THE RELATIONSHIP OF NURSE STIGMA DURING THE COVID-19 PANDEMIC TO NURSE PERFORMANCE AT HOSPITAL IN KUPANG

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ABSTRACT

KEYWORDS
COVID-19; Stigma;
Performance; Nurses

During the COVID-19 pandemic, these professions that are at high risk of contracting COVID-19 can trigger ongoing fear, anxiety, stress, fatigue, and emotional trauma that is exacerbated by the stigma of being a carrier of the disease. This can have an impact on nursing services that are not optimal and decrease in performance. The purpose of this study was to determine the relationship of nurses' stigma during the COVID-19 pandemic to the performance of nurses working at Bhayangkara Drs Hospital. Titus Uly and S. K. Lerik Regional General Hospital, Kupang City. This study was designed using a quantitative study with a Cross Sectional design with Chi Square statistical test. A sample of 67 people was taken using Simple Random Sampling. From the results of the study, it was found that most nurses (98.5%) had a negative stigma during the COVID-19 pandemic and had good performance as much as 81.5%. There is a significant relationship (p value = 0.038) between nurse stigma during the COVID-19 pandemic and nurse performance. This research can be input for hospital leadership regarding attention to nurses and making policies to improve performance that is free of stigma and for nurses themselves to continue to have strong self-coping so as not to cause anxiety and not reduce performance in nursing services/providing care.

INTRODUCTION

The Covid-19 outbreak is rapidly developing into a major health problem in various parts of the world. On March 11, 2020 the World Health Organization (WHO) declared this outbreak a pandemic. The high morbidity and mortality rates caused by Covid-19 cause anxiety and stress in general (Saleha et al., 2020). Facing this critical situation, frontline health workers who are directly involved in the diagnosis, treatment and care of COVID-19 patients are at risk of experiencing psychological distress and other mental health symptoms. The number of confirmed and suspected cases continues to rise, overwhelming workloads, depleting personal protective equipment, widespread media coverage, lack of certain medications, and feelings of not being adequately supported can all contribute to the mental burden on these health care workers. Research by (Lai et al., 2020) have reported adverse psychological reactions to the 2003 SARS outbreak among healthcare workers. Studies show that health workers fear exposure and infection to their family, friends, and colleagues, feel uncertainty and stigmatization, report reluctance to work or contemplate leaving, and report experiencing high levels of stress, anxiety, and depressive symptoms, which can have psychological implications. long-term. Similar concerns about mental health, psychological adjustment and recovery of healthcare workers treating and caring for patients with COVID-19 are now emerging. Psychological assistance services, including telephone, internet and app-based counseling or interventions, have been widely used by local and national mental health agencies in response to the COVID-19 outbreak (Lai et al., 2020).

One of the survey results in the United States was obtained from February 12 to April 9 2020 and found that 9,282 (19% of 49,370) health workers were infected with the corona virus,

Spain reported that infection in health workers reached 20%, Malaysia, the government has reported that 5.8 % of positive cases are health workers. Italy reports 6,200 health workers infected.

Meanwhile, the death rate for health workers in Indonesia is higher than in other countries, which is 1.2%. The International Council of Nursing said that as many as 1,500 nurses had died in handling this outbreak (Saleha et al., 2020). Based on the CNN online website on August 5 2020, Indonesia was declared to be in 3rd place in the death rate for health workers due to Covid-19 in the world.

Based on data from the 2020 Covid-19 Handling Task Force Team, the Executive Board of the Indonesian National Nurses Association (DPP PPNI) as of Sunday 14 February 2021 obtained data on the number of confirmed nurses as many as 5207 people, 252 suspected nurses, nurses who had close contact with 876 people with Covid-19, 82 nurses who may have been affected, 2355 nurses who recovered while the number of nurses who died amounted to 259 people (Nursalam, 2020b).

