

The Effects of Online Health Promotion to New Habit Adaptation

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Abstract: Health workers have a high risk of being exposed to COVID-19. The lack of knowledge of health workers, especially nurses, can lead to increased stress during the pandemic. Therefore, there is a need for preventive and promotive efforts in the form of new habit adaptation. Online health promotion can be used to improve public health optimally. The purpose of this study was to determine the effect of health promotion on new health adaptation which was conducted online. The research design used pre-experimental with one group pre-post test design. Nurses at the Bali Provincial Mental Hospital who have attended the Mental Health and Psychosocial Support (DKJPS) training on adapting new habits online for 3 days were given a pretest on the first day of implementation of new habit adaptation and a post test on the 56th day. The samples used were 82 nurses and 146 nuclear family nurses who were selected using purposive sampling that met the inclusion criteria, that is nurses from the Bali Province Mental Hospital and their nuclear families aged > 15 years. Data collection was carried out from August 25, 2021 to October 26, 2021 using the New Habit Adaptation questionnaire in reference to the DKJPS manual book. The analysis used the Wilcoxon Sign Rank Test. The results of the analysis showed that the *p* value value > 0.05 showed that there was an effect of online health promotion on the new habit adaptation. The results of this study prove that online health promotion affects the implementation of new habit adaptation in an effort to prevent the transmission of COVID-19.

Keywords: COVID-19, Health Promotion, New Habit Adaptation

INTRODUCTION

In December 2019, people from Wuhan in the Province of Hubei reported the emergence of a novel disease that infected the human respiratory system. WHO later on declared that the outbreak was caused by a type of virus called *Severe Acute Respiratory Syndrome Coronavirus-2* (SARS-CoV-2) which is also recognized as Coronavirus Disease (COVID-19). (Organization, 2020) the viral disease was spread among people by *droplets* of moisture from the mucous secretion in the nose and mouth. The virus transmission reached a global scale, crippling up to 190 countries (Coronavirus, 2019). The number of confirmed cases in Indonesia alone hovered at about 3.930.300. The virus was also responsible for the death of 122.633 in the country (CFR:3,1%) (Susilo *et al.*, 2020).

The disease severely affects both physical and mental health. Indonesian Mental Medicine Specialist Association (PDSKJI) conducted an independent study on mental health by applying an online method. The study was participated by 2.364 respondents from 34 provinces of Indonesia. The highest rate sourced from the data showed 77% of the respondents suffering from psychological trauma, while the lowest at 49% suggested the rate of depression leading to suicidal thoughts. The data indicating the anxiety and depression rates respectively obtained at 68% and 67%. (Kusuma & Izzah, 2021).

According to the World Health Organization (WHO) in 2020, the onset of the COVID-19 pandemic resulted in various kinds of effects on society. There are very few studies in terms of COVID-19 influences on mental health. However, several studies on mental health in avian flu or bird flu and SARS cases found that both resulted in a negative impact on the mental health of the patients. A study on the survivors of SARS revealed about 41-65% experienced various psychological disorders. Another study in Hong Kong mentioned that psychological disturbances in SARS survivors did not go off even

after the symptoms had been fully recovered. In fact, an estimated 64% of survivors were at risk of developing mental illness.

Healthcare workers especially nurses deal with direct contact with the COVID-19 patients on the frontline. The overwhelming situation, particularly during the COVID-19 pandemic is associated with the rising stress level of the nurses. They are exposed to a higher workload, fear of developing COVID-19 infection, negative stigma toward persons infected with COVID-19, and alienation from their family members. The impact poses physical symptoms such as headaches and sleeping disturbances. Psychological symptoms might also occur including job dissatisfaction, depression, emotional exhaustion, and lower work motivation. The symptoms lead to effects such as decreased job performance, inability to make decisions, and emotional outbursts at work. COVID-19 is a relatively new disease, causing nurses to battle in treating the patients on a daily basis with a lack of knowledge. Additionally, it becomes more difficult for nurses and other medical personnel to meet their basic needs because of the inadequate personal protective equipment during the pandemic and the obligation to comply with medical procedures. This takes a toll on their increasing stress level (Setianingsih, Darwati & Wulandari, 2022).

