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Factors Related Between Dental Health Service Providers to Patients During the Occurrence of *Coronavirus Disease* 2019 (Covid-19) in Clinical Practice

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Abstract

Background: Coronavirus Disease 2019 (Covid-19) is a severe world problem, with cases increasing daily. This study aims to determine the factors related to the incidence of coronavirus disease 2019 (Covid-19) in Clinical Practice. **Methods:** This research was conducted using a quantitative method equipped with a qualitative one and a cross-sectional design. A sample of 198 people was selected using random sampling. The research instrument used a questionnaire. Out of 198 visitors at the clinic. **Results:** the respondents were female 53.0%, aged> 18 years 70.2%, high school graduate education 86.4%, high minimum income 78.8%, knowledge good 50%, not densely occupied 86.4%, adequate ventilation 82.2%, good room lighting 97.5%, washing hands 52.9%, maintaining cough etiquette 51.9%, wearing a mask 51.4%), not holding large-scale gatherings 80.8%, Not maintaining body immunity 69.2%, good facilities, and infrastructure 80.8%, Access to remote services 53.0%, there is family support 59.6%. **Conclusion**: The Chi-Square test shows a significant relationship between family support and the incidence of Covid-19, Washing Hands, Wearing a Mask, and PSBB. Body Immunity, Cough Ethics, then the qualitative results show that almost all informants said they always prevent COVID-19 by implementing health protocols by wearing masks and keeping a distance.

Keywords: Clinical practice; COVID-19; Dental Health

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Introduction

Coronavirus disease 2019 (COVID-19) is a world health problem. On 30 Jan 2020, WHO designated COVID-19 as a Public Health Emergency of International Concern (PHEIC) / Public Health Emergency that Concerned the World (KMMMD). On 12 Feb 2020, WHO officially designated this novel coronavirus disease in humans as COVID-19, announced by the Director General of the World Health Organization (WHO) Tedros Adhanom Ghebreyesus on Wednesday (11 Mar 2020). A pandemic occurs when an infectious disease spreads quickly from human to human in various places worldwide. (2020 Coronavirus Disease 2019 (COVID-19) preparedness guidelines).

The existence of COVID-19 resulted in a pandemic that has made many changes to the order of life in the world community. No one has been able to predict the future, even though many predictions are based on data and life trends during the COVID-19 pandemic (Ahmad, 2020). Since the first case appeared in Wuhan until September 2020, there have been 29,753,123 cases spread across 213 countries (data as of 16 Sept 2020). Although the first cases occurred in China, most were not in that country. Countries with the highest cases of COVID-19 are the USA, India, Brazil, Russia, Peru, Colombia, Mexico, South Africa, Spain, and Argentina. Indonesia is not included in the top 10 countries with the highest

cases of *Coronavirus disease* 2019 (COVID-19). The number positive for the Coronavirus in Indonesia has reached 232,628, with 9,222 deaths and 166,686 recovered.

Indonesia has confirmed positive cases of Coronavirus Disease 2019 (COVID-19) until the end of May 2020. It has reached around 23 thousand cases, while the total cases worldwide have reached around 5.5 million, according to monitoring results in Ministry of Health data. The highest number of each province is DKI Jakarta, the highest number of cases of 6,798 cases died, recovered 1,668 people, died 501 people were. East Java, the number of cases of 3,943 people, recovered 506 people, died 301 people were. Central Java, 1,315 cases, recovered 275 people, died 70 people. South Sulawesi had 1,352 cases, 499 people recovered, and 68 people died, while the fifth highest case was 807 cases, 178 people recovered, and 66 people died (RI Ministry of Health, 2020).

