The Effect of Negative Stigma of Covid-19 on Nurse Performance

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ABSTRACT

Negative stigmatization of nurses is one of the challenges in preventing and controlling Covid-19 in hospitals. The purpose of this study was to determine the effect of the negative stigma of Covid-19 on the performance of nurses. This research uses a quantitative design method with a correlational analytic approach. Data processing using the data analysis test in this study was carried out using the Spearman Rank correlation test with the help of the SPSS for windows 19.00 program. Based on the results of the Linearity Regression test, the stigmatization variable Covid-19 has no effect on the performance of nurses in East Nusa Tenggara Province and West Nusa Tenggara Province also has an influence on nurse performance. Nurses as part of the disaster management team should not receive negative stigmatization. This of course has an unfavorable impact on the performance of nursing staff.

Keywords: covid-19, nurse, performance, stigmatization

BACKGROUND

Corona Virus Disease 2019 or what is often called Covid-19 is one of the main health problems in the world. On January 30, 2020, the World Health Organization (WHO) declared Covid-19 a public health emergency of international concern (KKMMD/PHEIC) and on March 11, 2020, WHO again declared the Covid-19 outbreak a pandemic. The number of cases and the very fast and significant spread in various parts of the world are the main reasons that Covid-19 is designated as a PHEIC or pandemic. As of April 18, 2020, globally, 2,240,191 confirmed cases were reported in 181 countries with 153,822 deaths and 568,3433 recoveries (Nofiyanti et al., 2019; et al Utami, 2020).

Meanwhile, in Indonesia, on March 31, 2020, the government declared a health emergency status through a presidential decree (Keppres, 2020) 11 of 2020 concerning the determination of the Covid-19 public health emergency and on April 13, 2020 the government again issued Presidential Decree number 12 concerning the determination of non-natural disasters that spread Covid-19 as a national disaster. Similar to the determination of the status of a pandemic or PHEIC, the two presidential decrees are motivated by the spread and increase of extraordinary cases of Covid-19 which have an impact on increasing the number of victims and property losses, expanding the coverage of areas affected by the disaster, as well as having implications for broad socio-economic aspects. According to data from the Task Force for the acceleration of handling Covid-19 on April 20, 2020, there were 6,760 positive cases, 747 recovered cases, 590 deaths, 176,344 people with monitoring (ODP), 12,979 patients with supervision (PDP) and people without symptoms (OTG). whose number continues to increase. The number of cases spread across 34 provinces and 221 regencies/cities throughout Indonesia. The impact of non-natural disasters such as the Covid-19 pandemic can reduce the quality of life of the population in various sectors of life (economic, social, including public health problems). The most severe impacts that occurred due to the Covid-19 pandemic disaster were patients dying or requiring intensive care, increasing the risk of infectious diseases, damage to health facilities, and water supply systems. Meanwhile, the long-term impacts include an increase in insufficient food, which affects the level of fulfillment of the nutritional needs of disaster victims. Evacuation of residence (shelter) that does not meet health requirements can reduce the body's resistance which if not addressed immediately will cause problems in the health sector. Meanwhile, health services are experiencing problems due to damage to health facilities, inadequate equipment, quantity or type of medicine and limited health personnel and operational funds (PPK-LIPPI, 2015).

The Indonesian government, both central and regional, has so far issued many policies or regulations that are directly related to efforts to prevent and control the spread of Covid-19, including policies related to reducing the impact of Covid-19. The policy is in the form of the formation of a task force for the acceleration of handling Covid-19 as stated in Presidential Decree number 07 of 2020 and Presidential Decree number 21 of 2020 concerning Large-Scale Social Restrictions in the context of accelerating the handling of Covid-19. In addition to the two Presidential Decrees, there are many policies or regulations at the regional level, all of which aim to break the chain of transmission of Covid-19. Likewise with other efforts carried out by the community and other non-governmental institutions independently. In its implementation, prevention and control of the spread of Covid-19 can be in the form of regulation or education about the importance of maintaining distance between individuals (Physical distancing), conducting examinations (Rapid testing), promoting clean and healthy living behavior (washing hands, nutritious intake, adequate rest and routine activities or sports) using masks when outside the home and other efforts (Labrague et al., 2021; Nuraida, 2011; et al Utami, 2020).