According to (Saleha et al., 2020) in his research also found that the risk of exposure was obtained from co-workers, from patients as well as from people who looked healthy but turned out to be carrying the virus that causes Covid-19. This incident caused anxiety and psychological stress for nurses in carrying out their duties. Worries about transmitting disease to the family, changes in work patterns, long-term use of personal protective equipment, limited Personal Protective Equipment (PPE), physical exhaustion and social stigma are psychological stress factors faced by nurses. Watching co-workers get sick and even die, all of these things drain the physical and mental energy of nurses. This condition becomes a stressor that can develop into post-traumatic stress symptoms for 3 months later. This pandemic is a non-natural disaster where there is collective physical suffering and a high death rate. Several studies have shown that health workers who handled the 2003 SARS and 2015 MERS outbreaks were particularly vulnerable to experiencing psychological stress.

The results of other studies conducted by (Nienhaus & Hod, 2020) said that along with the risk of infection, the COVID-19 pandemic has further increased the source of stress for health workers. Overcrowded intensive care wards, overcrowded emergency wards, long hours to compensate for absent colleagues who are sick or quarantined, wearing PPE for long periods of time, isolation of patients and especially residents in nursing and care facilities, additional administrative tasks reporting obligations, task force meetings and contact tracing, limited contact with co-workers, and fear of transmitting disease to their own families are all factors that can cause excessive fatigue and psychological stress for workers. Sleep disturbances and even suicidal thoughts can be caused by exposure to COVID-19 patients and increased workload as well as concerns about one's own safety and health. This aspect of the pandemic must also be considered, in addition to protection against infection, and appropriate support services must be developed. For this reason, the WHO working group has drawn attention to the fact that a pandemic cannot be allowed to lead to worsening working conditions or failure to meet occupational safety standards.

Research results from researchers (Nienhaus & Hod, 2020) concluded that in particular, the high mortality rate among infected workers demonstrates how important adequate infection protection is for workers in health care. The fact that it allows health care workers to be debilitated by illness, by inadequate protection from infection control. There is also a moral obligation to reduce workers' fear for their own health and that of their relatives through the use of high quality protection against infection. From reports on the situation in Malaysia, it becomes clear that effective management of the pandemic and the provision and proper use of

PPE can protect health workers from infection. In Malaysia, health workers infected at work do not use PPE adequately because they do not suspect their patients are transmitting it.

Nurses' lack of self-adaptation to self, environment, family will have an impact on decreased performance. The process of maintaining the mental health of nurses is important to increase their retention to the profession. Covid-19 is a challenge for hospitals and health service centers that employ nurses. Even in the pre-pandemic period, with a normal situation, this profession was already a profession full of emotional stress. Meanwhile, Covid-19 brought unprecedented changes so that work patterns changed, anxiety and stressors related to morbidity and mortality occurred. Good stressor management starts with looking at the factors that can influence it. As a provider of health services to the community, of course, moral support from the community can be used as separate ammunition that can strengthen the mentality of nurses to improve their performance. Meanwhile spiritual intelligence is one of the important elements that can improve psychological well being which is a necessity for every individual. Conditions of good psychological well being will affect the performance of nurses (Saleha et al., 2020).

The consequence that must be faced by health workers is to become a cluster for the incidence of confirmed cases (Saleha et al., 2020). Nurses are the most numerous health workers in health care centers and have longer contact with patients than other health workers. Nurses are at the forefront of handling Covid-19 patients. This profession places health workers at high risk of contracting Covid-19.

Given this, actions to monitor and control infection are important to protect health workers, appropriate support services must be developed, as well as individual nurses' coping related to the nurse's self-adaptation to themselves, the environment, the family must be further improved so that it does not have an impact on decreasing nurse's mental state. Good stressor management begins with looking at the factors that can influence it. As a provider of health services to the community, of course, moral support from the community can be used as separate ammunition that can strengthen the mentality of nurses to improve their performance. Therefore researchers are interested in conducting research with the title "Relationship of Nurse Stigma During the COVID-19 Pandemic Period on Nurse Performance at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City".

