OPTIMIZING THE ROLE OF NURSING AND HEALTH PROFESSIONALS TO ENHANCE HEALTH CARE QUALITY IN THE NEW NORMAL ERA

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ABSTRACT

The phenomenon of the COVID-19 pandemic has become a global issue since the end of 2019. Almost all parts of the world are affected by (SARS-CoV-2). Indonesia has reported 207,203 positive cases, the second-most in Southeast Asia after the Philippines. Indonesia is the third-largest in Asia, with 8,456 deaths (Worldometer, 2020). Obtained Various information about the risk factors for COVID-19, which stated that people with HIV / AIDS have a higher risk. The threat of decreasing the quality of life, both physically, psychologically, and socially, creates an impact of worry and anxiety, aggravating the disease. This study aims to determine the quality of life of PLWHA and the relationship between demographic factors and the quality of life of PLWHA. The design of this research is quantitative descriptive-analytic using a crossectional approach. Analyze data to link demographic characteristics such as; gender, age, education, occupation, marital status, and living with family used the Spearman Rank correlation with a significance value of $\alpha = 0.05$. The sample size in this study amounted to 37 people who were selected by purposive sampling technique. The research instrument used was the WHOQOL-HIV BREF. The results showed that almost all of the quality of life of PLHIV was in the wrong category at 78.4%. There was a relationship between gender, age, and education factors with the quality of life of PLWHA with p-value $<\alpha = 0.05$. And there is no relationship between work factors, marital status, and living with family indicated by p value$> \alpha = 0.05$. It hopes that supports from all sectors of society and the government provide support for PLWHA so that the quality of life for PLWHA increases to survive during the COVID-19 pandemic.

Keywords: Quality of Life, PLWHA, COVID-19

BACKGROUND

The COVID-19 pandemic has become a global issue since the end of 2019 in all parts of the world. in the United States, at the end of 2019, it finds viral infection causes coronavirus 2 (SARS-CoV-2). (Washington State Department of Health, 2020). COVID-19 is an acute respiratory syndrome caused by coronavirus 2 (SARS-CoV-2) (WHO, 2020). World Health Organization, first detected. The first pandemic of positive COVID-19 cases on March 2, 2020, where two people were confirmed to be infected by a Japanese national on April 9, 2020. The pandemic in Indonesia has spread to 34 provinces, including DKI Jakarta, East Java, and Java. Tengah is the most exposed

province. As of September 10, 2020, Indonesia has reported 207,203 positive cases, the second-most in Southeast Asia after the Philippines. Indonesia is in the third rank in Asia, with 8,456 deaths (Worldometer, 2020). However, the death rate is estimated to be much higher than the data reported because there are no cases of death with acute COVID-19 symptoms that have not been confirmed or tested. Meanwhile, there announced that 147,510 people had recovered, leaving 51,237 patients being treated (Task Force for Handling Covid-19, 2020).

Obtained various information about risk factors for Covid-19, where it stated that the elderly, people with HIV / AIDS (PLWHA) have a higher risk (Centers for Disease Control and Prevention, 2020). The lack of information about the danger of COVID-19 has made anxiety and less prepared to protect themselves from contracting COVID-19 so that it has an impact on the decreased quality of life of PLHIV People living with HIV / AIDS (PLWHA) need appropriate social support that can help PLWHA build self-confidence in life, maintain a good mental state, and increase the effects of treatment, thereby improving the quality of life for PLWHA. This study aims to determine the quality of life of PLWHA in the Kediri area during the COVID-19 pandemic.

The quality of life of PLWHA is a quality that is felt in everyday life, namely assessing their welfare, including physical, emotional, and social aspects. In the life of everyone has a different quality of life achievement level. Meeting the need for ARV treatment is the primary physical need for PLWHA. Concern and anxiety about the risk of contracting COVID-19 is an emotional problem for PLWHA. In addition to the above issues, stigma/ discrimination PLWHA remain an obstacle for PLWHA to survive during the COVID-19 pandemic. The complex problems faced by PLWHA affect the quality of life of PLHIV.