The government issued policies on working from home, studying from home, worshiping at home, and using masks, while the Health Protocol for the prevention of Coronavirus Disease 2019 (COVID-19) that was implemented included, Frequently washing hands with soap, using masks when coughing or having a runny nose, increasing consumption of balanced nutrition eat vegetables and fruit, be careful about contact with animals, don't consume uncooked meat, cough, runny nose and shortness of breath immediately go to a health facility (RI Ministry of Health 2020). Based on scientific evidence, Coronavirus Disease 2019 (COVID-19) can be transmitted from human to human through close contact and droplets, not through the air. People who are most at risk of contracting this disease are people who have close contact with COVID-19 patients, including those caring for COVID-19 patients (Nawalia 2022). Standard recommendations to prevent the spread of infection are regular hand washing, practicing coughing and sneezing etiquette, avoiding direct contact with livestock and wild animals, and avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing and in addition, implementing Infection Prevention and Control (PPI) while in health facilities, especially emergency units (RI Ministry of Health 2020). Prevention is an effort to direct several activities to protect clients from potential health threats. Prevention efforts are intended so that everyone avoids contracting a disease and can prevent the spread of disease. The goal is to control the factors that influence the onset of the disease, namely the cause of the disease (agent), humans or the host (host), and environmental factors (environment) (Notoatmodjo, 2007).

Anakku Clinic is a clinic that started as the private Practice of Dr. Hardiono Pusponegoro in Kelapa Gading in 1984. In 1995, the name Klinik Anakku was officially used. Over time, Annaku Clinic began to grow and opened several other branches in three places, namely Pondok Pinang and BSD. Currently, the Anakku clinic has three clinics, each handled by pediatricians from various sub-specialties and special interests with good service standards. Employees at this clinic consist of 34 people in the first branch and 18 people in the second branch, and 27 in the third branch, which include general dentists (GP/General Practice), dental specialists (orthodontist specialist, periodontist specialist, pedodontist specialist, conservation specialist, and surgeon specialist mouth), dental assistant, security, office boy and management (Azizi 2018).

During the pandemic, this clinic was not closed. It's just that during the pandemic, it always carried out the health protocols set by PDGI (Indonesian dentists' association), such as implementing 3M, using level 3 PPE, and constantly sterilizing tools and rooms. However, the Covid-19 positivity rate in the clinic is still very high. Namely, from 2020-2021 there were 21 people. Based on the explanation from the background above, the research is interested in taking the title "Factors Associated with the Incidence of Coronavirus Disease 2019 (Covid-19) in Clinical Practice."

Methods

This study used a quantitative research design supplemented with qualitative. The research design used was cross-sectional. The subject was only observed once, and measurements were made on the character or subject variables at the examination time.

The cross-sectional study aims to measure the dependent and independent variables together simultaneously.

Sample and Population

The population in this study was the total number of visitors to the clinic, totaling 250 visitors. The minimum sample that must be fulfilled (taken from the results of the most significant sample from the calculation results) is 89 x 2 = 178. The study added 10% of the total sample. Reserve: 10% X 178=17, the total sample is 17+178 = 195. So the sample needed in this study is 195 respondents.

Instruments

This study used a questionnaire instrument for quantitative research, supported by qualitative research in the form of interviews using an interview guide instrument.

Data collection

For educational research or classroom action research, clearly describe the instruments developed and their uses. The Author must be able to explain how the instrument is given. For science research, authors can change subtitles such as Extraction, Isolation Methods, and Test Samples.

For qualitative research, this research uses purposive sampling in determining informants. Purposive sampling is the determination of informants with specific considerations. All the data obtained are presented as sentences analyzed using the triangulation method.

Result

Distribution of Respondents

Table 1. shows that in the Covid-19 incident group, most were female (53.0%), aged > 18 years (70.2%), graduated from high school (86.4%), had a high minimum wage (78. .8 %), had good knowledge (50%), not densely populated (86.4%), adequate ventilation (82.2%), good lighting (97.5%), washing hands (52.9%), maintaining cough ethics (51.9%), wearing masks (51.4%), not engaging in social gatherings (80.8%), not maintaining body immunity (69.2%), facilities and infrastructure (80.8%), Access to remote services (53.0%), there is family support (59.6%).

Table 2. shows that clinics with good facilities and infrastructure are not at risk of exposure to Covid-19 (37.1%), while poor facilities and infrastructure are more at risk of exposure to Covid-19 disease (56.4%). The Chi-Square test results show no significant relationship between facilities and infrastructure with the incidence of Covid-19 (P Value-0.486). Table 3. shows that respondents with family support were more in the group experiencing Covid-19 events (73.8%) than those who did not experience Covid-19 events (51.6%). The Chi-Square test results showed a significant relationship between family support and the incidence of Covid-19 (P Value-0.001). The OR calculation results show that respondents with low family support are at risk of 2 times greater exposure to Covid-19 disease than those with high family support (95% CI -1.546-5.366).

