

The Effect Of The New Normal Regulations Of The Covid-19 Pandemic On The Visist Of Patients Dental And Mouth

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Abstract

Covid-19 cases in Indonesia are increasing every day. This situation has an impact on people's lives, especially in the economic field due to social restrictions that occur in the community. Therefore, the government has started to gradually reopen social restrictions to save the economy. This initiative is known as "New Normal" where in this situation people's activities can run as usual but still follow health protocols to avoid transmission and spread of the virus. This study aims to determine the effect of the readiness of the new normal regulation of the Covid-19 pandemic, the effect of the readiness of PPE, human resources, work environment and health promotion on dental and oral patient visits. This type of research is an analytic survey with a cross-sectional design. The sampling technique in this study used inclusion and exclusion criteria where the population was sampled as many as 50 people and had met the inclusion criteria. The results of the bivariate test showed the effect of the New Normal Regulation ($p=0.040$), PPE ($p=0.035$), human resources ($p=0.162$), work environment ($p=0.162$), health promotion = 0.050. The results of this study concluded that there was an effect of the new normal regulation, PPE, and health promotion on dental and oral patient visits.

Keywords: Covid-19, New Normal, Regulation, PPE, Health Promotion

I. INTRODUCTION

For about a year now, the entire world was powerless before the COVID-19 pandemic. According to statistics from CDC.WHO.ECDC, the number of Covid19 infections reached 166,430,907 million, this virus has caused more than 3,449,181 deaths worldwide. In Indonesia, the number of recorded cases reached more than 1,769,940 cases with a total of 49,205, this situation greatly affects people's lives, especially in the economic field due to social restrictions that occur in society. because the government began to gradually reopen social restrictions to save the economy in Indonesia. This initiative is called "New Normal", in this situation community activities can run as usual but still follow health protocols to avoid transmission and spread of the virus. The impact of the COVID-19 pandemic has prompted the government to issue new policies or regulations that limit people's activities while outside the home, thus bringing socio-economic impacts as well as formal labour. Terminations of Employment (PHK) are increasing day by day and as a result, the company stops operating and is unable to bear its operational costs[1]. Therefore, Indonesia continues to experience a decline in both production and economic and social output in all fields. Not only that, there is even a decrease in the number of visits to health services in every corner of the country. One of the sectors most affected by a pandemic situation like this is health centres. Health service centres such as public health must be prepared to face the new normal. As the first primary health care centre, public health must have three main tasks during the Covid-19 pandemic, namely preventing disease, detecting disease and responding to it.[2].

A study concluded that the COVID-19 pandemic was the cause of the increased workload and stress of health workers. The main influencing factors are the perception of the risk of infection for themselves and their staff's families, patient deaths, availability of PPE, recognition of the work of hospital authorities, and an increase in the number of reported Covid cases. Therefore, to maintain and encourage the involvement of health workers in the future, staff support and provision of facilities and equipment by health facilities and

the government is very important[3]. Medical services in the new normal era are very different from the pre-Covid19 situation. Integrated services post must prepare stricter safety and security procedures, such as access arrangements, screening and triage, health protocols, implementation of compliance with isolation precautions, and use of information and communication technology, as well as guidelines for implementing health services during the COVID-19 pandemic[4]. Based on an initial survey conducted by researchers at the Gunung Tinggi Public Health Center, in 2019 data on patient visits at the Dental and Oral Polyclinic at the Gunung Tinggi Health Center were 284 cases, 47 cases of dental caries and 127 cases of permanent tooth extraction and there were 110 cases with other dental diseases. Meanwhile, patients who visited the Dental and Oral Clinic in 2020 experienced a decrease of 208 cases, with details 70 cases of dental caries, 53 cases of permanent tooth extraction and 85 cases of other dental diseases. It is suspected that people choose not to come to health facilities because they are worried about contracting Covid-19, so people prefer to buy drugs at drug stores or in stalls without a doctor's prescription. The impact of the COVID-19 pandemic, researchers saw a decrease in patient visits, whether this decrease was influenced by the lack of complete PPE, lack of quality human resources, environment and health promotion as well as regulations that support the implementation of patient care arrangements.

