

Risk Factor Analysis Of Nurse's Depression Level Using The Beck Depression Inventory Method In The Isolation Room For Covid-19 Patients Royal Prima Medan In 2022

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Abstract.

This Corona Virus has been named SARS-CoV 2 and this virus moves from human to human through direct contact and has symptoms ranging from mild to severe. Nurses can experience psychological disorders in the form of depression because they are directly involved in treating Covid-19 patients. The purpose of this study was to analyze risk factors (working time, risk of exposure, workload, stigma, and social support) on the level of depression of nurses using the Beck Depression Inventory method in the isolation room for Covid-19 patients at Royal Prima Hospital Medan in 2022. The type of research used is an analytical study with a cross-sectional approach with primary and secondary data collection in February - March 2022. The number of research samples is 95 nurses who work in the Covid-19 isolation room. The data were analyzed univariately to see a descriptive picture, bivariate using the product-moment test, and multivariate by using the multiple logistic regression test. The results of this study are; based on age the most in the age group 20-30 years (93.7%), gender, dominated by women (73.7%). Based on education, it was found nurses with a Diploma education (75.8%), work 1-2 years (50.5%). Based on marital status, predominately single (76%). In the bivariate analysis, there was a relationship between risk factors and the level of depression of nurses in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022. In the multivariate analysis, working time (0.007), risk of exposure (0.003), workload (0.002), stigma (0.024), and social support (0.012). The conclusion of this study is that there is an influence of risk factors on the level of depression of nurses in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022.

Keywords: Covid-19, Nurse Depression, Risk Factors, Royal Prima Hospital Medan.

I. INTRODUCTION

According to Unicef (2020), Corona Virus Disease/Covid-19 is a highly contagious disease with general symptoms of fever, diarrhea, weakness, and cough. In this case, this virus has been named SARS-CoV 2, namely severe acute respiratory syndrome and this virus can move quickly from human to human through direct contact. In Indonesia, based on a report from the Ministry of Health of the Republic of Indonesia dated January 19, 2021, the number of positive cases of this disease continues to grow to reach 927,380 people with the number of patients recovering 753,948 and the number of patients dying 26,598. The highest number of cases occurred in DKI Jakarta with 106,076 cases and the lowest cases occurred in West Sulawesi Province with 2,547 cases. Meanwhile, in North Sumatra Province, the number of Covid-19 cases has reached 19,799 people with a cure rate of 17,060 cases and 716 deaths. According to research by Zhao et al, (2020), the angiotensin-converting enzyme 2 (ACE2) is the receptor for SARS-CoV-2. In normal lungs, ACE 2 is expressed in alveolar types I and II. Men have higher ACE 2 levels than women. Asians have higher levels of ACE 2 expression than whites and African Americans. Increased expression of ACE 2 occurs due to the binding of SARS-CoV-2 to the receptor which causes damage to alveolar cells that can trigger a series of systemic reactions and even death. Psychological disorders in the form of depression and other mental health symptoms can be experienced by health workers because they are directly involved in the diagnosis, treatment, and care of Covid-19 patients. There are various factors that have been studied and reported including heavy workloads, thin personal protective equipment, Too frequent and widespread media coverage, lack of certain medications, and feelings of not being adequately supported all contribute to the mental burden of health workers (Lai, J, Ma. 2020). The ability to control concerns about personal health, the spread of the virus, family health, changes in work patterns, and the isolation process all contribute to lower rates of depression.

More attention is also needed regarding the mental health of nurses, especially women and those who care for patients. Everyone's level of depression can be different depending on the related factors (Wang