Respondents who had less occupancy density in the group did not experience Covid-19 events (11.3%), then those who experienced dense occupancy experienced more Covid-19 events (88.7%) (Table 4). The Chi-Square test results showed no significant relationship between education and the incidence of Covid-19 (P-Value-0.733). Respondents who had ventilation met the requirements more in the fantastic group who did not experience Covid-19 events (42.3%) than those who experienced Covid-19 events (57.1%).

Table 1. Distribution of Respondents Based on the Incidence of COVID-19 in Clinical Practice in 2021

Characteristic Variables	Variable	Total	Percentage (%)
Gender	Man	93	47,0%
	Woman	105	53,0%
Education	High School Graduated	171	86,4%
	Low Did Not Finish High School	25	12,6%
Age	> 18 Years	139	78,8%
	< 18 Years	59	21,2%
Income	UMR	139	70,2%
	Below UMR	59	29,8%
Knowledge	Not Good	55	50%
	Well	55	50%
Physical Environmental Factors			
Occupancy Density	Congested	27	13%
	Not solid	171	86%
Ventilation	Adequate	163	82%
	Inadequate	35	18%
Lightning	Adequate	193	82%
	Inadequate	5	25%
Health Protocol			
Washing Hand	Yes	110	52%
	Not	88	42,3%
Maintaining Cough Ethics	Yes	108	51,9%
	Not	90	43,3%
Wearing a Mask	Yes	109	51,4%
	Not	91	43,8%
Social Association	Yes	30	14,4%
	Not	168	80,8%
Maintain Body Immunity	Yes	54	26.0%
	Not	162	69,2%
Support Factor			
Facilities and Infrastructure	There is	168	80,8%
	There aren't any	30	14,4%
Access to Health Services	Close	182	47,0%
	Far	105	53,0%
Family Support	There is	124	59,6%
	There aren't any	74	35,6%

Table 2. Relationship of Facilities and Infrastructure to the Incidence of Coronavirus Disease 2019 (Covid-19) in 2021 Clinical Practice

Facilities and Infrastructure Variables		Covid-19 events				P-Value	PR (95% CI)
		Not Event		Event			
		n	%	n	%		
1	Well	13	37,1	22	62,9	0,486	0,766 (3,61-1,625)
2	Not good	71	43,6	92	56,4		

Table 3. The Relationship between Family Support Variables and the Incidence of Coronavirus Disease 2019 (Covid-19) in Clinical Practice in 2021 (Febriansyah, 2017).

Family Support Variable		Covid-19 events				P-Value	PR (95% CI)
		Not Event		Event			
		n	%	n	%		
1	There is	64	51,6	60	48,4	0,001	2,880 (1,546-5,366)
2	There aren't any	20	27,0	54	73,0		

The Chi-Square test results showed no significant relationship between ventilation and the incidence of Covid-19 (P Value-0.954). Respondents who had good lighting were more in the group that did not experience Covid-19 events (41.9%) than the lighting was not good in the group that experienced Covid-19 events (20.0%). The Chi-Square test results showed no significant relationship between lighting and the incidence of Covid-19 (P Value-0.845).

Table 4. Relationship between Physical Environment Variables and the Incidence of Coronavirus Disease 2019 (Covid-19) in Clinical Practice in 2021

Physical Environment Variables		Covid-19 events				P-Value	PR (95% CI)
		Not Event		Event			
		n	%	n	%		
Occupancy Density							
1	Congested	8	11,3	63	88,7	0,468	0,722 (0,299-1,745)
2	Not solid	19	15,0	108	85,0		
Ventilation							
1	Well	69	42,3	94	57,7	0,954	0,979 (0,468-2,047)
2	Not good	15	42,9	20	57,1		
Lightning							
1	Well	80	41,5	11,3	58,5	0,845	0,177 (0,19-1,613)
2	Not good	4	40,0	1	20,0		

Table 5. Relationship between Physical Environment Variables and the Incidence of Coronavirus Disease 2019 (Covid-19) in Clinical Practice in 2021