Based on the background above, the authors are interested in taking the title "The Effect of the New Normal Regulation of the Covid-19 Pandemic on Dental and Oral Patient Visits". The purpose of this study is to determine the effect of the new normal regulation of the COVID-19 pandemic, the effect of PPE readiness, work environment readiness and health promotion readiness on dental and oral patient visits. New normal regulations are regulations, decisions, policies or guidelines issued/issued by a leader to resolve problems quickly and wisely by formulating steps/creating a new order to accelerate the handling of the Covid-19 pandemic in health, social and economic aspects in the midst of -in the middle of society[5]. Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/1591/2020 concerning "Health Protocols in Health Service Facilities in the Context of Prevention and Control of Corona Virus Disease 2019 (Covid-19). Establish infection prevention and control (PPI) policies, form PPI committees/teams, organize PPI education and training for all personnel who provide health services in health facilities, and install information media to follow the provisions of health protocols. Always use a mask, or face shield, keep a distance from other people and wash your hands with soap or hand sanitiser. Increase endurance by implementing PHBS: consuming balanced nutrition, physical activity for at least 30 minutes and adequate rest Comply with applicable regulations in health care facilities, do not visit health facilities as a patient visitor, and always apply health protocols during the health facility environment[6]. Personal Protective Equipment (PPE) for health workers is a set of tools used by health workers to protect the body or body, especially in the face of a pandemic. PPE that is used by health workers not carelessly must have a level of use that is adapted to the occupational health service and activities of health workers, to prevent the entry of free particulate, liquid or airborne substances, especially to protect the user from the spread of infection[7]. By the Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/Menkes/1591/2020, the required resources needed to respond to COVID-19 control must be available and implemented to support the implementation of medical and laboratory responses as well as other aspects of the response.

The need for resources also needs to be ensured by the central government in collaboration with local governments, health service facilities, the community and other stakeholders in preventing and controlling the transmission of COVID-19 in health care facilities. Human resources are the most important assets that act as the main driving force in carrying out various activities and activities in an agency so they must be managed properly through Human Resource Management (HRM)[8]. Poor working conditions have the potential to cause workers to fall ill easily, get stressed, find it difficult to concentrate and decrease work productivity. If the workspace is uncomfortable, hot, air circulation is inadequate, the workspace is not clean, crowded or noisy, it will have a huge impact on the workers themselves [9]. Based on Nitisemito[10], the work environment is anything that is around workers that can affect the fulfilment of their obligations and responsibilities as employees. Meanwhile, according to Terry [9], the work environment is all the forces that can affect workers either directly or indirectly on the performance of workers or the organization of a

company. Health promotion is the most important thing in controlling and preventing Covid-19. Health promotion can provide information or health messages (health education), and health policies directly to the public. With the health promotion, it is hoped that the rapid spread of COVID-19 can be pursued by taking quick action as well. If only curative efforts are carried out, it will not be able to balance the resources in health services in handling the increasing number of cases. Therefore, health promotion efforts have a very large role in prevention efforts with community-based interventions. The strategy of using local champions will be more effective in mobilizing people with diverse and different backgrounds.[11] Patient visits are the patient's trust in meeting their needs. The high level of patient visits to health services can be seen from the level of time, namely daily, monthly and yearly. Patient visits are also an interest in community utilization of health care facilities, both outpatient, inpatient and also home visits by health workers or patient visits to integrated services post and other health care facilities, both private and government-owned[12].

II. METHODS

This study uses a quantitative type of research with a cross-sectional design approach, this study was carried out in January 2022. The population in the study was the entirety of dental and oral patient visits at the Gunung Tinggi Health Center in 2021. The sample in this study was all of the population 50 samples. people and have met the inclusion criteria.

III. RESULTS AND DISCUSSION

3.1. Univariate Analysis

Table 3.1. Frequency Distribution Based on Age and Gender Characteristics The Effect of Pandami Covid-19's New Normal Regulation on Visits Dental and Oral Patient

No	Variable	Total (N)	Percentage (%)
1.	Age		
	Teenagers (15 – 25 Years)	16	32.0
	Adult (26-45 Years)	31	62.0
	Elderly (46-65 Years)	3	6.0
	Total	50	100
2.	Gender		
	Man	13	26.0
	Woman	37	74.0
	Total	50	100
3	Independent Variable		
	Patient Visit	50	100
	- Well	19	36
	- Enough	31	64
	- Not enough	0	0
4	Dependent Variable		
	New Normal Regulation	50	100
	- Complete	17	34
	- Less complete	33	66
	Personal protective equipment	50	100
	- Complete	20	40
	- Less complete	30	60
	Human Resources	50	100
	- Well	47	94
	- Enough	3	6

- Not enough	0	0
Work environment	50	100
- Complete	47	94
- Less complete	3	6
Health Promotion	50	100
- Complete	14	28
- Less complete	36	72

Based on table 3.1, it can be seen that the age characteristics of respondents who visit dental and oral patients are the majority of adult patients (26-45 years) as many as 31 people. Based on the gender characteristics of the respondents, the majority of patients who visited dental and oral patients were female as many as 37 people (74%).Based on the characteristics of each variable in the table above, it is known that the patient visit variable which states that it is sufficient is 31 people (64%) and the new normal regulation variable which states that it is incomplete is 33 people (66%). For the PPE variable which states that it is incomplete as many as 30 people (60%) and for the HR variable there are 47 people (94%), for the work environment variable which states complete there are 47 people (94%) and for the health promotion variable which states less There were 36 people (72%).