The Covid-19 prevention and control efforts that have been carried out so far still have various forms of challenges so that positive cases of Covid-19, people without symptoms, people with monitoring and patients under monitoring have the potential to continue to increase every day as it is today. Among these challenges are the limited ability to test (Swab test), community discipline is still low, tracking people without symptoms, monitoring people and patients under monitoring is not easy, including the high negative stigmatization of people without symptoms, people with monitoring and patients under monitoring. even medical personnel. In the author's opinion, the negative stigmatization will and has become one of the main challenges in controlling Covid-19 (Harmiyati et al., 2016; Schubert et al., 2021).

Negative stigmatization has the potential to cause other new case tracking efforts to fail because

of the fear of People Without Symptoms, People Under Monitoring and Patients With Monitoring of the impact of discriminatory treatment from the social environment. Patients suffering from infectious diseases tend to receive various negative designations or labels (undead, carriers of disease, cursed disease, and family or environmental disgrace) and various forms of discrimination (family rejection, ostracism, rejection of corpses and others). The negative labeling and discrimination occurred because of excessive fear of the transmission of the disease. Fear coupled with a lack of understanding about Covid-19 is the main reason why many cases of Asymptomatic People, People Under Monitoring and Patients With Monitoring hide their medical or travel history. This non-disclosure is of course very risky to increase transmission to medical personnel and other communities. In addition, negative stigmatization can worsen the immunity of people without symptoms, people under monitoring and patients with monitoring, thereby increasing the risk of being exposed to Covid-19. The large risk of failure to control Covid-19 due to negative stigmatization is the main reason for the author to participate in the 2020 ideathon to participate in offering an innovative idea or idea as a form of contribution to mutual cooperation in protecting the nation(Abdelhafiz & Alorabi, 2020; Labrague et al., 2021). The purpose of this study was to determine the effect of the negative Covid -19 stigma on the performance of nurses in two districts of Nusa Tenggara Province.

METHODS

This type of research is a quantitative study (correlarial analysis) with a cross sectional approach, namely to analyze the effect of the negative stigma of Covid-19 on the performance of nurses in two Nusa Tenggara Provinces. The population in this study is nursing staff who are members of the Covid-19 disaster management team in two different provinces, namely West Nusa Tenggara Province and East Nusa Tenggara Province, totaling 1,697 (840 nurses in West Nusa Tenggara and 857 in East Nusa Tenggara). Meanwhile, to obtain a representative sample (representing) in this study using a random sampling technique, namely the technique of determining the sample from the population at random as a sample. The inclusion criteria in this study were being part of the Covid-19 disaster management team, cooperative, willing to be a respondent. Meanwhile, the exclusion criteria in this study were those who were not part of the hospital's disaster management team and were not willing to be respondents. The sample size was determined based on the Slovin formula, namely 128 nurses.

The instruments used in this study were a questionnaire and a check list consisting of 15 statements related to the performance of nurses. Each question in the instrument used is said to be valid if r count > r table. Meanwhile, it is said to be reliable if Cronbach's Alpha value is > 0.60 (Sujarweni, 2014). In this study, validity and reliability tests were carried out on 15 respondents consisting of 30 statements with answers of 3 (always), 2 (rarely), 1 (never). From the results of the validity test, the value of r table = 0.514 and r count in each statement the results> 0.514 so that the questionnaire used is declared valid. While the reliability test, obtained the results of Cronbach's Alpha > 0.60 which is 0.828 so that the questionnaire used is declared reliable.

