The Effect of Post-Traumatic Training on Community Resilience in the Covid-19 Pandemic in Tabanan Tourism Village

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Abstract. The Covid-19 pandemic has had a stressful and traumatic impact on tourism practitioners in Bali. A pandemic requires people to adapt and have strong resilience to pandemic conditions. In order to increase the capacity of community resilience, actions and methods are needed to be given to the community. Post-Traumatic Training is an effort to improve community resilience. Tabanan tourist village is one of the community-based tours in Bali. The formulation of the research problem is whether there was an effect of Post-Traumatic Training on community resilience during the Covid-19 Pandemic in the Tabanan Tourism Village. The purpose of this study was to determine the effect of Post-Traumatic Training on community resilience during the Covid-19 Pandemic in the Tabanan Tourism Village. The method in this study is analytic descriptive method with a quasi-experimental method with a pre-post test with a control group. The sample of this research is the respondent who resides/lives in the Tourism Village area of Tabanan Regency. The sample was divided into 30 experimental groups and 30 control groups. The experimental group was given Post-Traumatic Training, while the control group did not receive Post-Traumatic Training. Collecting data using a resilience questionnaire. Data were analyzed using the Wilcoxon test. The results of the study obtained a p-value<0.05 which means that there was an effect of post-traumatic training on community resilience during the Covid-19 pandemic in the Tabanan Tourism Village. The suggestion from this research is that it is hoped that this post-traumatic training program can be continued on an ongoing basis and can be disseminated to tourist villages in other regions.

Index Terms—tourism village, covid-19 pandemic, post-traumatic training, resilience

I. INTRODUCTION

The Covid-19 pandemic is a worldwide disaster due to the coronavirus disease 2019 (Covid-19). Coronavirus-2 (SARS-CoV-2), was first identified in December 2019 in Wuhan, China. The world health organization (WHO) declared the outbreak a Public Health Emergency of International Concern in January 2020 and a pandemic in March 2020. As of 30 November 2020, more than 62.6 million cases have been confirmed, with over 1.45 million deaths attributed to Covid -19 (WHO, 2020). Covid-19 spreads in various ways, mainly through saliva and other bodily fluids and excretions [1].

Recommended preventive measures include physical distancing, wearing a face mask in public, ventilation and air filtration, washing hands, covering mouth when sneezing or coughing, disinfecting surfaces, and monitoring and self-isolation for people who are exposed or have symptoms. Authorities around the world have responded by implementing travel restrictions, lockdowns, workplace hazard controls and facility closures. The response has caused global social and economic disruption, including a global recession and a major economic depression. Common symptoms include fever, cough, fatigue, difficulty breathing, and loss of smell and taste. Complications may include pneumonia and acute respiratory distress syndrome. The incubation period is usually around five days, but can range from one to 14 days [2].

The Covid-19 pandemic has affected various aspects of people's lives in the health, economic, social, educational, and tourism industries. Bali is an area whose economic growth is mostly supported by the tourism industry sector. With the Covid-19 Pandemic, tourist visits to Bali decreased, Bali's economy sluggish, and many social
problems emerged such as employees being laid off and even termination of employment. The Covid-19 disaster or pandemic has had a stressful and traumatic impact on tourism practitioners in Bali. The Covid-19 pandemic requires people to adapt and have strong resilience to the current conditions. Resilience is the capacity of a person's ability to accept, face and transform the problems that have been, are being and will be faced throughout life. Resilience can be used to help someone in dealing with and overcoming difficult situations and can be used to maintain and improve their quality of life. Resilience is built from seven different abilities and there is almost no individual who as a whole has these abilities well. This ability consists of, emotion regulation, impulse control, optimism, empathy, analysis of the causes of problems, self-efficacy, increase in positive aspects [3].

In order to increase the capacity of community resilience, actions and methods are needed to be given to the community. Post-Traumatic Training is an effort to improve community resilience. Post-traumatic training is training or a program given to a person/individual who has experienced a traumatic experience [4]. This traumatic experience can result in anxiety disorders that make the sufferer remember the traumatic event. Symptoms other than anxiety are memories of traumatic events that continue to haunt the sufferer as if they are repeating the incident, a tendency to avoid/withdraw from social activities, have negative thoughts and feelings, and changes in behavior and emotions in a negative direction. Traumatic events can be triggered by several events such as war, accidents, natural disasters, economic difficulties, and sexual harassment [5]. The Covid-19 pandemic is a biological disaster that is sweeping the world today. During the Covid-19 pandemic, many sections of society experienced economic difficulties, laid off their jobs, suffered from the Covid-19 outbreak, so they experienced isolation and social alienation, which made some people have traumatic experiences.

Tabanan tourist village is one of the community-based tours in Bali. Tourism Village is a program made by a village that aims to attract tourist visits so as to increase and improve people's welfare [6]. From the preliminary study that was conducted at the Tourism Village in Tabanan Regency, it was found that there had never been any provision of information about increasing resilience/adaptation to a new life order [7]. From the researchers' observations, data was also obtained that there were several sections of society who experienced or had traumatic experiences such as economic difficulties, termination of employment and exposure to the Covid-19 outbreak, so they had to carry out social isolation.

II. METHOD

This research is quantitative research with quasi-experimental method, namely providing treatment or intervention to research subjects. The research design used was a pretest and posttest group design with a control group. The design used to compare resilience before intervention and after Post-Traumatic Training in the intervention and control groups.

The population in this study are all people who live and live in the Tourism Village area of Tabanan Regency. This study uses simple random sampling. The number of samples for each group is 30 respondents. The intervention group consisted of 30 respondents. The control group consisted of 30 people. Samples were selected according to inclusion and exclusion criteria. The inclusion criteria was the age 18 - 40 years old. Respondents who were sick / excused during the study, have mental health disorders were excluded from this study.