et al., 2020). Factors that affect nurses' mental health problems during the Covid-19 pandemic, including personal factors include age, gender of a woman, married, having children, having elderly parents, working as a nurse, and working in high-risk places. . Meanwhile, situational factors that influence depression include risk of exposure, social support, PPE, stigma, and workload. The mental health of nurses as a frontline, during a pandemic, is very important to pay attention to, therefore minimizing situational factors can reduce the level of symptoms of nurses' depression (Nurfadillah, 2021). Royal Prima Hospital Medan with Type B Education status having its address at Jl. Father No. 68A Medan. The number of Covid-19 patients who have been treated at the Royal Prima Hospital for the April-November 2020 period with details of confirmed cases, namely 2039, consisting of 1159 non-comorbid patients and 880 comorbid patients. The absence of a Covid-19 drug at this time makes nurses feel anxious even though in carrying out their duties they have used safe personal protective equipment according to the health service protocol at the hospital. Not a few nurses stopped because they were afraid of contracting the disease. Even though support from professional friends and the hospital has tried to provide safety, especially for nurses working in isolation rooms. Even the support not only came from the hospital but family and close friends did not escape providing motivation to always be vigilant and obey the safety standards in the hospital. Social support is very important in the psychological dimension to provide self-confidence, improve coping mechanisms, and nurses' quality of life. Based on the description above, the author is interested in studying the Analysis of Nurse Depression Levels with the Beck Depression Inventory Method in the Isolation Room of Covid-19 Patients at Royal Prima General Hospital Medan in 2022.

II. LITERATURE REVIEW

2.1. Corona Virus

Corona viruses are RNA viruses that look like crowns under an electron microscope (corona is the Latin term for crown) due to the presence of a glycoprotein spike on the viral envelope. Derived from the Orthocoronavirinae subfamily of the Coronaviridae family (Ordo Nidovirales) which can be classified into four groups of CoVs, namely: Alphacoronavirus (alpha CoV), Betacoronavirus (beta CoV), Deltacoronavirus (delta CoV), and Gamma-coronavirus (gamma CoV). Furthermore, the beta CoV genus is divided into five subgenera or lineages, one of which is nCov-2019 (Chan et al., 2013). Coronaviruses have capsules, particles of spherical or elliptical shape, often pleomorphic with a diameter of about 50-200nm. All viruses of the order Nidovirales are capsule, unsegmented, and RNA positive viruses and have very long RNA genomes. The structure of the coronavirus forms a cube-like structure with the S protein located on the surface of the virus. S protein or spike protein is one of the main viral antigen proteins and is the main structure for gene writing.

This S protein plays a role in the attachment and entry of the virus into host cells (interaction of protein S with its receptors on the host cell) (Burhan et al, 2020). Zhao et al (2020) found that the conversion enzyme angiotensin 2 (ACE2) is the receptor for SARS-CoV-2. In normal human lungs, ACE2 is expressed in alveolar types I and II. Among them, 83% of the type II alveolar cells had ACE2 expression. Men have higher levels of ACE2 in their alveolar cells than women. Asians have higher levels of ACE2 expression in their alveolar cells than whites and African Americans. The binding of SARS-CoV-2 to ACE2 leads to increased expression of ACE2, which can cause damage to alveolar cells. Alveolar cell damage can trigger a series of systemic reactions and even death. Clinical manifestations usually appear within 2 to 14 days after exposure. Common signs and symptoms of coronavirus infection include symptoms of acute respiratory distress such as fever, cough, and shortness of breath. In severe cases, it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death (Isabiah et al, 2020).

2.2. Depression

Depression is a condition in which a person feels sad, or disappointed when experiencing a change, loss, or failure and becomes a pathological inability to adapt (Townsend, 2009). Depression is a mood disorder characterized by hopelessness, excessive helplessness, inability to make decisions to start an activity, inability to concentrate, lack of enthusiasm for life, and attempts to commit suicide (Lubis, 2009). According to WHO, the general criteria for depression are weight loss, restless or lethargic behavior. Someone who is depressed at an older age has cognitive symptoms such as forgetfulness and slowing of

movement (Lubis, 2009). The category of depressive symptoms is divided into four parts, namely emotional, cognitive, motivational, and physical (Lubis, 2009).

2.2.1. Depression Level Measurement

Depression can be measured in severity with depression measuring tools such as the Beck Depression Inventory (BDI) or the Hamilton Rating Scale for Depression (HRSD). Psychodynamically, depression is aggressiveness and feelings of regret and anger because of the "lost" that is directed at oneself, so people with depression tend to self-destruct (Wicaksono, 2008). Beck Depression Inventory-II (BDI II) is a screening instrument that is often used to measure depression in the adolescent to adult age group, this measuring instrument was created to be used in the age group over 13 years. BDI II is an improvement from the original BDI which was indeed developed by Beck and colleagues (Segal et al., 2008).