The procedure for collecting and collecting data in this study consisted of several stages, namely the preparation and administration stage, the sample selection stage, the data collection stage and the data processing stage. The data processing process goes through several steps, namely editing, coding (strongly agree: 3, agree: 2, disagree: 1, strongly disagree: 0), scoring (good category: 1 or 68%-100%, sufficient category: 2 or 34%-67%) and less category: 3 or 0%-33%), processing or data entry and cleaning (data cleaning).

Data analysis techniques in this research include univariate analysis and bivariate analysis. Univariate analysis is used to describe the characteristics of respondents and presents the data obtained in tabular form to facilitate interpretation. The data are displayed in the form of frequency distributions and proportions in the table. While bivariate analysis is used to test the hypothesis in this study, the data obtained need to be analyzed. The data analysis test in this study was carried out using a simple linear regression test with the help of the SPSS Forwindows 16.00 program. Research that uses humans as subjects must not conflict with ethics, research permission from the research site and the signing of informed consent by the respondent. Several ethical approaches in this study include right to self-determination, right to privacy and dignity, right to anonymity and confidentially, right to fair treatment and right to protect for discomfort and pain. Researchers still consider the comfort of the respondents and the risks given during the study.

RESULT

Analysis Prerequisite Test Results

1. Normality Test Results

The procedure used to determine the degree of normality of the data obtained is using the Kolmogorov Smirnov test with the help of SPSS 25.0 software for windows. The results of the normality test showed that the Kolmogorov-Smirnov score on the stigmatization variable was 0.611, which means that the stigmatization variable had data that were normally distributed. The purchasing performance variable also has a normal data distribution with a Kolmogorov-Smirnov score of 0.817. While the results of Lilliefors Significance correction showed that the test was not significant ($p>0.05$), then the data had a normal distribution.

2. Homogeneity Test Results

Homogeneity test is used to determine whether some of the population variances are the same or not. This test was performed as a prerequisite for the independent sample t test and ANOVA analysis. The underlying assumption in the analysis of variance (ANOVA) is that the variances of the populations are the same. As a test criterion, if the significance value is more than 0.05, it can be said that the variance of two or more data groups is the same. The results of the homogeneity test indicate that the test has a significance ($p>0.05$), so it can be said that the variance of two or more groups of population data in this study is the same (homogeneous).

Characteristics of Respondents

Characteristics of respondents include age, gender of respondents, respondent's education, respondent's occupation, and respondent's employment status, years of service and province of origin of respondents.

Table 1. Distribution of respondents by age, gender, education, and employment status, years of service

Variable	East Nusa Tenggara		West Nusa Tenggara	
	F	%	F	%
Age				
<20 Years	2.0	3.1	0.0	0.0
20 to 30 years	18.0	28.1	23.0	35.9
30 to 40 Years	26.0	40.6	32.0	50.0
>40 Years	18.0	28.1	9.0	14.1
Total	64.0	100.0	64.0	100.0
Gender				
Man	19.0	29.7	36.0	56.3
Woman	45.0	70.3	28.0	43.8
Total	64.0	100.0	64.0	100.0
Education				
Nursing vocational high school	0.0	0.0	0.0	0.0
DIII Nursing	54.0	84.4	27.0	42.2
S1 Nursing	4.0	6.3	6.0	9.4
nurse	6.0	9.4	31.0	48.4
Total	64.0	100.0	64.0	100.0
Employment status				
State Civil Apparatus	34.0	53.1	26.0	40.6
Honorary	30.0	46.9	38.0	59.4
Total	64.0	100.0	64.0	100.0
Years of service				
< 1 Year	7.0	10.9	5.0	7.8
1 to 5 Years	12.0	18.8	15.0	23.4
> 5 Years	45.0	70.3	44.0	68.8
Total	64.0	100.0	64.0	100.0