KPAD Kediri data from January to June 2019, the number of people living with HIV / AIDS was 97 people (KPAD Kediri, 2019). Based on the initial survey data at KDS Friendship Plus Kediri on March 16, 2020, data on people with HIV / AIDS in March 2020 contained 40 people with HIV / AIDS (PLWHA) assisted/ out of 68 sufferers. Based on the results of a preliminary study of 10 PLWHA, it was found that 2 PLWHA (20%) had a good quality of life, and 8 PLWHA (80%) had a bad quality of life. The impact of poor quality of life for PLWHA affects the prognosis of HIV infection towards a more severe syndrome, namely the emergence of opportunistic infections (Banna, 2019). Based on the above phenomena, research was carried out on the quality of life of PLWHA during the COVID-19 pandemic.

METHODS

This research design is descriptive-analytic with a cross-sectional approach. The population in this study were PLWHA in the Kediri area. This study's sample size in this study was 37 people selected by purposive sampling technique who met the inclusion criteria, namely PLWHA, cooperative and communicative, and PLWHA who do not suffer from severe opportunistic infections. The research instrument used was *WHOQOL-HIV BREF*, which had been tested for validity and reliability (WHO, 1996). This instrument was developed to assess the welfare of PLWHA from four aspects; physical, psychological, social, and environmental. Data collection was carried out after the respondent obtained the informed consent and the respondent's consent sheet. The quality of people living with HIV / AIDS was measured qualitatively, while to determine the correlation between demographic factors

and quality of life of people living with HIV / AIDS using the Spearman rank statistical test with a significance of α = 0.05.

RESULTS

Demographic data including; gender, age, education, occupation, marital status, joint residence status are presented in the table below.

Table 1. Characteristics of respondents based on demographics.

Variable		Amount	%
Gender	Male	5	13.5
	Female	32	86.5
Old	Early Adolescence (16-20)	0	0.0
	Late Adolescence (21-25)	3	8.1
	Early Adulthood (25-35)	10	27.0
	Late Adulthood (36-45)	16	43.2
	Early Elderly (45-50)	7	18.9
	Late Elderly (>50)	1	2.7
Education	No school	2	5.4
	Primary School	22	59.5
	Secondry School	11	29.7
	College	2	5.4
Occupation	No job working	4	10.8
	Private	33	89.2
	PNS	0	0.0
Marital Status	Unmerried	4	29.7
	Married	11	59.5
	Widows/Widowers	22	56.3
Living together	Alone	11	29.7
	With Family	26	70.3

Table 1. shows that almost all respondents (86.5%) are female; the highest respondent age group was late adulthood (43.2%); education history of the respondents is mostly elementary school education (59.5%); Almost all respondents (87.5%) are private; Most of the respondents (56.3%) were widows/ widowers, and most (70.3%) of respondents live with their families.

The quality of life for PLWHA can be shown in the following table:

Table 2. Quality of Life for PLWHA

		Frequency	Percent	Valid Percent	Cumulative Percent
Qualty of Life	low	29	78,4	78,4	78,4
	good	8	21,6	21,6	100,0
	Total	37	100,0	100,0	

Based on table 2. It shows that almost all PLWHA have a low quality of life, namely 78.4%, while only a small proportion of PLWHA have a good quality of life (21.6%).

Table 3. Correlation of demographic factors (gender, age, education, occupation, marital status and living with family) with the Quality of Life of PLHIV.