The distressing situation faced by the nurses will certainly have an impact on their families at home. Their family members become too scared to interact, with the possibility of transmission, and they are not quite aware of the proper implementation of health protocols. On another level, the impact of COVID-19 on economic factors resulting in an adoption of Work from Home (WFH) causes instability in income and provokes stress within the family unit. There is uncertainty about how long the COVID-19 pandemic will last and the insecurity creeps into the mind of many employers and workers. Numerous companies cut off their employees considering the unfavourable environment to carry on their business. While there are some determined to hold on to their business, a reduction in productivity is most likely definite.

A family consisting of school children, elderly, or pregnant women are among which that is classified as a vulnerable group during the pandemic. Children found the implementation of an online learning system tedious as they have no chance to play and interact with their peers. On top of that, the online learning model causes physical and psychological fatigue for their parents because of the additional workload besides their responsibility as nurses. Stress is indeed inevitable but it can be reduced by setting in positive measures. Therefore, comprehensive and holistic stress management is critical at this point.

As an anticipatory move, the government through the Ministry of Health has enunciated a program by referencing WHO policies to promote mental and psychosocial health during the COVID-19 pandemic. This program integrates biological, psychological, and sociocultural approaches in the fields of health, social, education, and community, and emphasizes the need for a multidisciplinary approach from various professions to provide appropriate support. (Utami & Budi Anna Keliat, 2020).

COVID-19 transmission can be prevented through the adaptation of new habits in reference to the DKJPS guidelines which comprise 5 main features, such as health improvement, preventive measures for mental disorders, and efforts to improve psychosocial well-being, mental and psychosocial health, mental health interventions, psychosocial and family support (Kemenkes, 2020). The purpose of this study is to identify whether or not there is a significant influence of online health promotion on the adaptation of new habits for nurses and their family members.

A study by Fadilat *et al.* (2021) demonstrated that carrying out seminars provided a significant influence on raising awareness of the public about immunity to COVID-19. Supporting the discovery, Triana *et al.* (2021) also showed a better change in how the students performed hand-washing, mask-wearing, and practicing a safe distance after online health promotion was given to them. We hope from this study there will be a substantial impact of online health promotion on the adaptation of new habits for nurses and their family members.

METHOD

This study applied a pre-experimental research design with one group pre-post test design. It was conducted from August 25, 2021 until October 26, 2021 on nurses working at the Bali Provincial Mental Hospital, those who have attended the Mental and Psychosocial Health Support Training (DKJPS) about the new adaptation habit carried out online for 3 days. The pretest took place on the first day of the implementation of the new habit adaptation. The nurses were assigned to do it on August 25, 2021. The facilitator reminded the nurses to fulfill the new habit adaptation until the 56th day. The post-test was afterward held on the 56th day or October 26, 2021.

After participating in the implementation of new habit adaptation, those nurses started to educate their nuclear families on the 8th day until the 56th day when the pretest was performed on them on September 1, 2021 while the post-test on October 26, 2021.

The inclusion criteria in this study included the nurses of Bali Provincial Mental Health Hospital with their nuclear families > 15 years old and those nurses who were capable to fulfil the new habit adaptation program until the 56th day.

The total samples for this study were 82 nurses and 146 nurses' nuclear families selected by applying purposive sampling. A questionnaire on the COVID-19 new habit adaptation was used as a data collection tool which was developed by the Directorate General of Disease Prevention and Control of the Indonesian Ministry of Health. The questionnaire comprises 29 items that have passed reliability tests and the results for all items are valid (r count = 0,236-0,611 > r table 250 = 0,138). Wilcoxon Sign Rank Test was utilized to assist with the analysis.

RESULTS

Respondent Characteristics

This research was performed on samples that have met the selection criteria and the respondents obtained were participants and the participants' nuclear families. The participants refer to the nurses working in Bali Province mental hospital, those who have attended the DKJPS training and acquired insights on indicators involved in the adaptation of new habits. The participants' nuclear families are family members living with the nurses from the mental hospital and are willing to follow the online health promotion.