Source: Primary Data, 2021

Based on Table 1, it shows that the distribution of respondents who are domiciled in East Nusa Tenggara Province, namely the age of the majority of respondents are in the age of 30 to 40 years,

namely 26 respondents (40.6%). As for gender, the majority of respondents are female as many as 45 respondents (70.3%). Based on the level of education, the distribution of respondents shows that the majority of respondents have a diploma of nursing education, namely 54 respondents (84.4%). Distribution of respondents based on employment status, the majority have status as a State Civil Apparatus, which is 34 respondents (53.1%) and the majority of respondents have a working period of more than ten (> 5) years, totaling 45 respondents (70.3%). Meanwhile, the distribution of characteristics of respondents who live in the Province of West Nusa Tenggara, namely based on the age of the majority of respondents are in the age of 30 to 40 years, namely 32 respondents (50.0%). As for gender, the majority of respondents are female as many as 36 respondents (56.3%). Based on the level of education, the distribution of respondents showed that most of the respondents were educated nurses, namely 31 respondents (48.4%). The distribution of respondents based on employment status, the majority had the status of an employee who was not appropriate or honorary, namely 38 respondents (59.4%) and the majority of respondents had a working period of more than ten (> 5) years, which amounted to 44 respondents (68.8%).

Research Core Data

The core data of the study include data on the frequency distribution of stigmatization variables and nurses' performance variables in the Provinces of West Nusa Tenggara and East Nusa Tenggara, which can be seen in Table 2.

Table 2. Distribution of respondents based on stigmatization and performance

Variable	East Nusa Tenggara		West Nusa Tenggara	
	F	%	F	%
Stigmatization				
Tall	1.0	1.6	0.0	0.0
Currently	18.0	28.1	15.0	23.4
Low	45.0	70.3	49.0	76.6
Total	64.0	100.0	64.0	100.0
Performance				
Well	58	90.6	64	100.0
Enough	6.0	9.4	0.0	0.0
Not enough	0.0	0.0	0.0	0.0
Total	64.0	100.0	64	100.0

Source: Primary Data, 2021

Based on Table 2, it shows that the frequency distribution of stigmatization variables and performance variables in the province of East Nusa Tenggara, namely the majority of respondents categorized as low stigmatization as many as 45 respondents (70.3%). Meanwhile, for the performance variable, the majority of respondents were categorized as good, namely 58 respondents (90.6). While the frequency distribution of stigmatization variables and performance variables in the province of West Nusa Tenggara, the majority of respondents were in the low category of stigmatization variables as many as 49 respondents (76.6%). As for the performance variable, the majority of respondents are categorized as good, namely as many as 64 respondents (100.0).

Bivariate Analysis

1. Stigmatization Variable Linearity Regression Test on Performance in East Nusa Tenggara Province

The effect of the stigmatization of Covid-19 on the performance of nurses in East Province. The results of the Linearity Regression test are shown in the Table 3.

Table 3. Results of the East Nusa Tenggara Province Linearity Regression test

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	281,868	1	281,868	12,598	,001[b]
	Residual	1387,132	62	22,373		
	Total	1669,000	63			

a. Dependent Variable: Stigmtisasi
b. Predictors: (Constant), Kinerja
Note: * Variables have a relationship if (p-value <0.05)

Based on the results of the Linearity Regression test, the stigmatization variable Covid-19 has an influence on the performance of nurses in East Nusa Tenggara Province with a value (p-value > 0.05) which is 0.001.

2. Linearity regression test for stigmatization of performance variables in west nusa tenggara province

The effect of the stigmatization of Covid-19 on the performance of nurses in the province of West Nusa Tenggara. The results of the Linearity Regression test are shown in the Table 4

Table 4. Linearity regression test results west nusa tenggara province

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	193,239	1	193,239	10,616	0,002[b]
	Residual	1128,511	62	18,202		
	Total	1321,750	63			

a. Dependent Variable: Stigmatisasi
b. Predictors: (Constant), Kinerja
Note: * Variables have a relationship if (*p-value* <0,05)

Based on the results of the Linearity Regression test, the stigmatization variable Covid-19 has an influence on the performance of nurses in West Nusa Tenggara Province with a value (p-value > 0.05) which is 0.002.