This measuring instrument consists of 21 groups of symptoms that describe sadness, pessimism, feelings of failure, dissatisfaction, guilt, the hope of punishment, self-hatred, self-blame, suicidal ideation, crying, irritability, withdrawal from society, unable to make decisions, changes in body shape, work problems, insomnia, fatigue, anorexia, concentration, somatic preoccupation and decreased libido. BDI is a behavioral assessment in the form of a self-report rating inventory with attitudinal criteria and symptoms of depression. The content of this measuring instrument is a description of 6 characteristics of depression from 9 characteristics referred to in DSM IV, with Cronbach's alpha value of 0.93 (Arnau et al., 2001).

2.2.2. Factors Affecting Nurse Depression

The Covid-19 pandemic has put tremendous pressure on healthcare workers. It is important to know and demoralizing to get encouragement and support from qualified health professionals. Health workers can continue to seek self-reinforcement via telephone, email, or video contact with those closest to them or their families (Shader, 2020). According to research (Suwarno et.al. 2020) in addition to salary and a work environment that does not support the performance of nurses. There are several factors that affect the level of depression of nurses who work in isolation rooms for Covid-19 patients, including working time, risk of exposure, social support, stigma, and workload (Shader, 2020).

2.3. Nurse

A nurse according to Law No. 38 of 2014 concerning Nursing is someone who has completed and graduated from higher education at universities in the field of nursing both at home and abroad which is recognized by the government in accordance with the provisions of applicable laws and regulations (Government of the Republic of Indonesia, 2014).

Nurses have roles as care providers, managers, client advocates, educators, clinical decision-makers, consultants, reformers, extension workers, career roles, rehabilitators, comfort providers, communicators, and infection controllers. While the functions of nurses include:

1. Independent nursing function: Nursing activities are carried out on the initiative of the nurse herself on the basis of her knowledge and skills.
2. Dependent nursing function: nursing activities carried out on the instructions of a doctor or under the supervision of a doctor in carrying out specific routine actions.
3. Collaborative nursing function: activities carried out in collaboration with other parties or other health teams. Collaborative actions sometimes lead to overlapping responsibilities between health personnel and the direct relationship of colleagues between health professionals.

In general, nurses have the responsibility to provide nursing care/services, increase knowledge and improve themselves as a profession. Responsibilities in providing nursing care to clients include bio-psychosocial-cultural, and spiritual aspects in an effort to fulfill their basic needs by using a nursing process approach which includes: a) Helping clients regain their health, b) Helping healthy clients to maintain their health, c) Helping clients who cannot be cured to accept their condition and d) Helping clients who are facing death to be needed humanely according to their dignity until they die peacefully (Kusnanto, 2014).

III. METHODS

This type of research is an analytic study with a cross-sectional approach. According to the research design, the researchers wanted to explain the effect of working hours, risk of exposure, social support, and

workload on the depression level of nurses in the Covid-19 isolation room at the Royal Prima Hospital Medan. The research was conducted at the Royal Prima Hospital in Medan a private hospital that provides health services for Covid-19 patients. The population in this study, namely all nurses working in isolation care for Covid-19 patients, totaled 95 people, consisting of 25 males and 70 females. The number of samples is all nurses who work in the isolation room for Covid-19 patients, totaling 95 people (saturated sampling). The sampling method in this study was primary data obtained directly from the first source by using a questionnaire sheet that had been prepared and secondary data obtained from records and reports from the Royal Prima Hospital in Medan and obtained from a literature study. The validity test is carried out to determine the extent of the validity of a measuring instrument by looking at the value of the correlation coefficient of the question item with the total value of the question for each variable (corrected item-total correlation).

The reliability test was used by calculating the alpha value or with Cronbach's Alpha by calculating the average intercorrelation between the statement items in the questionnaire. Data analysis in this study is divided into 3 parts consisting of univariate analysis which is carried out by describing the frequency distribution of each variable studied, with percentage and proportion measures of the independent variables, namely working hours, exposure risk, social support, stigma, and workload. and the dependent variable is the level of depression of nurses. Next is bivariate analysis to analyze the relationship of independent variables, namely working hours, risk of exposure, social support, stigma, and workload with the dependent variable, namely the level of depression of nurses using the product-moment correlation test. And the last is a multivariate analysis which is used to determine the dominant factors associated or (correlation) independent variables, namely hours of work, risk of exposure, social support, stigma, and workload with the dependent variable, namely the level of depression of nurses and determine which factors are most dominantly associated with the dependent variable.