Table 1. Frequency Distribution of Nurses in Bali Province Mental Hospital

Nurse Characteristics	Frequency Distribution	
	(n)	%
Gender		
Male	20	24.4
Female	62	75.6
Age		
Adult	82	100.0
Occupation		
Nurse	82	100.0

Based on Table 1, we can infer that 75.6% of the majority of the nurse respondents working in Bali Province mental hospital are female while male nurse respondents sit at 24.4%. The frequency distribution data shows the respondents are 100% adults and 100% nurses.

Table 2. Characteristic Descriptions of the Nuclear Families of Nurses in Bali Province Mental Hospital

Characteristics of the Nuclear Family	Frequency Distribution	
	(n)	%
Gender		
Male	88	60.3
Female	58	39.7
Age		
Teenager	11	7.5
Adult	135	92.5
Occupation		
Student	10	6.8
Nurse/Healthcare Worker	25	17.1
Non- healthcare worker	106	72.6
Teacher/lecturer	5	3.4
Volunteer	0	0

With reference to Table 2, it is gathered that the male respondents make up a larger part of the respondents coming from the nuclear families of the nurses working in Bali Province Mental Hospital at 60.3% while female respondents are amount to 39.7%. We can see that the frequency distribution data is dominated by adults at 92.5% and mostly the nuclear families of the nurses work as non-healthcare workers at 72.6%.

The Implementation of New Habit Adaptation for the Participants

Table 3. Characteristic Descriptions of the Implementation of New Habit Adaptation for the Participants

New Habit Adaptation	Mean	Mean	P value
	Pre	Post	
Increased Physical Immunity	3.74	4.83	0.000
Increased Mental Immunity	4.78	5.93	0.000
Prevention of Physical Transmission of COVID-19	6.41	6.78	0.002
Prevention of Psychosocial Mental Health Disorders Related to COVID-19 (Individuals)	3.80	3.96	0.008
Prevention of Psychosocial Mental Health Disorders Related to COVID-19 (Family)	6.56	6.96	0.000

Table 3 demonstrates the statistical results of the Wilcoxon Sign Rank Test, participants obtained a *p value* 0.000 on increased physical immunity, increased mental immunity, and prevention of psychosocial mental health disorders related to COVID-19 (family). On the other hand, in the category of prevention of psychosocial mental health disorders related to COVID-19 (individuals) participants obtained *p value* 0.008. All categories of new habit adaptation, 0.05 indicate that H_0 is rejected and H_a is accepted.

Table 4. Description of the Total New Habit Adaptation Pre Participants – Post Participants

	Mean Pre	Mean Post	P value
Total New Habit Adaptation	22.28	28.82	0.000

Table 4 shows the total results of the new habit adaptation obtained from the pre-test and post participants in particular the nurses in Bali Province Mental Hospital implementing Wilcoxon Sign Rank Test. It was obtained *p-value* 0.000 where the *p-value*, 0.05 meaning online health promotion has a significant influence on the total new habit adaptation for the participants.

The Implementation of New Habit Adaptation for the Participants of Nuclear Families

Table 5. Characteristic Descriptions of The Application of New Habit Adaptation in The Nuclear Family

New Habit Adaptation	Mean Pre	Mean Post	P value
Increased Physical Immunity	3.59	4.97	0.000
Increased Mental Immunity	3.86	5.99	0.000
Prevention of Physical Transmission of COVID-19	5.61	6.88	0.000
Prevention of Psychosocial Mental Health Disorders Related to COVID-19 (Individuals)	3.12	3.99	0.000
Prevention of Psychosocial Mental Health Disorders Related to COVID-19 (Family)	6.10	6.99	0.000

Based on the Wilcoxon Sign Rank Test statistical test on Table 5, the result is a p value of 0.000 was obtained on all indicators of adaptation to new habits $< \alpha$ 0.05. It indicates that there is an impact of online health promotion on the adaptation of new habits from the participants of nuclear families.