DISCUSSION

Characteristics of Respondents

1. Age Characteristics

Based on the results of the study, it shows that the distribution of respondents who live in the province of East Nusa Tenggara, namely the age of the majority of respondents are in the age of 30 to 40 years, namely 26 respondents (40.6%). Meanwhile, the distribution of the characteristics of respondents who live in the Province of West Nusa Tenggara, namely based on the age of the majority of respondents are in the age of 30 to 40 years, namely 32 respondents (50.0%). The age factor can also affect the performance of nurses seen from a number of positive qualities that older workers bring to their work. But older workers are also seen as lacking flexibility and often resisting new technology. The results of previous studies showed p value = 0.000 <0.05, which means that there is a significant relationship between age and nurse performance (Kumajas et al., 2014).

Individual age affects physical, mental condition, work ability, responsibility, and tends to be absent. On the other hand, employees who are older are less physically fit, but work tenaciously, and have greater responsibilities. Implementing nurses who are <32 years old have less performance (53.4%) which is greater than that of nurses aged ≥32 (33.7%). From the results of the study, the characteristics of a nurse based on age greatly affect performance in nursing practice, where the older the nurse, the more responsible and experienced the nurse in accepting a job. The increasing age will increase the wisdom of a person's ability to make decisions, think rationally, control emotions, and tolerate the views of others, so that it affects the increase in performance (Naingolan et al., 2020; Rudianti, 2011).

2. Gender Characteristics

Meanwhile, according to gender, the majority of respondents who live in East Nusa Tenggara Province are female as many as 45 respondents (70.3%). While respondents who live in West Nusa Tenggara Province, the majority of respondents are female as many as 36 respondents (56.3%). The

results of previous studies indicate that gender has an effect on the performance of maintenance employees at PT. Mulia Bhakti Kahuripan with an independent test between two factors, the value of 2 count is greater than 2 table, namely $21.65 > 3.84$ (Sapirah, 2015).

Meanwhile, according to Mangkunegara (2010) that the performance factor is influenced by three factors, namely individual factors consisting of abilities and expertise, background, demographics (age, origin, gender). Psychological factors, consisting of perceptions of attitude (attitude), personality, learning, motivation and organizational factors, consisting of resources, leadership, rewards, job design structures by Scheidegger et al. (2009) in Naingolan et al. (2020) stated that "Males were more satisfied and confident and had fewer difficulties than females, The process of adjustment appears to be gradual." This means that men are more easily satisfied and confident and have fewer difficulties than women. The adjustment process seems gradual. According to Berek in his research on PLWHA, it was found that female respondents had a greater chance than men to stigmatize (Berek & Bubu, 2019). This is in line with research conducted by Oktaviannoor et al. (2020) on patients with Covid-19 who said that women tend to be more stigmatized than men (Janitra et al., 2021; Nofiyanti et al., 2019; Ryusuke & Sanica, 2021).

3. Educational Characteristics

Based on education level, the majority of respondents who live in East Nusa Tenggara Province have a Diploma nursing education level, namely 54 respondents (84.4%). Meanwhile, the majority of respondents who live in West Nusa Tenggara Province have an education level of nursing nurses, namely 31 respondents (48.4%). The results of previous studies showed the p-value <0.05, which means that there is a significant relationship between level and performance of the implementing nurses (Kumajas et al.,, 2014). Everyone who has a higher education will have higher knowledge when compared to people who have a lower education and through education one can increase intellectual maturity so that they can make decisions in action. From the results of existing research, researchers argue that one of the factors that can increase the productivity or performance of nurses is the formal education of nurses. Education provides knowledge not only that is directly related to the implementation of tasks, but also the basis for self-development and the ability to take advantage of all the facilities around us for the smooth running of tasks. Nursing staff with higher education will be better motivated because they already have broader knowledge and insight compared to nurses who have a lower level of education (Al, 2014; Nurjannah & Ghozali, 2022).