IV. ANALYZE AND RESULT

4.1. Univariate Analysis

4.1.1. Distribution of Respondent's Characteristics

Respondents in the study were nurses in the isolation room for Covid-19 patients at the Royal Prima Hospital in Medan, totaling 95 people. The results of research on the characteristics of respondents are presented in the following table.

Tables 1. Frequency Distribution of Respondent's Characteristics in the Isolation Room for Covid-19 Patients

No.	Characteristics	Amount (n)	Percentage (%)
Age			
1.	20-30 year	89	93,7
2.	31-40 year	6	6,3
Gender			
1.	Male	70	73,7
2.	Female	25	26,3
Education			
1.	Diploma	72	75,8
2.	S1	18	18,9
3.	Ners	4	4,2
4.	S2	1	1,1
Years of service			
1.	1-2 year	48	50,5
2.	3-4 year	35	36,9
3.	5-6 year	10	10,5
4.	7-8 year	2	2,1
Marital status			
1.	Not married yet	76	80,0
2.	Married	19	20,0
Amount		95	100,0

Based on Table 1, it is known that respondents are dominated by the age group of 20-30 years, namely 98 people (93.7%), the rest are aged 30-40 years, namely 6 people (6.3%). There are 70 more female respondents (73.7%) than 25 male respondents (26.3%). The formal education that respondents have completed is the Diploma III Midwifery/Nursing program, which is 73 people (75.8%), and the rest is master, which is 1 person (1.1%). The respondent's working period is around 1-2 years, namely 48 people (50.5%), and the longest is 7-8 years, namely 2 people (2.1%).

4.1.2. Research Variable

The variables in this study consisted of risk factors (working time, exposure risk, workload, stigma, social support) and the dependent variable (nurse depression level). The frequency distribution of the research variables is presented below.

1. Working time

The results of the measurement of research work time are grouped based on 31-50 hours per week and >51 hours per week, as follows:

Tables 2. Distribution of Respondent's Working Time-Frequency in the Isolation Room for Covid-19 Patients

No.	Working Time	Amount (n)	Percentage (%)
1.	31- 50 hours per week	32	33,7
2.	>51 hours per week	63	66,3
Amount		95	100.0

Based on table 2, it is known that the respondents worked more than 51 hours per week, namely, 63 people (66.3%) and the remaining 32 people (33.7%) worked 31-50 hours per week. The results showed that nurses who worked in the Covid-19 isolation room at Royal Prima Hospital had a working time of >51 hours per week. The Covid-19 incident resulted in a surge in patients, requiring referral hospitals to provide or add resources and rooms to become inpatient isolation rooms.

2. Exposure risk

The results of the measurement of research exposure risk are grouped based on low and high, as follows:

Tables 3. Distribution of Respondent's Exposure Risk Frequency in Isolation Room for Covid-19 Patients

No.	Exposure Risk	Amount (n)	Percentage (%)
1.	Low	34	35,8
2.	High	61	64,2
Amount		95	100.0

Based on table 3, it is known that respondents at work have a higher risk of being exposed to Covid-19, namely 61 people (64.2%) and the remaining 34 people (35.8%) have a low risk of exposure. Along with the increase in confirmed cases of Covid-19, it becomes a big problem for medical staff, especially nurses as the frontline in handling Covid-19 patients, this makes nurses tend to be more at risk of exposure to infection because they treat patients directly plus working hours longer than normal. usually (Lai et al., 2020).

3. Workload

The results of the measurement of the research workload are grouped based on heavy and light, as follows:

Tables 4. Frequency Distribution of Respondent's Workload in the Isolation Room for Covid-19 Patients

No.	Workload	Amount (n)	Percentage (%)
1.	Light	35	36,8
2.	Heavy	60	63,2
Amount		95	100.0

Based on table 4, it is known that most of the respondents feel that the workload is quite heavy, namely, 60 people (63.2%) and the remaining 35 people (36.8%) are classified as light. There are several

factors that cause the nurse's workload to increase, one of which is the long working time, the increasing surge in Covid-19 patients, and the high risk of disease transmission.

