

Praktik Pencegahan COVID-19 bagi Pegawai yang Bekerja dari Rumah

COVID-19 Prevention Practices for Employees who Work From Office (WFO)

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ABSTRACT

Background: COVID-19 pandemic in Indonesia has not ended yet. Since the New Habit Adaptation, previously known as the New Normal, employees have started return to work in offices. At the end of July 2020, the addition of new cases received a large number of contributions from employees working in the office, raising a new cluster known as the office cluster. **Objective:** This study aimed to analyze the association between characteristics and practice of preventing the transmission of COVID-19 among employees in Purwokerto, Central Java. **Methods:** This is a quantitative study with a cross-sectional design. Online data collection was conducted in early August 2020. The variables were the respondents' characteristics (gender, age, occupation, and income) and the practice of COVID-19 prevention among employees in the office (wearing a mask, maintaining physical distance, handwashing, opening doors and windows for air circulation). Fifty-seven employees started working in offices in Purwokerto who were involved in this research. **Results:** Most respondents were adults (82.5%), women (70.2%), working as private employees (77.2%) with an income above the minimum wage (73.7%). Almost all respondents have widely adopted the practice of washing hands (86%) and using masks (98.2%) since the pandemic's emergence. However, many employees were unable to perform physical distancing (26.3%), stayed away from the crowd (29.8%), opened workspace doors/windows (56.1%), and tried to work outdoor (86%). There is no association between characteristics and prevention practice. Private companies need to tighten their health protocols and monitoring. They should provide rewards and punishments for employees who did not obey the regulation. Also, local governments need to supervise all companies in their area to enforce health protocols seriously.

Keywords: COVID-19, preventive, practice, employee

ABSTRAK

Latar Belakang: Pandemi COVID-19 di Indonesia masih belum berakhir. Sejak diberlakukannya Adaptasi Kebiasaan Baru yang sebelumnya dikenal dengan istilah tatanan kehidupan baru, banyak pegawai yang mulai kembali bekerja di kantor. Pada akhir Juli 2020, penambahan kasus baru mendapat sumbangan besar dari pegawai yang bekerja di kantor hingga memunculkan klaster baru yang disebut sebagai klaster pegawai atau klaster pekantoran. **Tujuan:** Penelitian ini bertujuan untuk menggambarkan praktik pencegahan penularan COVID-19 pada pegawai kantor di Purwokerto Jawa Tengah. **Metode:** Penelitian ini adalah penelitian kuantitatif dengan rancangan potong lintang. Pengumpulan data dilakukan secara daring dan dilaksanakan pada awal Agustus 2020. Variabel dalam penelitian ini meliputi karakteristik responden (jenis kelamin, usia, pekerjaan dan penghasilan) serta praktik pencegahan penularan COVID-19 selama di kantor (memakai masker, jaga jarak fisik, cuci tangan, membuka pintu dan jendela ruangan). Ada 57 pegawai yang mulai bekerja di kantor di daerah Purwokerto yang terlibat dalam penelitian ini. **Hasil:** Sebagian besar responden adalah perempuan (70,2%) berusia dewasa (82,5%), bekerja sebagai pegawai swasta (77,2%) dengan penghasilan di atas UMK (73,7%). Praktik cuci tangan (86%) dan menggunakan masker (98,2%) telah banyak diadopsi oleh hampir seluruh responden sejak pandemi berlangsung. Masih banyak

pegawai yang tidak mampu melakukan jaga jarak fisik (26,3%), menjauhi kerumunan (29,8%), membuka pintu/jendela ruang kerja (56,1%) dan mengupayakan bekerja di ruang terbuka (86%). Tidak ada hubungan antara karakteristik dengan praktik pencegahan penularan COVID-19. Perusahaan swasta perlu memperketat dalam menerapkan protokol kesehatan dan melakukan pemantauan di lingkungan kerjanya. Salah satunya adalah dengan cara memberikan penghargaan dan hukuman bagi pegawai yang tidak mematuhi protokol kesehatan. Seperti halnya perusahaan, pemerintah daerah juga perlu mengawasi semua perusahaan di wilayahnya untuk menegakkan protokol kesehatan secara serius.