4. Characteristics of Employment Status

The distribution of respondents based on employment status, the majority of respondents who live in East Nusa Tenggara Province have status as a State Civil Apparatus, which is 34 respondents (53.1%). Meanwhile, the majority of respondents who live in West Nusa Tenggara Province have the status of an employee who is not right or honorary, which is 38 respondents (59.4%). According to (Nuryati, 2016) T-count of employee status variables t-count is smaller than t-table (1.697 <2.021) with a probability (0.096) greater than a significant level of 0.05, thus Ho is accepted and Ha is rejected, meaning that the employee status variable has no positive effect or not significant to employee performance. Meanwhile, according to Sholihah (2013) there is no relationship between performance and employment status or the same and there is no difference with an absolute t value of 0.8 (far below the value of 2), and a significance value (sig) of 0.75 (> 0.05) is said to be significant if the value of sig < 0.05. This can be due to nurses with non-civil servant status having the same responsibility in providing services to the community, including in terms of preparedness in dealing with disasters.

5. Characteristics of Working Period

The distribution of respondents based on years of service, the majority of respondents who live in East Nusa Tenggara Province have a working period of more than ten (>5) years, totaling 45 respondents (70.3%). Meanwhile, the majority of respondents who live in West Nusa Tenggara Province have a working period of more than ten (>5) years, which is 44 respondents (68.8%). According to research Harmiyati (2016) there is a significant relationship between tenure and performance of Perkesmas nurses at the Palembang City Health Center with statistical test results showing that (p value = 0.012). Meanwhile, according to Amperaningsih (2013) There is a significant relationship between the length of work of nurses with the implementation of the Perkesmas program with the results of statistical tests obtained p value of 0.027 (< alpha 0.05). The results of another study stated that there was no significant relationship between length of work and the performance of

midwives in the ANC program in the city of Metro. Individual behavior towards performance is influenced by abilities, skills and experience. A person's length of work also determines a person's performance, the longer and more experience, the more skills he will ever know and will give him confidence, have an attitude when facing a job or problem, so that the quality of performance is better. (Abdelhafiz & Alorabi, 2020; Nuraida, 2011; R. A. Utami et al., 2020). Basically, tenure can be related to experience, the longer a person's working period, the more skilled they are at doing their job. This supports the previous theory which states that one of the factors that can affect individual performance is experience, the more individual experiences, the higher the performance.

Distribution of Stigmatization and Performance Variables

The distribution of the frequency of stigmatization variables and performance variables in the province of East Nusa Tenggara, namely the majority of respondents categorized as low stigmatization as many as 45 respondents (70.3%). Meanwhile, for the performance variable, the majority of respondents were categorized as good, namely 58 respondents (90.6). While the frequency distribution of stigmatization variables and performance variables in the province of West Nusa Tenggara, the majority of respondents were in the low category of stigmatization variables as many as 49 respondents (76.6%). As for the performance variable, the majority of respondents are categorized as good, namely as many as 64 respondents (100.0).

Previous research on community stigma against Covid-19 sufferers showed that the results of the univariate analysis of instrumental stigma were low category 33%, high 67%, symbolic stigma low 44.7%, high 55.3%, low politeness stigma 80.3%, high 59 (19.7%) and good 75% and 25% bad public acceptance. Meanwhile, the results of the chi-square analysis showed that there was a significant relationship between instrumental, symbolic, and polite stigma on public acceptance. The higher the instrumental and symbolic stigma in society, the worse the public's acceptance of Covid-19. Education regarding the prevention and spread of Covid-19 as well as the importance of mental health during the Covid-19 pandemic needs to be improved so that the public is not misinformed and misunderstood about Covid-19 (Harmiyati et al., 2016; Novita & Elon, 2021).