Table 6. Description of the Total New Habit Adaptation for pre Participants of Nuclear Families -Post Participants of Nuclear Families

	Mean Pre	Mean Post	P value
Total New Habit Adaptation	25.30	28.46	0.000

According to Table 6, this shows the result of new habit adaptation of pre-test and post-test for the nuclear family at the Bali Provincial Hospital, applying the Wilcoxon Sign Rank test, a p value of 0.000 was obtained where p value < 0.05 , meaning that there is an influence on online health promotion on adapting to new habits for those nuclear families' participants.

DISCUSSION

The Effect of Online Health Promotion on the Implementation of New Habit Adaptation for Participants

The pre-test results showed that the average implementation of the adaptation of nurses' new habits based on the indicator of physical immunity was 3.74, the indicator for mental immunity was 4.78, the indicator for preventing physical transmission of COVID-19 was 6.41, the indicator for preventing of COVID-19 psychosocial mental health problems in individuals with responsive mental attitude: BAAR of 3.80 and for families was 6.56. Based on these results, it can be concluded that respondents have not complied in applying the implementation of the new COVID-19 habit adaptation. The findings of this study are in accordance with the conditions where the number of positive confirmed cases continues to increase. Based on the data from DPK PPNI RSJ Bali Province in 2021, the number of nurses who were confirmed positive in July 2021 was 22 people and in August 2021 was 21 people. This is determined by additional stress which is getting worse during the COVID-19 outbreak, such as the negative stigma in society regarding COVID-19, personal protective equipment that limits movement, the difficulty to treat patients due to physical isolation or in depressed conditions, excessive alertness, a quite long working hours, a high number of patients and the dismay about frontline workers will spread COVID-19 to friends and family due to their job (Tristanto, 2020).

Based on the phenomena in the environment of mental hospital, after that, the promotions of mental health and psychosocial have been done in order to reduce the rate of COVID-19 transmission and to improve the nurses-discipline in implementing new habits during the pandemic. The result of the post-test showed that the average implementation of the adaptation of nurses' new habits on the indicator for increasing physical immunity was 4.83. the indicator for increasing mental immunity was 5.93, the indicator for preventing physical transmission of COVID-19 was 6.78, and the indicator for preventing psychosocial mental health problems on COVID-19 for individuals with a responsive mental attitude: BAAR of 3.96 and for families of 6.96. Therefore, this can be concluded that there is an increase in compliance with the implementation of nurses' new habits adaptation.

After conducting the online health promotion for 56 days, there was an increase in the implementation of adapting to new habits which can be seen in the post-test results for both the participants and the participants' nuclear families. The value of the Wilcoxon Sign Rank Test for the nurses and their nuclear families is p value of 0.000, based on all indicators of new habits adaptation showing that there is an effect of online health promotion on the adaptation of new habits in nurses.

Fadilah, Pariyana, et al., (2021) stated that public health promotions can be conducted through seminars in order to increase public understanding and knowledge about health. In this digital era, social media has become a communication tool that can reach the community easier. Providing health promotion through social media makes it easier for people to obtain every health information. The literature review by Leonita & Jalinus (2018) stated that health promotion and other health interventions can take the advantage of social media usage, one of them is through the internet which is easier indeed to reach out to people at every level. In addition, the use of social media to provide health promotion has proven to be more effective in increasing knowledge and understanding as well as providing support to the entire community in order to improve health.

Another study conducted by Astuti, Nuryani & Aryastuti (2021), stated that hospital health promotion aims to promote individual health services for patients, families and hospital human resources and is able to fulfil everyone's right to obtain information about health. The health promotion program is done in terms of health counselling activities both direct and indirect in order to increase knowledge and insight for patients, families and community members who are in the hospital area. Nurses are becoming prepared and knowledgeable in regards to the things that support themselves and others to be well-prepared during the pandemic. After an interview with one of the PPNI members of the Bali Provincial Hospital, there is no positive case for the nurses from September to December.