The dependent variable in this study is resilience, which is measured using Resilience Questionnaire. The level of resilience in this study was obtained through filling out a questionnaire. The questionnaire used is a questionnaire created and adapted from the theory and concept of resilience. The questionnaire consists of 12 questions with a score range of 0-100. This questionnaire has been tested for validity and reliability.

The independent variable is Post-Traumatic Training. Intervention in the form of training with lecture and demonstration methods, with the implementation of complementary nursing modality therapy, provision of work skills, and job opportunities. The intervention was given for 1 month. The variables analyzed were the level of resilience before and after in the intervention group and the control group. Bivariate analysis using the Wilcoxon test.

III. RESULT

TABLE I.

CHARACTERISTICS OF RESPONDENTS (N=60)

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30 years</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30-40 years</td>
<td>35</td>
<td>58</td>
</tr>
<tr>
<td>40-50 years</td>
<td>23</td>
<td>49</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>42</td>
<td>70</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior high school</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Diploma</td>
<td>36</td>
<td>60</td>
</tr>
<tr>
<td>Bachelor</td>
<td>19</td>
<td>32</td>
</tr>
</tbody>
</table>

Table 1 shows that most of the respondents were aged 30-40 years, as many as 35 people (58%), the majority were male (70%), and most of them had Diploma education, as many as 36 people (60%).

TABLE II

POSTTEST RESILIENCE LEVEL

<table>
<thead>
<tr>
<th>Resilience</th>
<th>Group</th>
<th>Good (n)</th>
<th>Moderate (n)</th>
<th>Low (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention group</td>
<td>17</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Control group</td>
<td>8</td>
<td>20</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2 shows that the posttest level of resilience in the intervention group is mostly in the good category, as many
as 17 respondents, and the resilience of the control group is mostly in the moderate category, as many as 20 respondents.

### TABLE III

<table>
<thead>
<tr>
<th>Variable</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience between intervention and control group</td>
<td>0.000</td>
</tr>
</tbody>
</table>

The results of the bivariate test for the level of resilience between the intervention group and the control group showed that the p value was 0.000 (p<0.05). It means there is effect of post-traumatic training on community resilience during the Covid-19 pandemic in the Tabanan Tourism Village.

IV. DISCUSSION

The results of this study indicate that most of the respondents are adults. The older a person is, the more knowledge one has because one's knowledge can be obtained from one's own experience or experience gained from other people [8]. The results of this study also indicate that the respondents involved in the study were of productive age. Productive age is the age range of individuals who are considered able to work and are able to support their own lives [9]. In addition, productive age is the age that is considered capable of providing basic life assistance to emergency victims. This is related to strong physical development and sufficient knowledge, so that someone at a productive age has the potential to become a competent bystander in community [10]. Most of the respondents in this study were male. Men are generally needed when providing assistance in emergency situations in the community in terms of securing the environment and providing assistance [11]. Most of the respondents in this study have taken higher education (Diploma and Bachelor). Education can affect a person's level of knowledge in understanding and using the information received. A higher level of education provides a stronger basis for obtaining deeper knowledge, as well as being able to access and evaluate information better [8].

Post-traumatic training is a program given to a person/individual who has experienced a traumatic experience. This traumatic experience can result in anxiety disorders that make the sufferer remember the traumatic event [12]. Symptoms other than anxiety are memories of traumatic events that continue to haunt the sufferer as if they are repeating the incident, a tendency to avoid / withdraw from social activities, have negative thoughts and feelings, and changes in behavior and emotions in a negative direction. Traumatic events can be triggered by several events such as war, accidents, natural disasters, economic difficulties, and sexual harassment. The Covid-19 pandemic is a biological disaster that is sweeping the world today. During the Covid-19 pandemic, many sections of society experienced economic difficulties, laid off their jobs, suffered from the Covid-19 outbreak, so they experienced isolation and social alienation, which made some people have traumatic experiences [13].

Resilience is the capacity of a person's ability to accept, face and transform the problems that have been, are being and will be faced throughout life [13]. Resilience can be used to help someone in dealing with and overcoming difficult situations and can be used to maintain and improve their quality of life. Resilience is built from seven different abilities and there is almost no individual who as a whole has these abilities well. This ability consists of emotion regulation, impulse control, optimism, empathy, analysis of the causes of problems, self-efficacy, increase in positive aspects [14]. Creating optimal community resilience aims to equip them in dealing with problems and their impacts. In addition, it is necessary to develop an adequate public health system to assist the community in managing, adapting, and ultimately recovering properly [15].

The results of this study indicate that there is an effect of post-traumatic training on the level of community resilience. Interventions in the form of training and health services both physically and mentally can increase community resilience, which has implications for increasing the active role of people in their communities. Apart from post-traumatic training, several interventions that can be developed include emergency preparedness education, mental health services, and counseling [16]. The limitation of this study is that researchers have not been able to control other factors related to resilience, such as emotional level, spiritual level, and social support.

V. CONCLUSION

The results of the study obtained a p-value <0.05 which means that there was an effect of post-traumatic training on community resilience during the Covid-19 pandemic in the Tabanan Tourism Village. The suggestion from this research is that it is hoped that this post-traumatic training program can be continued on an ongoing basis and can be disseminated to tourist villages in other regions. Training can be provided in the form of periodic complementary therapy simulations to improve the physical and psychological health of the community in order to achieve optimal resilience.

REFERENCES


[2] International Council of Nurses I. High proportion of healthcare workers with COVID-19 in Italy is a stark warning to the world: protecting nurses and their colleagues must be the number one priority [Internet]. cited 2021 Apr 6. Available from: www.icn.ch