Service Access Variable		Covid-19 events				P value	PR (95% CI)
		Not Event		Event			
		n	%	n	%		
1	Well	67	36,8	115	63,2	0,345	1,748 (0,542-5,637)
2	Not good	4	25,0	12	75,0		

Respondents with Access to good services were fewer than those without Covid-19 events (36.8%) compared to those with Covid-19 events (63.2%). The Chi-Square test results showed no significant relationship between Access to services and the incidence of Covid-19 (P Value-0.345) (Table 5). Respondents did less hand washing in the group that did not experience a Covid-19 incident (47.3%) compared to those who did experience a Covid-19 event (63.6%). The Chi-Square test results showed a significant relationship between hand washing and the incidence of Covid-19 (P Value-0.123) (Table 6). The OR calculation results show that respondents who do not wash their hands are at risk of 1 times greater exposure to Covid-19 than those washing their hands (95% CI -(0.884-2.784). Respondents who maintain cough ethics are fewer in the group who do not experience Covid-19 events (50.0%) than those not observing cough etiquette. More cases of Covid-19 (66.7%) were reported. The Chi-Square test results showed a significant relationship between cough etiquette and the incidence of Covid-19 (P Value-0.018). The OR calculation results show that

respondents who do not observe cough etiquette have a two times greater risk of exposure to Covid-19 than adherence to cough etiquette (95% CI -(1.122-3.566).

Table 6. Relationship of Health Protocol Variables to the Incidence of Coronavirus Disease 2019 (Covid-19) in Clinical Practice in 2021

Health Protocol Variables		Covid-19 events				P Value	PR (95% CI)
		Not Event		Event			
		n	%	n	%		
Washing hands							
1	Washing hands	52	47,3	58	52,7	0,123	1,569 (0,884-2,748)
2	Not Washing hands	32	36,4	56	63,6		
Maintaining Cough Ethics							
1	Well	54	50,0	54	50,0	0,018	2,000 (1,122-3,566)
2	Not Good	30	33,3	60	66,7		
Wearing Mask							
1	Well	54	50,5	53	49,5	0,13	2,072 (1,162-3,695)
2	Not Good	30	33,0	61	67,0		
Social Association							
1	Association	30	100.0	0	0,0	0,000	3,111 (2,497-2,876)
2	Not Association	54	32,1	114	67,9		
Maintain Immunity							
1	Maintain Immunity	47	87,0	7	13,0	0,000	19,417 (8,073-6,706)
2	Not Maintaining Immunity	37	25,7	107	74,3		

Fewer respondents used masks in the group that did not experience an incident of Covid-19 (50.5%) compared to the group that did not wear a mask that experienced an incident of Covid-19 (67.0%). The Chi-Square test results showed a significant relationship between not using a mask and the incidence of Covid-19 (P Value-0.013). The OR calculation results determined that respondents who did not use masks had two times the risk of experiencing a Covid-19 event compared to those wearing masks (95% CI -(1.162-3.695).

Respondents who held social gatherings were minor in the group that experienced Covid-19 events (100.0%) than those who did not experience Covid-19 events (67.9%). (P Value-0.000). The results of the OR calculation show that respondents who participate in social gatherings have an 8.214 times greater risk of experiencing a Covid-19 event than those who do social gatherings (95% CI -3.307-20.404).

Respondents who maintain body immunity are more in the group who do not experience Covid-19 events (39.4%) than those who experience Covid-19 events (74.3). The Chi-Square test results show a significant relationship between not maintaining body immunity and the incidence of Covid -19 (P Value-0.000). The OR calculation results show that respondents who do not maintain their immunity have a 19 times greater risk of experiencing a Covid-19 event than those who maintain their immunity (95% CI (8.073-46.702).

The results of in-depth interviews with informants about the COVID-19 incident concluded that almost all informants said they always prevented COVID-19 by implementing health protocols. Still, according to reality, they complied with health protocols.