The Effect of Online Health Promotion on the Implementation of New Habit Adaptation for Nuclear Families of the Participants

From the results of the pre-test study, the average values for all indicators involved in the implementation of new habit adaptation for participants' nuclear families showed 3,59 on account of increased physical immunity, 3,86 for increased mental immunity, 5,61 for prevention of physical transmission of COVID-19, while the indicator representing prevention of psychosocial mental health disorders related to COVID-19 in individuals obtained responsive mental attitude: BAAR of 3.13 and for the nuclear families reached 6.10. The event happened due to their lack of compliance during the implementation of new habit adaptation. The proclivity believed in was from the respondents' inadequate understanding of the COVID-19 issue followed by their disaffected nature to commit to the health protocols. According to Zaenudiin *et al.*, (2021) in his study, he mentioned that the policies recently published created confusion in the implementation of COVID-19 prevention. Nurhadi pointed out that those constant changes in policies might even lead to public trust issues. Inconsistent requests pleaded by the government gave rise to public disobedience as they also felt uncomfortable. Without role models, the level of public trust is going through decreases. This supports our justification for the increasing cases of COVID-19 which influence the decreasing public compliance toward the prevention of COVID-19.

Public compliance in committing to the health protocols, especially in the implementation of new habit adaptation can be conducted through social media as part of the strategy to prevent and/or

minimize the transmission of certain diseases to others. The primary focus to control the possibility of an epidemic according to WHO is a health promotion as a process that reinforces society in controlling the determinants for their health. This understanding includes the processes and purposes of self-empowerment.

Based on the results from the post-test, the average of all indicators involved in the implementation of new habit adaptation for the nuclear families of the participants demonstrated 4,97 for increased physical immunity, 5,99 in favor of increased mental immunity, 6,88 for prevention of physical transmission of COVID-19, whereas the indicator representing prevention of psychosocial mental health disorders related to COVID-19 in individuals obtained responsive mental attitude: BAAR of 3.99 and for the nuclear families reached 6.99. The results showed an increase in terms of the compliance toward the implementation of new habit adaptation in the nuclear families of the participants.

After online health promotion took place for 56 days, there was an increase in the implementation of new habit adaptation that can be viewed in the post-test results in both participants and their nuclear families as well as the values obtained from the Wilcoxon Sign Rank Test on nurses and their nuclear families attained *p value* 0,000 to all indicators involved in the implementation of new habit adaptation. This proved that online health promotion brought significant influence to the new habit adaptation of the nurses' nuclear families.

Critical information received by the participants in the online health promotion would then be forwarded to their nuclear families that make up their closest people living with the participants. Things that have been learned by the nurses of the mental hospital will be communicated and followed by their family so each member can implement the new habit adaptation and curb the transmission of COVID-19. This is in line with a study probed by Ipnuwati, Abadi and Fitriani (2021) presenting that by a means of socialization concerning Clean and Healthy Living Behaviors and mask distribution, we can be quick in handling the COVID-19 virus.

The provision of health promotion can broaden the society's insight especially in family units about the implementation of new habit adaptation. In keeping with this notion, a study specified that online health promotion is one of the most advisable health promotion methods to give the society an understanding in battling the COVID-19 pandemic (Fadilah *et al.*, 2021).

Other studies also revealed that online health promotion in either forms of counseling or health protocol demonstration brings positive influence and benefits on families. Additionally, they mentioned that as parents gain an increase of understanding and skills, this will help parents to fulfill their part as role models for their children to embed positive attitude at an early age (Hidayati *et al.*, 2021).

Online health promotion arrangement for nuclear families is also part of their responsibility and dedication as nurses where they take their role as an educator or as persons who educate others on the new habit adaptation in the mission to suppress the spread of COVID-19.

CONCLUSION

Online health promotion has an important role in new health adaptation for nurses and nurses' nuclear families who work at Bali Provincial Mental Hospital. This is shown by some factors such as the increment of physical immunity, mental immunity, prevention of physical transmission of COVID-19 and psychosocial mental health problems in regards to COVID-19 (individuals and families) both for nurses and the nurses' nuclear families.

The nurses at Bali Provincial Mental Hospital including their nuclear families are expected to be able to continue on adapting to new habits, both in the working and living environment, as well as encouraging family members and those around them to participate in implementing new habit adaptation, therefore, the transmission of COVID-19 can be prevented. Hopefully, for further researchers, they can develop online health promotion in the community.

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