pandemic (p-value 0.01). Conclusion: The Midwifery students had the anxiety of midwifery students in clinical practice at health service facilities during the Covid-19 pandemic because they are meant to interact directly with patients having various signs and symptoms.

Introduction
Covid-19 has become the most important and difficult problem currently for all health organizations and governments in the world. Moreover, the causative virus (SARS-Cov-2) is easily transmitted by close contact with symptomatic or asymptomatic patients during the incubation period due to its highly contagious nature. This global health problem rapidly developed into a pandemic after many countries reported positive confirmed infection cases (Vafaei et al., 2020). The disease outbreak has resulted in overwhelming changes in the lives of many (Nikcevic & Spada, 2020). It has affected all sectors of society and the education sector was not exempted (Moralista & Educedo, 2020). It has caused not only a health catastrophe but social, economic, and educational
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crisis as well (Sugiyanto et al., 2020). Then Student on midwifery called Up to two-thirds (69.1%) of health students show concern and anxiety about contracting the Covid-19 virus during clinical practice (Olaimat, 2020).

The profound and dramatic changes brought by the COVID-19 pandemic pose threat to anxiety and eventually led to the rise of pandemic-related psychological distress that may last beyond the course of the pandemic (Nikčević & Spada, 2020). Recent studies have reported the negative impact of the COVID-19 pandemic on psychological, emotional, and mental health. Anxiety disorders are the commonest mental disorders understood as a pathological part of normal fear, manifested by disturbances in mood, thought, behavior, and physiological activity. These include panic disorder (with and without a history of agoraphobia), agoraphobia (with and without a history of panic disorder), specific and social phobia, as well as acute stress, post-traumatic stress disorders, and obsessive-compulsive. Furthermore, there are adjustment disorders with anxiety characteristics, usually caused by general medical conditions and other reasons (Adwas et al., 2019). These also occur because senior health workers compared to juniors, working at the front line compared to the second line in secondary hospitals compared to tertiary, and for more than 10 years are associated with an increased risk of depression or anxiety (Vindegaard & Benros, 2020). Consequently, health students become worried about contracting the Covid-19 virus during clinical practice due to the need for direct interaction and close contact with patients while providing health services.

The global outbreak of COVID-19 brought about extraordinary anxiety syndrome and stressful situations among nursing students. Nursing students, particularly female students, may benefit from additional support and guidance during the COVID-19 pandemic (Michael & Oducado, 2021). For example, the study in Ethiopia among university students reported 21.2%, 27.7%, and 32.5% had depression, anxiety, and stress, respectively (Aylie et al., 2020). Anxiety, depression, and stress were also prevalent among adolescents in India (Nepal et al., 2020). Moreover, the study disclosed that the pandemic had a greater psychological impact among students (Tee et al., 2020). Among nursing students, the COVID-19 pandemic sparked a period of novel and demanding challenges (Savitsky et al., 2020). However, while there has been a surge in research on the psychological impact of the pandemic, there are still limited academic works on COVID-19 anxiety syndrome conducted among nursing students (Michael & Oducado, 2021). This study was conducted to determine the anxiety level of midwifery students in carrying out clinical practice during the Covid-19 pandemic.

Method

This study method is observational using a cross sectional study design. In a cross-sectional study, researchers measure the outcome and exposure of study participants at the same time. The research population is midwifery students who practice clinically in health care facilities during the Covid-19 pandemic, both in hospitals and health centers, and who work independently following this descriptive study voluntarily. Students as respondents who participated amounted to 102 people. To prevent the transmission of Covid-19 through direct contact, an electronic questionnaire based on online media, namely the google form, was used.

Data collection was carried out in April 2021 through social media and questionnaires were given to participants using the platform WhatsApp sent to the midwifery student group. The criteria for the respondents are midwifery students who are currently running clinical practice, have a health
condition, have a third diploma education, and are willing to volunteer. The assessment instrument used is the Hamilton Anxiety Rating Scale (HARS) was developed by Max Hamilton in 1956 to measure all signs of anxiety, both psychological and somatic with 14 question items. The HARS scale has been proven to have high enough validity and reliability to measure anxiety in trial clinic research, namely 0.93 and 0.97. Answers to 14 questionnaires from the HARS scale with answer criteria, namely a score of 0 (no symptoms at all), a score of 1 (one of the symptoms present), a score of 2 (moderate/half of the existing symptoms), a score of 3 (severe/more than existing symptoms), and a score of 4 (very severe all symptoms are present. The level of anxiety is categorized into 4, namely if the score < 6 = no anxiety, a score of 7 - 14 = mild anxiety, a score of 15 - 27 = moderate anxiety, and score > 27 = severe anxiety (Suwanto, 2015).

Data were analyzed using univariate and bivariate analysis. Univariate analysis was to see an overview of research data presented in the form of frequency distribution. Bivariate analysis used the Wilcoxon test to prove there was a relationship between clinical practice in health care facilities during the covid-19 pandemic with the level of anxiety in midwifery students using a 95% confidence level and a 5% significance level (α). The research was carried out after obtaining research permission from the place of research and approval of informed consent as the application of research ethics.

Results

Characteristics of Respondents

According to table 1 the number of students in semester VI was more than in semester IV, namely 54 (52.9%), and showed that the highest age was 21 years, comprised of 47 students (46.1%). Table 2 shows students experiencing anxiety in carrying out clinical practice in health services during the Covid-19 pandemic. This is based on evidence-based on the distribution of respondents' characteristics of anxiety levels from low to panic. Meanwhile, students who experience the most anxiety are severe levels of anxiety (43.1%).