4. Stigma

The results of the measurement of research stigma are grouped based on low and strong, as follows:

Tables 5. Distribution of Respondent's Stigma Frequency in Isolation Room for Covid-19 Patients

No.	Stigma	Amount (n)	Percentage (%)
1.	Strong	48	50,5
2.	Weak	47	49,5
Amount		95	100.0

Based on table 5, it is known that more respondents experienced a strong negative stigma against the Covid-19 disease, namely 48 people (50.5%) and the remaining 47 people (49.5%) with low stigma. One of the challenges as a nurse during this pandemic, especially nurses who are known to work in the Covid-19 isolation room, is facing negative stigmatization by the community. This finding refers to identity damage due to being labeled as carriers of infection or carriers of the virus.

5. Social support

The results of the measurement of research social support are grouped based on low and strong, as follows:

Tables 6. Distribution of Respondent's Social Support Frequency in the Isolation Room for Covid-19 Patients

No.	Social Support	Amount (n)	Percentage (%)
1.	Strong	60	63,2
2.	Weak	35	36,8
Amount		95	100.0

Based on table 6, it is known that more respondents received high social support, namely, 60 people (63.2%) and the remaining 35 people (36.8%) received low support. Social support certainly affects the physical and psychological health of a nurse.

6. Depression level

The results of measuring the level of depression in the study were grouped according to mild/moderate and severe, as follows:

Tables 7. Frequency Distribution of Respondent's Depression Levels in the Isolation Room for Covid-19 Patients

No.	Depression Level	Amount (n)	Percentage (%)
1.	Minimal/Light	56	58,9
2.	Medium/Heavy	39	41,1
Amount		95	100.0

Based on table 7, it is known that the majority of respondents experienced minimal or mild depression, namely 56 people (58.9%) and 39 people who experienced moderate/severe depression (41.1%). The current Covid-19 pandemic provides emotional stress and has a negative impact on the mental health of nurses. Mental health is a state of well-being in which a person is aware of his abilities, can cope with problems and pressures, and is able to work productively that contributes to society (WHO, 2019). Depression experienced by nurses can be in the form of feelings of sadness, loss of interest, or feeling worthless. Therefore, it is very important for a nurse, especially those who work in the Covid-19 isolation room, to be able to manage their mental and mental health in order to be able to reduce the symptoms of depression that they may be facing.

4.2. Bivariate Analysis

To find out the relationship between the independent variables, namely risk factors (working time, risk of exposure, workload, stigma, social support) and the level of depression in the isolation of Covid-19 patients at the Royal Prima Hospital Medan using the product-moment test with the following results.

Tables 8. Product Moment Test Analysis

No	Variable	r_{hitung}	p
1.	Working time	0,273	0,007
2.	Exposure risk	0,230	0,025
3.	Workload	0,478	0,000
4.	Stigma	0,242	0,018
5.	Social support	0,296	0,004

Based on table 8, it is known that the five independent variables have p values less than 0.05, namely working time (0.007), exposure risk (0.025), workload (0.000), stigma (0.018), and social support (0.004). This statistically indicates that working time, risk of exposure, workload, stigma, and social support are related to the level of depression. This study shows that respondents who work > 51 hours per week are 63 people (66.3%) and the remaining 32 people (33.7%) work 31-50 hours per week. The results of the analysis using the product-moment test found $p = 0.007 < 0.05$. This means that there is a relationship between working time and the level of depression of nurses in the Covid-19 isolation room at Royal Prima Medan Hospital in 2022. Nurses experiencing the risk of exposure to Covid-19 tend to have long working hours. The results of exposure risk factors show that respondents at work have a high risk of being exposed to Covid-19, namely 61 people (64.2%), and the remaining 34 people have a low risk of exposure (35.8%).

The product-moment test results found $p = 0.025 < 0.05$. This means that there is a relationship between exposure risk and the level of depression of nurses in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022. On the workload factor, 60 respondents (63.2%) had a heavy workload and the remaining 35 had a light workload (36.8%). The risk factor for stigma shows that more respondents have a strong (negative) stigma against the Covid-19 disease, namely 48 people (50.5%) and the remaining 47 people (49.5%) with low stigma. The product-moment test results found $p\text{-value} = 0.018 < 0.05$. This means that there is a relationship between stigma and the level of depression of nurses in the Covid-19 isolation room at Royal Prima Medan Hospital in 2022. The results of the research on the risk factor of support showed that more respondents received high social support, namely, 60 people (63.2%) and the remaining 35 people (36.8%) received low social support. The product-moment test results found $p\text{-value} = 0.004 < 0.05$. This means that there is a relationship between social support and the level of depression of nurses in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022.