Faktor Demographics			Quality of life
	Gender	Correlation Coefficient	0,387
Spearman Rank		Sig. (2-tailed)	0,18
	Old	Correlation Coefficient	0,362
		Sig. (2-tailed)	0,028
	Educational	Correlation Coefficient	0,394
		Sig. (2-tailed)	0,016
	Occupation	Correlation Coefficient	-0,108

	Sig. (2-tailed)	0,523
Marital Status	Correlation Coefficient	-0,246
	Sig. (2-tailed)	0,523
Living with family	Correlation Coefficient	-0,17
	Sig. (2-tailed)	0,922
α = (0,05)		

Table 3. Shows the results of the correlation data analysis with the demographic factors of gender, age, education level, occupation, marital status, and living together using the Spearman rank test. It is found that there is a relationship between sex, age, and education level with the quality of life of PLWHA with a value of ρ value <α (0.05), while the factors of work, marital status, and living with family are not related to the quality of life of PLWHA with p value> α (0.05).

DISCUSSION

Almost all PLWHA (78.4%) experienced a low quality of life. Quality of life is measured based on the four dimensions of quality of life in the WHOQOL questionnaire, including physical, psychological, social, and environmental dimensions. Of the four dimensions experienced by PLWHA, measurement is often obtained by respondents is the quality of physical life, including fatigue, pain, discomfort, sleep quality, and rest. Conditions that aggravate PLWHA in a psychological dimension during a pandemic are concerns about the risk of transmitting COVID-19 infection. This has an impact on the physical dimension where because of these worries, PLWHA limits activities including contact with health services so that ARV examinations and treatment which should be maintenance must be obstructed and eventually PLWHA experiences failure of therapy/ treatment withdrawal. The concerns of PLWHA about the high risk of the COVID-19 pandemic have an impact on decreasing body immunity, which can aggravate their disease conditions (CDC, 2020). In addition to facing direct problems related to the COVID-19 pandemic, PLWHA must continue to struggle to face inherent social problems, namely stigma, and discrimination. The complexity of the problems faced by PLWHA includes physical, psychological, social, and environmental/cultural aspects that can affect the quality of life of PLWHA (Basavaraj, et al, 2010).

The results showed a relationship between gender, age, and education with the quality of life of PLWHA. This is different from previous research, which states that there is no relationship between gender, age, education, and life quality for PLHIV (Handayai, 2017). It can be seen from the research that almost all (86.5%) were female. Women have a better quality of life than men because women think more about life to come than men. This research is in line with Rustandi, Tranado, & Pransasti (2019), who say that women have a better quality of life than men. The highest respondent age group is late adulthood (43.2%). The results of this study are in accordance with previous research conducted by Miners et al., (2014) which states that patients with adult age (≤ 45 years) are less likely to have a higher quality of life, better than the elderly. Other research shows that respondents who are ex-social worker are at the most productive age, where the productive age is the age which is vulnerable to HIV / AIDS transmission (Jayani & Ruffaida, 2019). Most of the respondents (59.5%) had primary school education. Education is a factor that correlates with the quality of life

of PLWHA. High levels of education can affect self-management skills to deal with diseases and other problems. People who have higher education tend to be more able to receive and access information well (Khumsaen et al, 2012). Highly educated PLHIV are 4.55 times more likely to have a good quality of life than those with low education (Handayani & Dewi, 2017).

The results showed that there was no relationship between work factors, marital status, and family living status. The same result is expressed by (Handayani, 2017) that there is no relationship between work, income, marital status, and the quality of life of PLWHA. One of the efforts to improve the quality of life of PLWHA is through social support. According to (Savitri & Purwaningtyastuti, 2018) Social support can minimize the psychosocial pressure felt by PLWHA. The right social support can help PLWHA build self-confidence in life, maintain a good mental state, and increase the effects of treatment, thereby improving the quality of life in PLWHA (Lan et al., 2015). A good quality of life for people living with HIV / AIDS will affect the prognosis of the disease there by minimizing the risk of complications from more severe opportunistic infections.

CONCLUSION

1. Almost all of the people living with PLHIV in the Kediri area experience a poor quality of life.
2. There is a relationship between gender, age, and education with the quality of life of PLWHA in the Kediri area indicated by α <0.05.
1. It was hoped that support from all sectors of society and the government to provide support for PLWHA so that the quality of life of PLWHA from physical, psychological, social, and environmental aspects increases survive during the COVID-19 pandemic.