Table 1.
Distribution of respondent characteristics by semester and age (n=102)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>48</td>
<td>47.1</td>
</tr>
<tr>
<td>VI</td>
<td>54</td>
<td>52.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>34</td>
<td>33.3</td>
</tr>
<tr>
<td>21</td>
<td>47</td>
<td>46.1</td>
</tr>
<tr>
<td>22</td>
<td>14</td>
<td>13.7</td>
</tr>
<tr>
<td>23</td>
<td>4</td>
<td>3.9</td>
</tr>
<tr>
<td>24</td>
<td>3</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Table 2.
Distribution of respondents' characteristics by anxiety level (n=102)

<table>
<thead>
<tr>
<th>Anxiety level</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>26</td>
<td>25.5</td>
</tr>
<tr>
<td>Moderate</td>
<td>21</td>
<td>20.6</td>
</tr>
<tr>
<td>Severe</td>
<td>44</td>
<td>43.1</td>
</tr>
<tr>
<td>Panic</td>
<td>10</td>
<td>9.8</td>
</tr>
</tbody>
</table>
Bivariate analysis results

Table 3 shows the analysis of student anxiety levels in clinical practice in health care facilities during the Covid-19 pandemic (n=102) that there is a relationship between student anxiety levels and clinical practice in healthcare facilities during the Covid-19 pandemic (p=0.01).

Table 3.
Results of Analysis of Student Anxiety Levels in Clinical Practice in Health Service Facilities During the Covid-19 Pandemic

<table>
<thead>
<tr>
<th>Semester</th>
<th>n</th>
<th>Median (Min-max)</th>
<th>Mean ± SD</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>48</td>
<td>32 (15-58)</td>
<td>31.98± 9.88</td>
<td>0.010</td>
</tr>
<tr>
<td>VI</td>
<td>54</td>
<td>24 (15-55)</td>
<td>27.54± 9.72</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

Covid-19 is still considered a world pandemic (Cucinotta and Vanelli, 2020). The government through the National Disaster Management Agency has also declared Covid-19 as an emergency status disease outbreak. Consequently, many aspects of life have changed, including the education sector. Before this situation, all learning processes were carried out face-to-face but now they have turned online. The government through the Circular of the Minister of Education and Culture Number 36962/MPK.A/HK/2020 states that to stop Covid-19 spread, the learning process must be carried out online (Maulana & Hamidi, 2020). This is assumed as the best solution to maintain the academic community’s health and safety. However, the new learning system which was implemented massively and in a short time had a negative impact. Many students develop psychological pressure due to their inability to adapt to the online learning process (Al-Husban et al., 2021). The described condition is felt specifically by those meant to carry out clinical practice (Cao et al., 2020). This is proven based on the statistical test results which showed that the midwifery students had anxiety in carrying out clinical practice at health service facilities during the Covid-19 pandemic (p-value 0.01) (Widiarta & Gozali, 2021).

Findings of other studies similarly reported the prevalence of moderate to high levels of COVID-19 anxiety, stress, fear, extremely negative emotions, and other psychological distress among nursing students. It was found that moderate and severe anxiety was 42.8% and 13.1% respectively among nursing students in Israel (Savitsky et al., 2020). The existence of these gaps is considered to be a threatening, disturbing and dangerous thing (Wari, Adiesti, & Yuliani, 2020). This occurs in midwifery students carrying out clinical practice at health service facilities due to a feeling of worry about contracting the Covid-19 virus. The major cause is that students have direct interaction and close contact with Covid-19 patients during clinical practice. Furthermore, with the Covid-19 pandemic, the entire learning process is carried out online, therefore, students do not feel confident while implementing the theory learned. This is in accordance with a previous study conducted at one of the universities in Surabaya which showed that student anxiety was at a moderate level i.e. 73.6% (Dewi, 2020). According to another study, a significant relationship exists among the students preparing for clinical practice (p-value 0.004) as they mostly had a low anxiety level i.e. 92.7% (Nagara, et al., 2021).

In general, anxiety is divided into 4, namely low, moderate, severe, and panic. Low anxiety develops into moderate, severe, or panic when a person fails to perform coping mechanisms properly (Hayat, 2017). These results showed that the highest anxiety level was severe, found in 44
students (43.2%). Severe anxiety is a condition in which a person tends to focus on specific things and not think about anything else. People experiencing severe anxiety usually assume their encounters as a threat. Most students’ heavy anxiety was caused by the large number of patients who were confirmed to be Covid-19 positive and massive changes in the learning process.

The severe anxiety experienced leads to psychosomatic symptoms in the form of mood changes, sleep disturbances, difficulty doing activities, increased fatigue, digestive and cardiovascular system disorders, autonomic symptoms, and behavioral changes. Moreover, it affects the achievement of competencies possessed during clinical practice which is a series of activities carried out in lectures to provide experience to students while applying all the theories already obtained from the class and laboratory. This promotes the improvement of professional skills by learning in real-life settings. The findings of his study suggest that the anxiety of health students especially midwifery requires focal attention during the pandemic and in times of crisis. Neglecting to look into the negative psychological act of the COVID-19 crisis among students may result in unfavourable concerns.

Conclusion

The students experiencing clinical practice during the Covid-19 pandemic had anxiety due to a need for direct interaction and close contact with patients who have various signs and symptoms. Therefore, students are expected to always apply health protocols strictly according to the procedures for health services in practice. Midwifery student may benefit from additional support and guidance during this pandemic. It may be necessary for academic health institutions especially in midwifery to develop interventions that foster positive coping and to generate strategies that deflate anxiety to help midwifery students acquire a sense of safe and pleasurable during the worldwide health crisis.

References