The general objective of this research is to find out the relationship between nurse stigma during the pandemicCOVID-19on the performance of nurses at Bhayangkara Hospital Drs. Titus Uly and S. K Lerik Regional General Hospital, Kupang City, The specific objectives of this study are 1), Identifying the stigma of nurses during a pandemicCOVID-19 at Bhayangkara Hospital Drs. Titus Uly and S. K Lerik Regional General Hospital, Kupang City, 2).Identify the performance of nurses during a pandemicCOVID-19 at Bhayangkara Hospital Drs. Titus Uly and S. K Lerik Regional General Hospital, Kupang City, 3).Analyzing the relationship between nurse stigma during the pandemicCOVID-19on the performance of nurses at Bhayangkara Hospital Drs. Titus Uly and the S. K Lerik Regional General Hospital, Kupang City.

METHOD RESEARCH

This type of research uses quantitative research with a cross sectional design. The population in this study were 223 nurses consisting of 95 nurses working at Bhayangkara Hospital Drs. Titus Uly and 128 nurses working at the SK Lerik Regional General Hospital, Kupang City. The number of samples based on the Lameshow formula was 67 respondents.This study used samples with the following inclusion criteria: : 10. Nurses aged 20-50 years, 2). Nurse education minimum Diploma III Nursing, 3). Nurses working at

Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City, 4). Nurses who were not on leave when the study was conducted, 5). Nurses who are willing to be respondents. While the exclusion criteria of this study are: 1). Nurses who do not work at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City, 2). Nurses who were on leave when the research was conducted, 3). Nurses who are not willing to be respondents.In this study, the independent (free) variable was the stigma of nurses during the COVID-19 pandemic, while the dependent variable in this study was the performance of nurses.

This research was conducted at the hospital where the COVID-19 referral was made in the city of Kupang, namely Bhayangkara Drs. Titus Uly, SK Lerik Regional General Hospital, Kupang City and carried out July 16-31 2021. The research instrument used was a nurse stigma questionnaire regarding COVID-19 containing 9 statement items in which there were positive statements, namely on questions number 1,3,4 ,5,6,7,8, while the negative statements are in questions number 2 and 9, and the self-evaluation assessment questionnaire contains 21 questions, all of which are positive questions. The validity test was carried out using the IBM SPSS Statistics 20 application on the research instrument by distributing a Google form link which contained 2 questionnaires, namely the nurse stigma questionnaire during the COVID-19 pandemic and self-evaluation questionnaires for 30 nurses working in hospitals providing care. in COVID-19 patients for 2 days. The reliability test of the questionnaire designed using the IBM SPSS Statistics 20 application is if the rcount value (rpearson) > rtable value is 0.361 and if the significance value is <0.05 then the question can be accepted so that the validity of this research instrument is said to be good. While the reliability test used is if the value of "Cronbach's Alpha" > constant (0.6). Univariate analysis was used to determine the stigma of nurses during the COVID-19 pandemic and the performance of nurses working at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City. Bivariate analysis is an analysis to see the relationship between two variables. Bivariate analysis was used to determine the stigma of nurses during the COVID-19 pandemic on the performance of nurses at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City.

RESULT AND DISCUSSION

This chapter will describe the results of research and discussion of the relationship between nurse stigma during the COVID-19 pandemic on the performance of nurses at Bhayangkara Drs Hospital. Titus Uly and the SK Lerik Regional General Hospital, Kupang City, which were carried out in 2 hospitals in Kupang City from 13 July 2021 to 29 July 2021 with a total of 67 respondents. Data was obtained from the results of filling out the questionnaire, the stigma of nurses during the COVID-19 pandemic and self-evaluation assessment questionnaires to see the relationship between nurse stigma during the COVID-19 pandemic on the performance of nurses working at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City.

Description of Research Locations

Data collection for the study was carried out at 2 hospitals in Kupang City, namely Bhayangkara Hospital Kupang Tk. III Drs. Titus Uly East Nusa Tenggara Regional Police and SK Lerik Regional General Hospital, Kupang City.