Meanwhile, the performance variable according to several studies is influenced by several factors, namely knowledge. Study (Nuraida, 2011) shows that there is a significant relationship between knowledge and performance of health care nurses at the Palembang City Health Center by obtaining a p value of 0.003 ($p < 0.05$). The results of this study are not much different from the statement of Green (1980) in (Nofiyanti et al., 2015) which states that knowledge is one of the factors that can make it easier to influence someone to behave positively or negatively in someone's life. Increased knowledge of nurses can be done by increasing education, training, seminars, or workshops on disaster. Another effort that can be made to increase the knowledge of public health nurses is to provide a scientific forum that discusses public health issues that are carried out in one health center or attended by several health centers. Knowledge is also referred to as the result of human sensing, or the result of knowing someone about an object through the senses they have (eyes, nose, etc.) This is further explained by (Notoatmodjo, 2014) states that by itself, at the time of sensing to producing knowledge, it is strongly influenced by the intensity of attention and perception of the object.

Theoretically stated that knowledge has a positive correlation with behavior, knowledge can lead an individual to behave well. Related to the preparedness of nurses in dealing with disease outbreaks, knowledge is an important indicator, this is indicated by the better knowledge of a person about a disease, it is believed that he will be more prepared to face disasters or disease outbreaks. Researchers assume that good knowledge of nurses is one indicator of whether or not the nurse is ready to face the malaria epidemic. According to the researcher's assumption, knowledge is one of the factors that influence a person's behavior and beliefs, besides that cognitive abilities shape a person's way of thinking, including the ability to understand the factors that influence illness and personal health practices. The higher a person's knowledge about the meaning of health and the benefits of health facilities, the greater the desire to use health facilities (Kumajas et al., 2009; Ryusuke & Sanica, 2021).

The Effect of Covid-19 Stigmatization on Performance

Based on the results of the Linearity Regression test, the stigmatization variable Covid-19 has no effect on the performance of nurses in East Nusa Tenggara Province with a value (p-value > 0.05)

which is 0.001. Meanwhile, the results of the Linearity Regression test for the Covid-19 stigmatization variable in West Nusa Tenggara Province also did not have an effect on the performance of nurses with a value (p-value > 0.05) which was 0.002. The psychological condition of health workers during the Covid-19 pandemic showed symptoms of stress due to workload, stigma, and concerns about being infected with Covid-19. Mental health problems experienced by medical staff not only affect the quality of services and decision making that can hinder efforts to deal with Covid-19.

Fear, anxiety, and the abundance of information through social media, not all of which can be trusted, have created negative stereotypes for people associated with Covid-19, both Covid-19 patients, Covid-19 suspects, former Covid-19 patients, and others. health workers who treat Covid-19 patients. In Indonesia, stigma arises through several behaviors such as excluding former Covid-19 patients and refusing corpses because they are considered to be able to transmit the disease, ostracizing certain ethnic groups who are considered to be carriers of the virus, and ostracizing health workers (Livana, 2020). It is further said in the research of Liu et al. (2020) in Utami (2020) in the US population, the perception of discrimination related to Covid-19 increased from 4% to 10%. Stigma can interfere with efforts to break the viral chain. People who are worried that they will be shunned and treated badly will avoid treatment (Covid-19 Handling Task Force, 2020). Supported by explanation (WHO, 2020) who say that stigma can encourage people to hide their illness, prevent people from seeking health care, and prevent people from adopting healthy behaviors. Some cases show the patient's dishonesty regarding his medical history as well as his travel history and contact history when seeking medical attention. As a result, several doctors and other medical personnel contracted Covid-19 and even died (Labrague et al., 2021; Naingolan et al., 2020).

CONCLUSION

Based on the results of the Linearity Regression test, the stigmatization variable Covid-19 has no effect on the performance of nurses in East Nusa Tenggara Province. Meanwhile, the results of the Linearity Regression test for the Covid-19 stigmatization variable in West Nusa Tenggara Province also had an influence on the performance of nurses.

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CONFLICTS OF INTEREST

No potential conflict of interest was reported by the authors.

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