4.3. Multivariate Analysis

Multivariate analysis in this study used multiple logistic regression, which is a mathematical model approach to analyze the relationship of several independent variables to the dichotomous or binary categorical dependent variable. The variables included in the logistic regression prediction model are variables that have a $p\text{-value} < 0.25$ in the bivariate analysis. Based on the bivariate analysis using the product-moment test, the five dependent variables had $p < 0.25$. So, the five risk factors can be included in the multiple logistic regression test because of the $p\text{-value} < 0.25$.

Tables 9. Risk Factors for Depression Levels in the Isolation Room for Covid-19 Patients

Independent Variable	$\beta\text{-value}$	$p\text{-value}$	Exp (B)
Working time	1,786	0,007	5,965
Exposure risk	1,779	0,003	5,922
Workload	1,897	0,002	6,665
Stigma	1,236	0,024	3,442
Social support	1,461	0,012	4,310
<i>Overall Percentage</i>	78,9		

After the bivariate analysis was performed, then the multiple logistic regression test was carried out to predict the level of depression of nurses on the predictor variables. The results of the multiple logistic regression test showed that the five independent variables had p values less than 0.05, namely working time (0.007), exposure risk (0.003), workload (0.002), stigma (0.024), and social support (0.012). (Table 9). This statistically indicates that working hours, risk of exposure, social support, stigma, and workload affect the level of depression. The working time variable obtained an Exp (B) value of 5.965, meaning that the working hours of nurses working in the isolation room for Covid-19 patients above >51 hours per week tended to be 5.965 times experiencing minimal/mild depression. The exposure risk variable obtained an Exp (B) value of

5.922, meaning that respondents working at high risk of exposure in the isolation room for Covid-19 patients tended to experience 5.922 times of minimal/mild depression. The workload variable obtained an Exp (B) value of 6.665, meaning that respondents who work with heavy loads in the isolation room tend to experience 6.665 times of minimal/mild depression.

The stigma variable obtained an Exp (B) value of 3,442, meaning that respondents who have a strong negative stigma against the Covid-19 disease in the isolation room tend to be 3,442 times experiencing minimal/mild depression. The social support variable obtained an Exp (B) value of 4.310, meaning that respondents who received strong social support experienced a decrease of 4,310 times the level of minimal/mild depression. The dominant workload variable affects the respondent's level of depression because the value of Exp (B) is greater than other risk factors (Table 9). The results of this study indicate that the risk factors that affect the level of depression of nurses in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022 are risk factors for working time, risk of exposure, workload, stigma, and social support. It is hoped that the results of this study can contribute to the hospital's efforts to always pay attention to the mental health and welfare of health workers, especially in this case are nurses who work in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022.

V. CONCLUSION

Based on the results and discussion of the research, it can be concluded:

1. Based on age, the most in the age group 20-30 years (93.7%).
2. Based on gender, nurses who work in isolation rooms are dominated by women (73.7%). Based on education status, nurses with Diploma education were found (75.8%). Based on the working period, it was found that nurses had worked 1-2 years (50.5%). Based on marital status, predominately single (76%)
3. There is a relationship between the risk factors of working time ($p = 0.007$), risk of exposure ($p = 0.025$), workload ($p = 0.000$), stigma ($p = 0.018$), social support ($p = 0.004$) on the level of depression of nurses in the Covid-19 isolation room. -19 Royal Prima Hospital Medan in 2022
4. There is an influence of working time risk factors ($p=0.007$), exposure risk ($p=0.003$), workload ($p=0.002$), stigma ($p=0.024$), and social support ($p=0.012$) on the depression level of nurses in the Covid isolation room. -19 Royal Prima Hospital Medan in 2022
5. The workload variable is a variable that has a dominant influence on the level of depression of nurses in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022 (Exp B = 6.665)
6. Based on the Overall Percentage value, it was found a value of 78.9%, which means that the risk factors (working time, risk of exposure, workload, stigma, and social support) affected the depression level of nurses by 78.9% in the Covid-19 isolation room at Royal Prima Hospital Medan in 2022.

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