Bhayangkara Hospital Kupang Tk. III Drs. Titus Uly Polda East Nusa Tenggara was established on July 3, 1967 with a building area of 5,865 square meters located at Jalan Nangka No. 84 Kupang, East Nusa Tenggara. The status of the Kupang Bhayangkara Hospital is based

on the Decree of the Mayor of Kupang City No. 92/KEP/HK/2012 Dated 09 May 2012 regarding the granting of a Permanent Operational Permit for Type C General Hospital Bhayangkara Kupang, on 26 January 2007 Bhayangkara Hospital Kupang received a Hospital Operational Permit from the Ministry of Health of the Republic of Indonesia No: YM.02.04.3.1.587 as a Police health service unit in the East Nusa Tenggara Region. hospital Bhayangkara has also been designated as a Public Service Agency in full by the Minister of Finance with the Minister of Finance Decree number 503/KMK.05/2015 on April 9 2015. In addition, RS. Bhayangkara has also obtained the accreditation of the Minister of Health, with the Decree of the Minister of Health of the Republic of Indonesia number YM.01.10/III/6725/10 concerning the granting of Basic Level Full Accreditation status on 11 November 2010. Until now it has gone through stages of development both in organizational, physical and resource aspects, as well as has passed KARS Accreditation on September 14 2017. RS. Bhayangkara has a COVID-19 isolation inpatient service room. The COVID-19 isolation inpatient room is named the COVID-19 Isolation Room with a total of 36 nurses, consisting of 1 room head, 1 PPI person and 34 implementing nurses. Until now, it has gone through stages of development in terms of organizational, physical and resource aspects, and has passed KARS Accreditation on September 14 2017. RS. Bhayangkara has a COVID-19 isolation inpatient service room. The COVID-19 isolation inpatient room is named the COVID-19 Isolation Room with a total of 36 nurses, consisting of 1 room head, 1 PPI person and 34 implementing nurses. Until now, it has gone through stages of development in terms of organizational, physical and resource aspects, and has passed KARS Accreditation on September 14 2017. RS. Bhayangkara has a COVID-19 isolation inpatient service room. The COVID-19 isolation inpatient room is named the COVID-19 Isolation Room with a total of 36 nurses, consisting of 1 room head, 1 PPI person and 34 implementing nurses.

RSUD SK Lerik Kupang is a government-owned hospital in East Nusa Tenggara Province and is a type C hospital located on Jl. Timor Raya Pasir Panjang No. 134, Kupang Region, East Nusa Tenggara. RSUD SK Lerik was formerly known as RSUD Kota K\upang which was officially opened on September 29 2010. RSUD Kota Kupang submitted an application for an assessment in accordance with the services carried out at RSUD Kota Kupang to the Ministry of Health of the Republic of Indonesia with the results of the assessment having determined the RSUD . Kupang City as a Class C General Hospital in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number: HK. 02.03/I/1978/2014 dated August 12, 2014. On November 24, 2014 in accordance with the Decree of the Mayor of Kupang Number: 256/KEP/HK/2014, the Kupang Municipal Hospital was designated as SK Hospital lerik. RSUD SK Lerik has a COVID isolation inpatient service under the name COVID-19 Isolation Room. There are 10 rooms in the COVID-19 isolation room with 20 nurses consisting of 1 room head, 1 PPI person and 18 implementing nurses.

General data

Below is a table about the characteristics of respondents based on gender, age, last education, length of work, status of residence, presence or absence of congenital diseases, workplace, whether working in an isolation ward or not, technician's degree, number of patients treated while on duty , length of duty every day, whether or not the main nurse is on duty, whether there are patients with confirmed COVID-19, whether personal protective equipment meets work requirements or not.

