Shifting in Community Response Regarding Emergency Condition in the era of COVID-19 Pandemic

Cambio en la respuesta de la comunidad con respecto a la condición de emergencia en la era de la pandemia de COVID-19

Maria Imaculata Ose[1a*], Fitriya Handayani[2a], Ahmat Pujianto[3a], Nurman Hidaya[4a], Donny Tri Wahyudi[5a]

SUMMARY

Introduction: *Emergency conditions occur anytime and anywhere. Thus, people need health facility services. However, within the COVID-19 pandemic, this is a problem for the community. Therefore, the focus of this research was how the community responds in dealing with emergency conditions and health problems during a COVID-19 pandemic with limited access to health care facilities.*
Methods: *This study used a qualitative design with a case study design. Data sampling was undertaken with the purposive sampling technique on 15 people. Participants in this study were people who had an experience being exposed to COVID-19 and officers from the COVID-19 handling team in this village. Data collection used in this study were in-depth interviews, observation, and study documentation. Data analysis was undertaken using the thematic Braun and Clark.*
Results: *The results showed that there were three themes: variations in public trust in COVID-19, the ability to adapt behaviour, and forming a resilient community. It is hoped that citizens and the government will be able to remind them of handling COVID-19 in an integrated manner and improve public and social communication.*
Conclusion: *The handling of COVID-19 and independence in dealing with emergency conditions need to be improved through public and social communication to achieve the same perception in encouraging community groups to become resilient communities during a pandemic.*

Keywords: *Behavior, community response, COVID-19, pandemic.*

ORCID ID: 0000-0001-5485-5045[1]
ORCID ID: 0000-0002-4502-6779[2]
ORCID ID: 0000-0003-1669-8119[3]
ORCID ID: 0000-0002-0388-7327[4]
ORCID ID: 0000-0003-4589-6384[5]

[a]Faculty of Health Science, Nursing Major, Universitas Borneo Tarakan, Indonesia

*Corresponding Author: Maria Imaculata Ose
E-mail: onijuntak@gmail.com

RESUMEN

Introducción: *Las condiciones de emergencia ocurren en cualquier momento y en cualquier lugar. Por lo tanto, las personas necesitan los servicios de los establecimientos de salud. Sin embargo, dentro de la pandemia de COVID-19, esto es un problema para la comunidad. Por lo tanto, el enfoque de esta investigación fue cómo responde la comunidad al lidiar con las condiciones de emergencia y los problemas de salud durante una pandemia de COVID-19 con acceso limitado a las instalaciones de atención médica.*
Métodos: *Este estudio utilizó un diseño cualitativo con un diseño de estudio de caso. El muestreo de datos se realizó con la técnica de muestreo intencional en 15 personas. Los participantes en este estudio*

fueron personas que tuvieron una experiencia de exposición al COVID-19 y oficiales del equipo de manejo de COVID-19 en este pueblo. La recopilación de datos utilizada en este estudio fueron entrevistas en profundidad, observación y documentación del estudio. El análisis de datos se realizó utilizando la temática Braun y Clark.

Resultados: *Los resultados mostraron que había tres temas: variaciones en la confianza pública en COVID-19, la capacidad de adaptar el comportamiento y formar una comunidad resiliente. Se espera que los ciudadanos y el gobierno puedan recordarles cómo manejar el COVID-19 de manera integrada y mejorar la comunicación pública y social.*

Conclusión: *El manejo del COVID-19 y la independencia en el manejo de las condiciones de emergencia deben mejorarse a través de la comunicación pública y social para lograr la misma percepción al alentar a los grupos comunitarios a convertirse en comunidades resilientes durante una pandemia.*

Palabras clave: *Comportamiento, respuesta comunitaria, COVID-19, pandemia.*

INTRODUCTION

Coronavirus Disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus or Corona Virus (1-5). COVID-19 became the most significant problem at the end of 2019, this virus spread rapidly globally and caused high mortality, but the cure rate was relatively high (6-9). The Indonesian government has declared COVID-19 a national disaster and a type of disease that causes a public health emergency (10-12). Globally, there are limitations in emergency services and health services at a time since health workers are exposed to COVID-19 at a high rate (6). This pandemic is expected to have far-reaching, social, economic, and health impacts in low and middle-income countries (13).

Indonesia estimates that the COVID-19 outbreak will begin in early March 2020. In less than a month, the virus has infected 1 285 patients and caused 114 deaths in Indonesia on 30 March 2020. Until 28 March 2020, around 61 health workers contracted COVID-19 (14). The high rate of COVID-19 transmission in Tarakan City caused this area to become a red zone in February 2021. In addition, the exposure of 201 health workers in hospitals and health centers caused

health services to be closed within a few days, both emergency services, outpatient services, and surgery services. Another step taken by the local government to reduce the spread is enacting restrictions on community activities (10,15-18).