Kata kunci: COVID-19, praktik, pencegahan, pegawai

INTRODUCTION

COVID-19 cases in Indonesia were first identified on March 2, 2020. Until the end of July 2020, COVID-19 cases keep increasing (Ministry of Health, 2020a). The World Health Organization (WHO) has declared COVID-19 as a global pandemic (WHO, 2020). The spread of COVID-19 can occur from person to person and have a tremendous impact on the community (Muhammad Adnan Shereen, Suliman Khan, Abeer Kazmi, Nadia Bashir, 2020). On August 8, 2020, positive cases were confirmed in Indonesia, reaching 123,503 cases after 2,277 new cases. The percentage of patients cured reached 64.2% of all COVID-19 cases, and patients who died also continued to grow (Task Force to Accelerate Handling of COVID-19, 2020).

Confirmed cases of COVID-19 on August 8, 2020, in Central Java Province, have reached 10,865 cases. Seven thousand three hundred eight people recovered, and 1,004 could not be saved. Banyumas regency is one of the regencies in Central Java with a high number of COVID-19 cases. The increase in cases every day reaches approximately 100 cases. On August 7, 2020, 200 confirmed cases of COVID-19, with 176 people cured and six people dead (Central Java Provincial Health Office, 2020). Purwokerto is the capital of the Banyumas Regency with a relatively high population density. In Purwokerto, there are many offices compared to other regions in Banyumas. Purwokerto became a center of tourism and education, and urbanization destinations (BPS, 2019).

The government has been working to implement Large-Scale Social Restrictions (PSBB) to break the chain of

transmission of COVID-19. PSBB restricts people from doing activities outside the home, such as studying, working, and worshipping. The spread of the COVID-19 virus is expected to be prevented by controlling activities outside the home (Ministry of Health, 2020b). Since the implementation of New Habit Adaptation, many companies and other agencies have begun to order their employees to work in the office with various protocols that all employees must meet. The protocols include the rules of wearing a mask, always maintaining a safe physical distance, often washing hands with soap and running water, and various other health protocols such as spraying disinfectants and implementing changes to work schedules.

Work from Home (WFH) policy can be applied by some parties, especially for employees who perform their work anywhere and are not limited to the workplace (office locations). On the other hand, there are still many business owners, and government public services require their employees to work as usual in the office while complying with health protocols to prevent the spread of the COVID-19 virus. It is due to the work that relied on available facilities and infrastructure. Since the middle of 2020, many new COVID-19 office clusters began to appear due to the condition of office space that is generally closed and uses an air conditioner (AC) that causes the ease of the COVID-19 virus spreading between employees who work in one room for hours (Yunus and Rezki, 2020). This study analyzes the relationship between characteristics and prevention practices of COVID-19 transmission in-office employees in the Purwokerto area.

METHODS

This research is quantitative analytics research with online data collection using Google forms. The sample size was calculated using the Slovin formula, with an unknown population, which refers to the proportion of people who wear masks when outdoors by 96.5% (Handayani, Indraswari, and Kusumawati, 2020), so that the minimum sample size is 52 people. The data was collected on May 7-8, 2020, purposively with sample criteria: employees working in Purwokerto and working from the office (WFO) during the pandemic. Fifty-seven respondents met the sample criteria and were taken as samples in this study. Respondents have given written consent to their involvement in this study.

The independent variables were respondents' characteristics (age, gender, occupation, and economic level). The dependent variables are the practice of preventing the transmission of COVID-19, which includes the wearing of masks, hand washing, physical distancing, and the practice of opening doors or windows of workplaces. All variables are descriptively analyzed, and the bivariate relationship is tested using the Chi-square. This research has received ethical approval from the Ethics Committee of the Faculty of Health, the Muhammadiyah University of Purwokerto No. KEPK/UMP/28/VIII/2020.