RESULTS

Characteristics of Respondents

Table 1. Characteristics of Respondents who work at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City

Characteristics	Amount (n)	Percentage (%)
Gender		
Man	28	41.8
Woman	39	58,2
Total	67	100
Age		
20-30 Years	41	61,2
31-40 Years	22	32,8
41-50 Years	4	6.0
Total	67	100
Last education		
Diploma	33	49,3
Bachelor	34	50,7
Postgraduate	0	0.0
Total	67	100
Length of work		
< 1 year	14	20,9
1-3 Years	12	17,9
3-5 Year	14	20,9
	27	40,3
> 5 Years		
Total	67	100
Residence Status		
Live alone	16	23,9
Living With Family	48	71.6
Living With Colleagues	3	4,5
Total	67	100
There are Congenital Diseases Suffered	62	92.5
No	5	7,5
Yes		
Total	67	100
Workplace		
Bhayangkara Hospital Drs. Titus Uly	29	43,3
SK Lerik Regional General Hospital	38	56,7
Total	67	100
Working in the Isolation Ward		
No	8	11,9
Yes	59	88.1

Characteristics	Amount (n)	Percentage (%)
Total	67	100
Technician Degree		
Young Nurse	32	47,8
Intermediate nurse	13	19,4
Senior Nurse	22	32,8
Total	67	100
Number of Patients Treated While on Duty	4	6.0
< 9 People	63	94.0
> 8 People		
Total	67	100
Long Duty Every Day		
< 9 Hours	16	23,9
> 8 Hours	51	76,1
Total	67	100
There is a Main Nurse On Duty		
No	5	7,5
Yes	62	92.5
Total	67	100
Have a COVID-19 Confirmed Patient in the Room		
No	7	10,4
Yes	60	89.6
Total	67	100
PPE Meets Work Requirements		
No	1	1.5
Yes	66	98.5
Total	67	100

Source: Mario Primary Data, 2021

Based on Table 1. it can be concluded that most of the gender of the nurses working at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City, were female, namely 39 respondents (58.2%) while male sex was 28 respondents (41.8%). Most of the ages of the nurses were in the age range of 20-30 years, namely 41 respondents (61.2%), followed by 31-40 years of age with 22 respondents (32.8%), and the least, namely the ages of 41-50 years. 4 respondents (6.0%). Meanwhile, nurses with the most recent education were undergraduates, amounting to 34 respondents (50.7%), followed by diploma education, amounting to 33 respondents (49.3%). Nurses who work > 5 years as many as 27 respondents (40.3%), followed by nurses who have worked for 3-5 years and <1 year, namely 14 respondents (20.9%) each and finally nurses who have worked between 1-3 years, 12

respondents (17.9%). Most of the nurses who had the highest status of residence lived with their families with a total of 48 respondents (71.6%), followed by nurses who lived alone as many as 16 respondents (23.9%) and the lowest status of residence was living with colleagues, namely 3 respondents. (4.5 %). Nurses who do not have congenital diseases are 62 respondents (92.5%), while nurses who have congenital diseases are 5 respondents (7.5%). Nurses working at Bhayangkara Hospital Drs. Titus Uly as many as 29 respondents (43.3%) and who worked at SK Lerik Regional General Hospital, Kupang City, as many as 38 respondents (56.7%). Nurses working in the isolation ward were 59 respondents (88.1%) and those who did not work in the isolation ward were 8 respondents (11.9%). The technician title of each nurse is a young nurse with 32 respondents (47.8%), followed by a senior nurse with 22 respondents (32.8%), and the last is a middle nurse with 13 respondents (19.4%). Nurses who cared for patients while on duty with a total of > 8 people were 63 respondents (94.0%), and nurses who cared for patients while on duty with the least number of patients treated were < 9 people, namely 4 respondents (6.0%). There were 51 respondents (76.1%) who worked for > 8 hours each day and 16 respondents (23.9%) who had <9 hours on duty for <9 hours. Nurses who are currently on duty and there are 62 respondents (92.5%) as main nurses, while the nurses who were on duty but did not have a main nurse were 5 respondents (7.5%). Most of the nurses who had confirmed COVID-19 patients in the room were 60 respondents (89.6%) while nurses who did not have confirmed COVID-19 patients in the room were 7 respondents (10.4%). Nurses who answered that personal protective equipment met work requirements totaled 66 respondents (98.5%), while nurses who answered personal protective equipment did not meet work requirements amounted to 1 respondent (1.5%).