The guidelines for handling COVID-19 state that not all confirmed cases will be hospitalized. Indications of patients treated with severe or moderate symptoms with clinical manifestations accompanied by shortness of breath and comorbid (19). Patients who are confirmed positive for COVID-19 with mild or moderate symptoms will be self-isolated and monitored by health workers from the public health center where they live (20).

Access to health services during the COVID-19 pandemic is a challenge for the community (4,21). The COVID-19 handling task force includes elements of the government, health workers, village officials, religious leaders, community leaders, and the surrounding community who have a role in monitoring health conditions, providing education to residents, and ensuring residents comply with regulations (10,22). To date, in general, the public's response to the COVID-19 pandemic is different. This depends on the psychological response, family, and other environments (3). The current phenomenon is the limited access to emergency conditions and health services. From this description, the focus of the research is how the community responds in dealing with emergency conditions and health problems during a pandemic with limited access to health care facilities. This study aimed to highlight changes in community response to emergency conditions in the pandemic era.

METHODS

This research used a qualitative approach with a case study design. This research begins with the preparation and preparation of proposals in March 2021. The sampling technique used in this study is purposive technique sampling. The number of participants was 15 people. The criteria for participants are being hospitalized with COVID-19, health workers for the COVID-19 village cluster team, the head of the RT as a COVID-19 cluster team, and village employees

who handle COVID-19. The data was collected by using in-depth interviews. This interview was conducted for 30-40 minutes according to the time agreed by the researcher and the participants. Analysis by thematic was used in this study (23). The thematic data analysis consists of six stages: familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes, and producing the report. This research has received ethical approval from the Ethics Commission of the Faculty of Health Sciences, Universitas Borneo Tarakan, Indonesia, with No.006.a/KEPK-FIKES UBT/VII/2021.

RESULTS

In Table 1, the characteristics of the respondents were found that the majority age was > 40 years (46 %), with nine male participants (60 %), and categorized as a COVID-19 cluster team (46 %). In addition, 19 and 8 people (54 %) are citizens.

Table 1

Participants Characteristic

Category	n	%
Age		
>20	1	6.6
>30	5	33.3
>40	7	46
>50	2	13
Gender		
Male	9	60
Female	6	40
Role		
The COVID-19 village cluster team	7	46
People	8	54

The results of this study found that there were three themes. The themes generated in the research on changes in community responses in dealing with emergency conditions and health problems during the COVID-19 pandemic are variations in public trust in COVID-19, the ability to adapt behaviour, and form a resilient community.

Theme 1: Variations in Public Trust in COVID-19

The theme of variations in public trust in COVID-19 is in the form of several sub-themes. There are believing in COVID-19, the existence of residents who do not believe in COVID-19 and surrendering to pandemic conditions. This was expressed by the participants as follows:

"Yes, we were all scared.. because my mother had a disease.. well, we panicked.. we bought a lot of milk, vitamins, and ginger. Must wear masks, stay away from crowds, keep your distance." (P1)

"I believe that COVID-19 exists.. and when I feel short of breath, my oxygen saturation is low." (P2)

"Well, I don't believe in COVID-19. It's actually like the flu, cough, and the common cold." (P3)

"Nothing… we're scared, we remembering those friends who died… COVID-19 is just like the common cold" (P4)

"This COVID-19 I can't see clearly.. but well, I'm resigned if I'm still exposed too because I still have to work, well I can't just stay at home" (P7)

Theme 2: The Ability to Adapt Behaviour

The second theme describes the community's response, which shows the ability to adapt behaviour formed from several sub-themes: following directions/rules, complying with procedures, being more concerned about those around you, and being aware of health conditions. This was expressed by the participants as follows:

"Yesterday there was an incident at work because someone was exposed…we were self-isolation for two weeks. But all of them kept being told to be self-isolation, so some were reactive, they immediately went to the Health Service for a re-swab "(P4)

"The response from this neighborhood association is good… we are checked every day, and something is given, such as food and all kinds of things…Alhamdulillah, everything is passed".. (P9)

"Well, it's beneficial, daily needs are helped,

thank God it's togetherness, thank God it's healed…anyway, the RT here is good." (P11)

Theme 3: Form A Resilient Community

The third theme is forming a tough community to illustrate the community's response to handling emergency cases and handling COVID-19. Formed from sub-themes including the activity of the RT-level COVID-19 cluster team, cross-sectoral coordination, community empowerment, the sub-theme of education on city government policies, and the effectiveness of social communication. This was expressed by the participants as follows:

"As the head of neighborhood association 13, I was given a mandate from the residents, so I did what I could do… I am monitoring the COVID-19 problem… in the female mass there were exposed yesterday who were monitored and screened and reported to village advisory officer and the public health center" (P5)

"Then the treatment is immediately referred to the hospital for up to 14 days at the hospital… well we have contact and always coordinate" (P6)

"The public health center has been monitoring, well the cluster team must carry out such follow-up on residents who are exposed" (P7)

"Here the cluster team is good.. we involve urban villages, institutions and community empowerment" (P13)

"We are here to follow the applicable regulations, circulars that apply both from the Center of the Ministry of Health and the regions" (P15)

DISCUSSION

The first theme is variations in public trust in COVID-19. The COVID-19 pandemic impacts all aspects of people's lives, creating activity restrictions and trust issues in society. However, people do not believe in COVID-19, and the sub-theme is surrendering to pandemic conditions. The facts from this study showed variations in people's beliefs about COVID-19.

Variations in belief from different perceptions impact varying levels of trust (24). Commonly, the survey findings showed that there is still a gap between what is expected and the reality in society. Various surveys also showed a gap between people's knowledge and behaviour. There is variation in the level of confidence in the population related to age, economic status, and political affiliation (25). Citizens' trust in COVID-19 has the potential to comply with health protocol rules. The health protocol socialized by the government aims to prevent additional cases from occurring (20,22). The effect of the media on the community can show a strong impact and even be able to shape public perceptions about preventing the transmission of the Corona Virus to individuals. Increased public compliance can be achieved with high public trust in the government (26). Strengthening and increasing socialization is one step to providing the correct information so that it creates trust in the community, which will have a significant impact on the community itself.

The second theme is an adaptive behaviour. The health protocol is one of the strategic steps that must be taken in disseminating information and educating the public about the prevention and handling of COVID-19. The behaviour of people who can adapt to the pandemic phase, which was initially a phase and period of anxiety, is illustrated by panic, anxiety, and fear. As the COVID-19 pandemic crisis requires large-scale behavioural change and places a significant psychological burden on individuals, insights from the social and behavioural sciences can be used to help align human behaviour with the recommendations of epidemiologists and public health experts (27). It has been quite a long since the number of COVID-19 in the surrounding environment has decreased. People return to their activities by complying with health protocols: wearing masks, washing hands, and maintaining distance. This is in line with social cognitive theory as reflected in human agency psychology which views humans as agents who can change or influence events with their actions. The quantitative scale of the number of people infected and dying from COVID-19 and its associated health and medical problems are enormous. All aspects of society, including the economy, industry, education, research, culture, the arts, and everyday life,

have changed since the pandemic. Given the importance of social distancing as a strategy to prevent the spread of COVID-19, online learning and electronic payments are emphasized. The community is required to be able to adapt to new habits. There are changes in norms, values, beliefs, and legitimacy, which are answered in meaning interpretation patterns, communication patterns, interaction patterns, and new patterns of applying sanctions following the culture of the COVID-19 pandemic.

The third theme is forming a resilient community. The Indonesian government carries out a community-based disaster risk reduction program that encourages the emergence of an active community role through community empowerment through the COVID-19 cluster team to plan, implement, control, utilize, and manage themselves in every stage of disaster risk reduction activities. The government launched the COVID-19 cluster team, whose role is to control and suppress the transmission of COVID-19 in the community. The COVID-19 cluster team has the task of coordinating with cross-sectoral coordination and monitoring positive patients infected with COVID-19 (28,29). A sub-District task force and coordinate with local health officers in finding community members suspected of having COVID-19 symptoms. It also collected data on people prone to illness, such as the elderly, toddlers, people with chronic diseases, permanent conditions, and other chronic diseases. Community resilience is essential in dealing with outbreaks (30). The synergy of citizens, community leaders, and stakeholders is expected to continue and produce solutions that can be recommended to the government to solve problems, especially during a crisis like now (29). Empowerment through resilient communities by prioritizing cooperation and local wisdom to create locality-based change must be instilled in the community.

CONCLUSION

This study reveals three themes included variations in public belief in COVID-19, the ability to adapt behaviour, and forming a resilient community. The impact of the pandemic causes many changes in all aspects of life. It is hoped that citizens and the government will be able to remind that the handling of COVID-19 in an integrated manner. Improving public and social communication is an important part of equalizing perceptions so that data forms a strong community during the pandemic.

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