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REFERENCE

Banna T., Inggerid A. Manoppo. 2019. The quality of life of PLWHA is reviewed from compliance with taking ARVs. Wellness and Healthy Magazine Volume 1 Nomor February 1 2019. P. 1-6.

Coursaris, C. K., & Liu, M. (2009). An analysis of social support exchanges in online HIV / AIDS self-help groups. Computers in Human Behavior, 25(4), 911–918. https://doi.org/10.1016/j.chb.2009.03.006

Centers for Disease Control and Prevention. People Who Are at Higher Risk for Severe Illness. 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higherrisk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhigh-risk-complications.html Accessed April 5 2020.

Centers for Disease Control and Prevention. Symptoms of Corona Virus. 2020. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html Accessed April 5 2020.

Covid-19 Corona VIRUS Pandemic. (20202). https://Www.Worldometers.info/coronavirus/#countries). Di akses September 11 2020.

Handayani, F., & Dewi, F. S. T. (2017). Factors who influence the quality of life of people with HIV / AIDS in

Kupang CityFactors affecting quality of life of people living with HIV / AIDS in Kupang.

Jayani, I., & Ruffaida, F. S. (2019). Predisposing Factors Knowledge, Attitudes, Values and Culture of Ex-Sexual Workers with HIV / AIDS Incidence in Kediri Areas, 7(1), 53–63.

Khumsaen N, Aoup por W., W. Thammachak P. 2012. Factor Influencing Quality Of Life Among People Livig With HIV(PLWH) in Suphanburi Province. Thailand. J Assoc Nurses AIDS Care (Internet). Elsevier Ltd. 2012:23(1):63-72.

Lan, G., Yuan, Z., Cook, A., Xu, Q., Jiang, H., Zheng, H., … Lu, Y. (2015). The relationships among social support and quality of life in persons living with HIV/AIDS in Jiangxi and Zhejiang provinces, China. AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV, 27(8), 946–953. https://doi.org/10.1080/09540121.2015.1011072

Miners, A., Phillips, A., Kreif, N., Rodger, A., Speakman, A., Fisher, M., … Burman, B. (2014). Health-related quality-of-life of people with HIV in the era of combination antiretroviral treatment: A cross-sectional comparison with the general population. The Lancet HIV, 1(1), e32–e40. https://doi.org/10.1016/S2352-3018(14)70018-9

PE, S., IN, O., R, E., & OB, E. (2013). Quality of life of people living with HIV / AIDS in Cross Joint United Nations Programme on. International Journal of Medicine and Biomedical Research, 2(3), 207–212.

Rustandi, H., Tranado, H., & Pransasti, T. (2018). Factors Affecting the Quality of Life of Chronic Kidney Disease (CKD) Patients Undergoing Hemodialysis in the Hemodialysis Room. Jurnal Keperawatan Silampari, 1(2), 32–46. https://doi.org/10.31539/jks.v1i2.8

Satuan Tugas Penanganan Covid-19. (2020). The COVID-19 situation in Indonesia https://experience.arcgis.com/experience/57237ebe9c5b4b1caa1b93e79c920338.

Savitri, A. D., & Purwaningtyastuti. (2018). Adjustment of People with HIV and AIDS (PLWHA) in terms of social support. PHILANTHROPY: Journal of Psychology, 1(1), 17. https://doi.org/10.26623/philanthropy.v1i1.773

Washington State Department of Health. 2019. Novel Coronavirus Outbreak (COVID-19). 2020. https://www.doh.wa.gov/emergencies/coronavirus Accessed April 5 2020.

World Health Organization. Naming the coronavirus disease (COVID-19) and the virus that causes it. 2020. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it Accessed 5 Apr 2020.

WHO. 1996. WHQOL-BREF: Introduction, Administration, Scoring And Generic Version Of The Assesment: Field Trial Version. Gneva, switzerland;1996. available from:http://apps.who.int/iris/bitstream/10665/63529/1/WHOQOL-BREF.pdf