Stigma of Nurses During the COVID-19 Pandemic at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City

Table 2. Stigma of Nurses During the COVID-19 Pandemic at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital in July 2021

COVID-19 stigma	Amount (n)	Percentage (%)
Very Negative	1	1.5
Negative	66	98.5
Total	67	100

Source: Mario Primary Data, 2021

Based on table 2, it can be concluded that the majority of nurses who had negative stigma during the COVID-19 pandemic were 66 respondents (98.5%) and nurses who had very negative stigma during the COVID-19 pandemic were 1 respondent (1.5%).

Nurse Performance During the COVID-19 Pandemic at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City

Table 3. Nurse Performance During the COVID-19 Pandemic at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City in July 2021

Nurse Performance	Amount (n)	Percentage (%)
Very less	0	0.0
Not enough	1	1.5
Enough	0	0.0
Good	57	85,1
Very good	9	13,4
Total	67	100

Source: Mario Primary Data, 2021

Based on table 3, it can be concluded that the majority of nurses who have good performance are 57 respondents (85.1%), followed by nurses who have very good performance as many as 9 respondents (13.4%) and the last are nurses who have poor performance. ie amounted to 1 respondent (1.5%).

The Relationship between Nurse Stigma During the COVID-19 Pandemic Period on Nurse Performance at Bhayangkara Hospital Drs. Titus Uly and SK Lerik Regional General Hospital, Kupang City

Table 4. Relationship of Nurse Stigma During the COVID-19 Pandemic Period to Nurse Performance at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City in July 2021

Nurse Stigma	Nurse Performance			Total	*P*
	Not enough	Good	Very good		
Very Negative	0	0	1	1	0.038
Negative	1	57	8	66	
Total	1	57	9	67	0.038

Description: Significant p < 0.05 Pearson Chi Square: 0.038

Based on table 4, it can be concluded that there is a significant relationship between the stigma of nurses during the COVID-19 pandemic on the performance of nurses at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City where p value = 0.038 < α 0.05, it is said that there is a significant relationship between stigma during the COVID-19 pandemic on nursing services because the p value = 0.038 < α 0.05.

DISCUSSION
Stigma of Nurses During a PandemicCOVID-19 at Bhayangkara Hospital Drs. Titus Uly and the S. K Lerik Regional General Hospital, Kupang City
The results showed that the majority of nurses who had negative stigma during the COVID-19 pandemic totaled 66 respondents (98.5%) and 1 nurse who had very negative stigma during the COVID-19 pandemic was 1 respondent (1.5%). This is in accordance with the theory (Yunere & Yaslina, 2020) which states that stigma is a negative view of a condition. Social stigma and social discrimination can be associated with COVID-19, for example towards people who have been infected, their families and health workers and other frontline

workers who have treated them.Stigma is often attached to health problems including Covid-19. The reasons for the emergence of stigma include factors of transmission, inaccurate knowledge, treatment or contact with marginalized groups (AM et al., 2011). A study from (Ramaci et al., 2020) stated that stigma has a high impact on worker performance. Stigma can affect worker compliance and can direct management communication strategies related to pandemic risks for health workers. In addition, the results of research from (Maunder, 2004); (K&A, 1989); (CS et al., 1992) stated that providing care or treatment was emotionally difficult for health workers, stress, uncertainty, and stigmatization became dominant for health workers. They often have conflicting problems, thoughts and feelings about balancing their roles as health care providers, as parents, but also fear of COVID-19 patients. On the other hand, health workers feel guilty because they have the potential to transmit the virus to their families.

According to researchers,Nurses' perceptions of their experiences when providing care to patients during the COVID-19 pandemic, often receive rejection from both family and society which creates worry and receives negative responses that affect nursing services to patients which can ultimately reduce patient satisfaction levels.