RESULTS AND DISCUSSION

The majority of respondents were female (70.2%), with an adult age range (82.5%). A total of 77.2% work in the private sector as permanent employees. Most have an upper middle economic level, characterized by 73.7% of respondents have income above the minimum wage of Purwokerto city of Rp 2,500,000-. Table 2 shows that most employees (98.2%) always wear a mask while in the office. It means that most employees have followed the government's advice to wear masks when outdoors. More specifically, cloth masks are worn by the general public, while medical masks are worn by health workers who are more at risk of exposure to COVID-19 due to direct contact with patients and the general public. The use of masks (medical masks or cloths) is proven to inhibit the growth of viruses, so the correct and consistent use of masks will

reduce the rate of transmission of COVID-19 (Delgado *et al.*, 2020; Feng *et al.*, 2020; Jin *et al.*, 2020; Ma, Q-X, Shan, H, Zhang, H-L, Li, G-M, Yang, R-M, Chen, 2020; Zhang *et al.*, 2020).

Table 1. Characteristics of Respondents

Characteristics	n	%
Gender		
Women	40	70.2
Men	17	29.8
Age		
Teenager (12-25 years old)	2	3.5
Adult (26-45 years old)	47	82.5
Elderly (46-65 years old)	8	14.0
Occupation		
Civil servant	3	5.3
Private employee	44	77.2
State-Owned Enterprises Employee	7	12.3
Temporary/honorary/contract employee	3	5.3
Income		
< Rp. 2.500.000,-	15	26.3
≥ Rp. 2.500.000,-	42	73.7
Total	57	100

Table 2. COVID-19 Prevention Practices

Category	n	%
Wearing masks		
Yes	56	98.2
No	1	1.8
Physical distancing		
Yes	42	73.7
No	15	26.3
Handwashing		
Yes	49	86.0
No	8	14.0
Open the window/door of the workspace		
Yes	25	43.9
No	32	56.1
Total	57	100

Only 70.2% of respondents are still obedient to maintain a physical distance of at least 1 meter when doing activities in the office. In contrast, others admit it is difficult to consistently apply physical distance because others did not do the same. Often people around them do not empathize with others who try to keep their distance when outdoors. Public ignorance is caused by a lack of awareness of the seriousness of COVID-19 and the perception that they are not susceptible to contracting the virus (Zegarra, Chino, and Ames, 2020). A total of 86% of respondents stated that they washed their hands more often than before the pandemic. Handwashing does sound simple, but this practice can save lives. The practice of washing hands properly is not always done

(Doronina *et al.*, 2017). The current pandemic has made handwashing the focus of attention and must continue (Alzyood *et al.*, 2020). Employees are required to work from the office and placed indoors. Unfortunately, some of them (56.1%) work indoors without opening the window/door of the workroom. This condition is hazardous because the virus is highly contagious in people who gather in one room for more than 30 minutes (Delgado *et al.*, 2020).

Table 3 shows that most respondents from different categories of variable characteristics (more than 95%) have used a mask while working in the office. There was no relationship between respondent characteristics that included gender, age, occupation, and income to the practice of wearing masks. The percentage of employees who do not wear masks is more significant in those earning below the city's minimum wage.

Table 3. Characteristic Relationship of Respondents with the Practice of Wearing Masks

Variable	Wearing mask				P Value
	Yes		No		
	n	%	n	%	
Gender					
Women	38	95	2	5	0.348
Men	17	100	0	0	
Age					
Teenager	2	100	0	0	0.802
Adult	45	95.7	2	4.3	
Elderly	8	100	0	0	
Occupation					
Civil servant	3	100	0	0	0.894
Private employee	42	95.5	2	4.5	
State-owned enterprise employee	7	100	0	0	
Temporary/honorary/contract employee	3	100	0	0	
Income					
Below the city's minimum wage	14	93.3	1	6.7	0.439
Above the city's minimum wage	41	97.6	1	2.4	

Table 4. The Relationship between Respondents Characteristic and Physical Distancing Practices

Variable	Physical distancing				p-value
	Yes		No		
	n	%	n	%	
Gender					
Women	27	67.5	13	32.5	0.254
Men	14	82.4	3	17.6	
Age					
Teenager	2	100	0	0	0.642
Adult	33	70.2	14	29.8	
Elderly	6	75	2	25	
Occupation					
Civil servant	3	100	0	0	0.370
Private employee	31	70.5	13	29.5	
State-owned enterprise employee	4	57.1	3	42.9	
Temporary/honorary/contract employee	3	100	0	0	
Income					
Below the city's minimum wage	10	66.7	5	33.3	0.597
Above the city's minimum wage	31	73.8	11	26.2	