> "*I'm confused how to answer, all of that has been arranged above. If I'm asked to obey, I stay obedient. It's like wearing a mask, but sometimes it's too hot to open it" (A1)*
> *"If asked to obey, I will obey you. I wear a mask every day and keep my distance. If visitors come here to shop, I always wear a mask*" (A2)

"*What can you do, bro? We have to obey the health protocol. It's our obligation as citizens of Indonesia who are not affected by the 19 viruses. Indeed, all of that has difficulties because it's new if you suddenly wear a mask in the market. The point is we do it, only now is our income decreasing daily, unlike before Corona*" (A3).

"*As for the COVID-19 issue, we always prioritize socialization related to the prevention of transmission by complying with health protocols by a notification letter from the government explaining that it is hoped that all visitors can comply with mandatory health protocols, wear masks, maintain a safe distance and maintain cleanliness, we have done all that*" (C1).

The results of in-depth interviews with visitor informants concluded that all visitors interviewed said the same thing, always complying with health protocols in preventing the spread of Virus-19.

"Oh my goodness, sis, we constantly "obey the health protocol. We must break the chain of the COVID-19 virus. Even at the beginning of Covid, we were all in the same family, so we didn't want to go to the clinic, but what else do we need? At the beginning of Covid, we were only in the house doesn't dare to go out. If asked now, I'm used to it. The important thing is to wear a mask" (B1).

"Yes, mother, This is the current condition. I just have to do everything that has been regulated above. If asked to follow the health protocol, try to see for yourself. I'm wearing a mask, right?" (B2).

Table 7. In-Depth Interview Results

No	Code	Description	Age	Gender
1	A1	Visitors	41	Man
2	A2	Visitors	35	Woman
3	A3	Visitors	32	Man
4	B1	Visitors	40	Woman
5	B2	Visitors	25	Woman
6	B3	Visitors	20	Woman
7	C1	Head of Clinic	-	-

Discussion

Based on scientific evidence, Coronavirus Disease 2019 (COVID-19) can be transmitted from human to human through close contact and droplets, not through the air. People who are most at risk of contracting this disease are people who have close contact with COVID-19 patients, including those caring for COVID-19 patients. Standard recommendations to prevent the spread of infection are regular hand washing, practicing coughing and sneezing etiquette, avoiding direct contact with livestock and wild animals, and avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing and in addition, implementing Infection Prevention and Control (PPI) while in health facilities, especially emergency units (RI Ministry of Health 2020).

Data from the Indonesian Ministry of Health shows that most corona patients are in their productive age. 38.9% of patients are in the age range of 30-49 years. While 37.8% are aged 50 to 59 years, 6.05% of corona sufferers are over 70 years old, and 15.9% of patients are aged 10-29. The last 1.17% of corona sufferers are children 0-9 years (the Republic of Indonesia Ministry of Health data 2020).

The results of the research (Anggun et al., 2020) show that the people who are respondents are people in the adolescent age category, namely 93.7%, the unemployed status of 77.2%, female sex of 66.3%, position in the family household members, namely 97.8%, and having good knowledge about the prevention of Coronavirus Disease 2019 (COVID-19) of 69.2%. Cases of COVID-19 that occur in children are not as many as in adults. Almost all cases of COVID-19 that occur in children are transmitted from their own families. The incidence of COVID-19 occurring in children aged 10-19 years is 1 (one) percent (549/72,314), while the incidence of COVID-19 occurring in the group of children aged less than ten years is 0.9 percent (Evi et al., 2020). In this case, there needs to be continuous

socialization regarding clean and healthy living behavior because many people still don't understand, so many still consider PHBS unimportant. But people don't need to worry during the Covid-19 pandemic because of the implementation of PHBS, which includes maintaining nutritious food, getting enough rest, boosting the immune system, and controlling Covid-19 infection. Self-protection can be done by wearing a mask, constantly washing hands thoroughly, and maintaining a healthy and clean lifestyle so that it can prevent the virus from entering the human body. Fighting the Corona Covid-19 virus is the key to maintaining a clean and healthy lifestyle (PHBS). This is an effortless but efficient thing to do (Titin, 2019). One is getting used to washing hands with soap or hand sanitizer after every activity (Marni, 2020).

Conclusions

There is no relationship between gender, age, education, income, facilities and infrastructure, occupancy density, ventilation, and the incidence of Covid-19 in Clinical Practice. -19 In Clinical Practice.

Declaration statement

The authors reported no potential conflict of interest

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