3.2 Bivariate Analysis

Table 3.2.The Influence Between New Normal Regulations And Dental Patient Visits Mouth

New Normal Regulation	Patient Visit						Total	<i>p-value</i>	
	Well		Enough		Not enough				
	N	%	N	%	N	%			
Complete	7	41.2	10	58.8	0	0	17	34	
Less complete	12	36.4	21	63.6	0	0	33	66	0.040

Based on table 3.2, it can be seen that there are 33 people (66%) who think that the new normal regulation in the incomplete category comes from the majority of patient visits in the sufficient category as many as 21 people (63.6%). So that it can be seen that the $p\text{-value} = 0.040$ ($p < \alpha$) = 0.05 means H_0 is rejected, this shows that there is an influence between the new normal regulation and dental and oral patient visits.

Table 3.3. Effect of Personal Protective Equipment and Dental Patient VisitsMouth

Personal protective equipment	Patient Visit						Total	<i>p-value</i>	
	Well		Enough		Not enough				
	N	%	N	%	N	%			
Complete	9	45.0	11	55.0	0	0	20	40	
Less complete	10	33.3	20	66.7	0	0	30	60	0.035

Based on table 3.3 above, it can be seen that there are 30 people (60%) of the opinion that the personal protective equipment category is incomplete the majority come from the sufficient category as many as 20 people (66.7%). So it is known that the $p\text{-value} = 0.035$ ($p < \alpha$) = 0.05 means H_0 is rejected, this shows that there is an influence between personal protective equipment and dental and oral patient visits.

Table 3.4. Effect of Human Resources and Dental Patient VisitsAnd Mouth

Human Resources	Patient Visit			Total	<i>p-value</i>
	Well	Enough	Not		

	enough								
	N	%	N	%	N	%	N	%	
Well	19	40.4	28	59.6	0	0	47	94	
Enough	0	0	3	6	0	0	3	6	
Not enough	0	0	0	0	0	0	0	6	0.162

Based on table 3.4 above, it is known that out of 47 people (94%) who thought that the good category of human resources came from patient visits in the sufficient category, 28 people (59.6%). Therefore, it can be seen that the $p\text{-value} = 0.162$ ($p > \alpha = 0.05$) means H_a is accepted, this shows that there is no influence between human resources and patient visits.

Table 3.5. Effect of Work Environment and Dental and Oral Patient Visits

Work environment	Patient Visit						Total	<i>p-value</i>	
	Well		Enough		Not enough				
	N	%	N	%	N	%			
Complete	19	40.4	28	59.6	0	0	47	94	
Less complete	0	0	3	6	0	0	3	6	0.162

Based on table 3.5 above, it can be seen that there are 47 people (94%) who think that the work environment in the complete category comes from patient visits in the moderate category as many as 29 people (56.6%). So that it can be seen that the $p\text{-value} = 0.162$ ($p < \alpha = 0.05$) means H_a is accepted, this shows that there is no influence between the work environment and dental and oral patient visits.

Table 3.6. Effect of Health Promotion with Dental and Oral Patient Visits

Health Promotion	Patient Visit						Total	<i>p-value</i>	
	Well		Enough		Not enough				
	N	%	N	%	N	%			
Complete	6	42.9	8	57.1	0	0	14	28	
Less complete	13	36.1	23	63.9	0	0	36	72	0.050

Based on table 3.6 above, it can be seen that there are 36 people (72%) who think that the health promotion category is not complete from sufficient patient visits as many as 23 people (63.9%). So that it can be seen that the value of $p\text{-value} = 0.050$ ($p < \alpha = 0.05$) means H_0 is rejected, this shows that there is an influence between health promotion and dental and oral patient visits.

IV. CONCLUSION

Based on the results of the research on the effect of the new normal regulation of the Covid-19 pandemic on dental and oral patient visits, there is an effect of the new normal regulation of the covid-19 pandemic on dental and oral patient visits, there is an effect of personal protective equipment on dental and oral patient visits, and there is an influence on dental and oral patient visits. health promotion of dental and oral patient visits.