Employees who are teenagers, civil servants, and non-permanent employees/honorers/contracts always apply physical distancing and handwashing in the workplace. There is no relationship between gender, age, occupation, and income with physical distancing and handwashing practices in the workplace. It

could be observed that employees over the age of 45 practice less handwashing than younger employees. Adults have a smaller chance of recovery than those younger if they are already infected with the COVID-19 virus. The immunity of the elderly tends to be weaker compared to adolescents and other adults (Bencivenga, Rengo, and

Varricchi, 2020). Based on income, the percentage of State-owned enterprise employees does not wash their hands than private employees who do not wash their hands. Employees who do not wash their hands at work are also more done by those who earn above the city's minimum wage.

Employees who are required to work in the office can contribute to a new cluster because they work in a closed room. Many employees do not open the doors or windows of their workspaces.

There is no relationship between respondents' characteristics covering gender, age, occupation, and income to the practice of opening windows/doors of the workspace. Being in a room with good ventilation, the risk of contracting COVID-19 becomes low if the time is short. Indoor activities, such as at work, fall into the very high-risk category even by keeping a distance because it can transmit through objects' surface (CDC, 2020).

Table 5. Cross-tabulation among TPB Components in CAUTI Prevention Bundle Implementation

Category	Intention				Total		P Value
	Strong		Weak		n	%	
	n	%	n	%			
Attitude							
Positive	71	97.3	2	2.7	73	100	0.000
Negative	15	39.5	23	60.5	38	100	
Total	86	77.5	25	22.5	111	100	
Subjective norms							
Good	73	96.1	3	3.9	76	100	0.000
Insufficient	13	37.1	22	62.9	35	100	
Total	86	77.5	25	22.5	111	100	
Behavior control							
Good	49	98.0	1	2.0	50	100	0.000
Insufficient	37	69.7	24	39.3	61	100	
Total	86	77.5	25	22.5	111	100	

WFO-required employees must be extra careful and strictly comply with health protocols to prevent covid-19 infection in the office. If only one employee has been confirmed positive for COVID-19, it must be isolated for 14 days. Previous research has found that employees are particularly susceptible to exposure to the COVID-19 virus if they do not comply with applicable health protocols (Delgado *et al.*, 2020).

The COVID-19 pandemic has and continues to affect the economic order of all countries in the world. Not everyone can do work from inside the house. Some people are required to do activities at work at least 8 hours per day to earn income. Almost all business owners also suffered losses and made new policies to keep their businesses afloat during the pandemic (Luisetto and Latyshev, 2020; Ozili, 2020). Therefore, the office's health protocols must be communicated well and consistently (Robin George, 2020).

Everyone is very vulnerable to COVID-19, both working indoors and working outside the home. In a study, it was found that people who do not get sick feel their immunity is in good condition. It

is also due to their presumption that they have performed healthy living behaviors such as eating nutritious food, exercising, and resting enough so that the virus cannot infect them. Everyone should always be vigilant and comply with government requests to break the chain of transmission of COVID-19 despite feeling healthy. A person's carelessness and disobedience to health protocols implemented during a pandemic can have fatal consequences for themselves and others (Khosravi, 2020; Li *et al.*, 2020; Zegarra, Chino, and Ames, 2020).

CONCLUSION

There is no relationship between the characteristics of respondents (which include gender, age, occupation, and income) with the practice of preventing the transmission of COVID-19 in the workplace, be it the practice of wearing masks, washing hands, physical distancing, or the practice of opening windows/doors of workspaces. Furthermore, private companies need to tighten their employee health protocols and provide penalties for non-compliant

employees or rewards for reward and punishment. Thus, it is expected that employees will be more compliant and consistent in preventing the transmission of COVID-19 and not create new clusters. Local governments need to improve monitoring of all companies and workplaces that carry out WFO and crack down firmly on workplaces that are still lax in implementing and enforcing health protocols for their employees.

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