This is in line with research conducted by (Riastri, 2020) which states thatp.s*received stigma*is an individual's perception related to the consequences that are felt, can be in the form of experiences and feelings when receiving rejection so that there is a feeling of worry in disclosing confidential personal information because there is the possibility of getting a negative response so that it has an impact on negative self-image as well. Anxiety is also an internal factor that affects the performance of health workers who, since the virus started to spread, are still at the forefront in fighting an increasingly epidemic virus. The increasing number of patients who are positively infected with the virus, limited personal protective equipment, and exhaustion both physically and psychologically due to unclear situations and conditions that make health workers experience anxiety when working in health care facilities such as hospitals. This factor is important as a predictor of performance in health workers, because when an individual who works as a health worker perceives stigma (perceived stigma) by having sufficient knowledge about the Corona virus, he will be able to overcome anxiety positively, his performance will increase even in this era. the COVID-19 pandemic as it is now.

Nurse Performance During Pandemic PeriodCOVID-19 at Bhayangkara Hospital Drs. Titus Uly and the S. K Lerik Regional General Hospital, Kupang City

The results showed that most of the nurses who had good performance were 57 respondents (85.1%), followed by nurses who had very good performance as many as 9 respondents (13.4%) and the last were nurses who had poor performance, namely 1 respondents (1.5%). This is in accordance with the theory (Bagchi, 2020) explained that working during the COVID-19 pandemic can create feelings of stigma for health workers, the stigma attached to a particular person or group of people often makes stigma recipients receive discriminatory treatment from the majority group, so they feel rejected by their environment. WHO (accessed April 13 2020) also revealed that some health workers may have experienced being avoided by their families or communities because of stigma or fear.

According to researchers, during the COVID-19 pandemic as it is today it greatly influences the performance of health worker services. One of them is a nurse who always provides nursing care to patients. Indirectly, nurses create stigma against themselves and stigma can also come from the public who think that nurses are people who can transmit COVID-19 because every day they provide care to patients, some of whom may be confirmed patients with COVID-19.

This research is supported by research (Riastri, 2020) which states that there is a positive relationship between perceived stigma and the performance of health workers which has a significant influence on the performance of health workers in the pandemic eraCovid-19.

Stigma Relations of Nurses During a Pandemic COVID-19 on the performance of nurses at Bhayangkara Hospital Drs. Titus Uly and the S. K Lerik Regional General Hospital, Kupang City

The results of the study showed that there was a significant relationship between stigma during the COVID-19 pandemic and services at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City where p value = 0.038 < α 0.05, it is said that there is a significant relationship between stigma during the COVID-19 pandemic on nursing services because the p value = 0.038 < α 0.05. According to (Yunere & Yaslina, 2020) stigma is a negative view of a condition. Social stigma and social discrimination can be associated with COVID-19, for example towards people who have been infected, their families and health workers and other frontline workers who have treated them.

This research is supported by research conducted by (Riastri, 2020) which states that nurse stigma is important as a predictor of performance in health workers. The results of the study with a correlation coefficient of t = 4.249 with p = 0.001 (p <0.01) means that there is a positive relationship between perceived stigma and the performance of health workers, with a correlation coefficient of t = 2.761 with p = 0.004 (p <0 .01) means that there is a positive relationship between knowledge about the corona virus and performance.

CONCLUSION

Based on the results of research on the relationship of stigma during the COVID-19 pandemicon nursing services at Bhayangkara Hospital Drs. Titus Uly and the S. K Lerik Regional General Hospital, Kupang City, it can be concluded that: (1) most of the nurses who had negative stigma during the COVID-19 pandemic totaled 66 respondents and 1 nurse who had very negative stigma during the COVID-19 pandemic, (2) most of the nurses who had good performance totaled 57 respondents, followed by nurses who had very good performance of 9 respondents and the last were nurses who had poor performance, namely 1 respondent, (3) there is a significant relationship between the stigma of nurses during the COVID-19 pandemic and the performance of nurses at Bhayangkara Drs Hospital. Titus Uly and SK Lerik Regional General Hospital, Kupang City where the p value is less than the alpha value, so it is said that there is a significant relationship between the stigma of nurses during the COVID-19 pandemic on nurse performance because the p value is less than the alpha value.

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