REFERENCES

- [1] M. M. Dewi, F. Magdalena, N. P. D. Ariska, N. Setiyawati, and W. C. B. Rumboirusi, "Dampak Pandemi Covid-19 terhadap Tenaga Kerja Formal di Indonesia The Impact of Covid-19 Pandemic on Formal Labour in Indonesia," *Populasi*, vol. 28, no. 2, pp. 32–53, 2020.
- [2] S. Sadiman and Y. Triwijayanti, "Pemberdayaan Keluarga dalam Pencegahan Covid-19 di Wilayah Puskesmas Karangrejo Metro Utara," *J. Pengabdian ...*, vol. 2, no. 1, pp. 1–7, 2021.
- [3] Y. P. D. Utami, R. T. Pinzon, and A. Meliala, "Evaluasi Kesiapan Rumah Sakit Menghadapi Bencana Non-

- Alam: Studi Kasus COVID-19 di Rumah Sakit Bethesda Yogyakarta,” *J. Kebijak. Kesehat. Indones. JKKI*, vol. 10, no. 2, pp. 100–106, 2021, [Online]. Available: <https://journal.ugm.ac.id/jkki/article/view/61686>
- [4] Athena, E. Laelasari, and T. Puspita, “PELAKSANAAN DISINFEKSI DALAM PENCEGAHAN PENULARAN COVID-19 DAN POTENSI RISIKO TERHADAP KESEHATAN DI INDONESIA Implementation of Disinfection in Prevention of Covid-19 Transmission and Its Potential Health Risk,” *J. Ekol. Kesehat.*, vol. 19, no. 1, pp. 1–20, 2020.
- [5] INDRI MARITASARI, “Implementasi Regulasi Pelayanan Pernikahan Pada Era New Normal Di Kua Kecamatan Padamara Kabupaten Purbalingga,” *Progr. Stud. Huk. Kel. Islam Fak. Syariah Univ. Islam Negeri Prof. K.H. Saifuddin Zuhri Purwokerto*, vol. 3, p. 8, 2021, [Online]. Available: [http://repository.iainpurwokerto.ac.id/10813/2/INDRI MARITASARI Implementasi Regulasi Pelayanan Pernikahan Pada Era New Normal Di KUA Kecamatan Padamara Kabupaten Purbalingga.pdf](http://repository.iainpurwokerto.ac.id/10813/2/INDRI%20MARITASARI%20Implementasi%20Regulasi%20Pelayanan%20Pernikahan%20Pada%20Era%20New%20Normal%20Di%20KUA%20Kecamatan%20Padamara%20Kabupaten%20Purbalingga.pdf)
- [6] Kementerian Kesehatan Republik Indonesia, “KMK_No._HK.01.07-MENKES-382-2020_ttg_Protokol_Kesehatan_Bagi_Masyarakat_di_Tempat_dan_Fasilitas_Umum_Dalam_Rangka_Pencegahan_COVID-19,” *J. Respirologi Indones.*, vol. 40, no. 2, pp. 119–129, 2020.
- [7] Kemenkes RI, “Standar Alat Pelindung Diri (APD),” *Archipel*, vol. 13, no. 1, p. 14, 2020, [Online]. Available: <https://farmalkes.kemkes.go.id/unduh/standar-alat-pelindung-diri-apd-dalam-manajemen-penanganan-covid-19/>
- [8] Sedarmayanti, “Bedah Buku Perencanaan & Pengembangan Sumber Daya Pengantar,” *Univ. Dr. Soetomo*, p. 58, 2017, [Online]. Available: [http://staff.uny.ac.id/sites/default/files/PERENCANAAN SDM_0.pdf](http://staff.uny.ac.id/sites/default/files/PERENCANAAN_SDM_0.pdf)
- [9] R. T. George, *Prinsip-Prinsip Manajemen*. Jakarta: Bumi Aksara, 2006.
- [10] A. S. Nitisemito, *Manajemen Personalia (Manajemen Sumber Daya Manusia)*. Jakarta: Ghalia Indonesia, 2006.
- [11] H. Qaimamunazzala, “Analisis Pelaksanaan Sistem Manajemen Keselamatan dan Kesehatan Kerja (SMK3) Dalam Melayani Pasien Covid-19 di Rumah Sakit Universitas Tanjungpura Pontianak,” *Progr. Pascasarj. Fak. Kedokt. Kesehat. Masy. Keperawatan Univ. Gadjah Mada Yogyakarta*, 2021, [Online]. Available: <http://etd.repository.ugm.ac.id/penelitian/detail/203618>
- [12] P. Nonutu, N. Mulyadi, and R. Malara, “Hubungan Jumlah Kunjungan Pasien Dengan Ketepatan Pelaksanaan Triase Di Instalasi Gawat Darurat Rsup Prof. Dr. R.D. Kandou Manado,” *J. Keperawatan UNSRAT*, vol. 3, no. 2, p. 106339, 2015, [Online]. Available: <https://ejournal.unsrat.ac.id/index.php/jkp/article/view/8092/7653>