

**Penerapan Komunikasi Terapeutik Perawat Pada Motivasi Sembuh Pasien COVID-19 Diruang Rawat Inap Rumah Sakit Awal Bros Pekanbaru****<sup>1</sup>R Sarmida Christina Simanjuntak, <sup>2</sup>Vausani Irfa, <sup>3</sup>Hermiyanti**London School Of Public Relations, Indonesia<sup>1,2</sup>Rumah Sakit Awal Bros Pekanbaru, Indonesia<sup>3</sup>

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**Abstract**

Therapeutic Communication is a form of treatment process by professional health service personnel on patients suffering from a certain disease, by staying in a certain inpatient room according to the type of disease they are experiencing, inpatient facilities are provided and run systematically by medical and non-medical personnel, provided by health service providers. Self-aware therapeutic communication aims for patient healing. Therefore, it is necessary to know how nurses understand the meaning and importance of therapeutic communication itself, because this understanding can affect the quality of therapeutic communication provided by nurses. The quality of therapeutic communication can be determined from the service felt by the patient and the level of satisfaction felt by the patient. The research design uses a qualitative research method with 11 samples. This study aims to determine the application of therapeutic communication in the inpatient room of Awal Bros Hospital Pekanbaru. The results of the study show that the communication between nurses and patients has gone well. This is reflected in the way nurses provide gentle direct communication and pleasant facial expressions

**Keywords:** COVID-19, Therapeutic Communication, Motivation**INTRODUCTION**

At the beginning of 2020, the world was shocked by an infectious disease whose cause is unknown, this severe infectious disease began with a report from China to the *World Health Organization* (WHO), namely 44 cases of patients suffering from severe pneumonia located in the city of Wuhan, Hubei province, China. This is suspected to have come from the buying and selling of fish, marine animals and other animals in a wet market. Precisely on January 10, 2020, it was identified that the infection was caused by the new coronavirus after the genetic code was discovered. According to the WHO, coronaviruses are a large family of viruses that can cause respiratory infections ranging from the common cold to more severe illnesses such as *Middle East Respiratory Syndrome* (MERS), and *Severe Acute Respiratory Syndrome* (SARS) (Handayani et al., 2020a)

Further research showed that there was a close relationship with the coronavirus, which was the cause of the *Severe Acute Respiratory Syndrome* (SARS) that broke out in Hong Kong in 2003, so the WHO named it a novel coronavirus (nCoV19). Not long after that there began to be reports from several other provinces of China and had spread out of China, this is

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associated with travel history made by people from the city of Wuhan in China, Japan, South Korea, Macau, Thailand, Hong Kong, the United States, Malaysia, Singapore, until reaching a total of 25 countries including the United Arab Emirates, France, Viet Nam, Cambodia and Germany. This is a growing pandemic threat where there are many cases of human-to-human *transmission*, namely transmission from patients to medical workers who provide treatment, where medical workers have no history of traveling to markets that have been closed (Handayani et al., 2020b).

Several reports also show that there is transmission in companions of Chinese tourists who travel to Japan, and there are reports that there is transmission with people who live in the same house with patients from China who have been confirmed to have COVID-19, where the trips made in addition to meeting them also go to their partner's house in the United States so that human to human *transmission*) that occurred directly will have an extraordinary impact on this case. At the end of January 2020, there was an extraordinary increase in cases that occurred in a matter of 24 hours, reaching 2000 confirmed cases of COVID-19. Therefore, at the end of January 2020, WHO established a *Global Emergency* status on this Corona virus case and on February 11, 2020, WHO named it as COVID-19 (Handayani et al., 2020b).

Based on the latest data from World Health Organization (WHO), 2020) the number of COVID-19 cases in the world reached 128,202,664 cases. In the data, the United States until now still places the first position in the world COVID-19 case rate with a total of 31,028,530 cases. The second place is followed by Brazil with a total of 12,577,354 cases. Indonesia reported the first case on March 2, 2020, which was allegedly contracted from a foreigner visiting Indonesia.

Cases in Indonesia are increasing day by day, until on March 29, 2020 there were 1,115 cases with the number of deaths reaching up to 102 people. The death rate in Indonesia reached 9%, this is the highest death rate achievement. Taken from data from the COVID-19 handling task force in Indonesia until March 30, 2021, it was found that there were 1,501,093 cases confirmed positive for COVID-19, of which the recovery rate was 1,317,119 and the death rate was 40,581 people. The number of confirmed positive COVID-19 patients in Riau as of March 30, 2021 is 34,592 cases, of which the recovery rate reaches 32,473 and the number of deaths is 846 people. In the Pekanbaru city area, the number of confirmed positive cases of COVID-19 as of March 30, 2021 amounted to 16,563 cases, with a recovery rate of 15,559 and 351 deaths (Hamid et al., 2020).

Awal Bros Pekanbaru Hospital is one of the private hospitals that has type B and has been certified by the Complete Level of Dep Kes RI Accreditation and ISO 9001 as well as *Joint Commission International (JCI)* Accreditation has collaborated with the Social Security Administration Agency (BPJS). Awal Bros Hospital Pekanbaru always prioritizes quality service, focuses on patient safety and prepares an inpatient facility of 251 beds. Awal Bros Hospital always focuses on patient safety and maintaining the quality of hospital services, so the hospital has excellent services including the *Oncology Center*, Heart and Blood Vessel Center (*Cardiology Center*), *Stroke Center*, and Integrated Geriatrics (Marketing, 2018).

Based on data from the medical records of the Awal Bros Pekanbaru hospital, the total number of confirmed COVID-19 patients from April 2020 to December 2020 was 1178 patients, with a recovery rate of 835 people and a death rate of 32 people. And from January 2021 to March 2021, as many as 455 people were confirmed to have COVID-19 with a recovery rate of 436 people and a death rate of 19 people (Rekam Medis, 2021).

Hospitals that have an administrative function in the field of health services, one of which is nursing services. The implementation of health services in hospitals is determined by

three main components, including the type of service provided, management as service managers and nursing staff as nursing service providers. In the implementation of nursing practice, communication has an important role in creating and fostering therapeutic relationships that will have an influence on the quality of nursing services. Quality nursing services are not only focused on accuracy in providing services but also with the ability to create and foster communication relationships that can provide patient healing (therapeutic communication). Therapeutic communication is communication that is carried out professionally. By having good therapeutic communication, nurses will more easily establish a trusting relationship with patients, and this will be more effective for nurses in providing professional satisfaction in nursing care (Kusumo, 2017).

Nursing services that have good quality are services that always strive for satisfaction and expectations from patients. The nursing service quality assurance approach prioritizes the *outcome* of nursing services or what will be produced or resulting from nursing services. Quality service results are only possible by the right work. Thus, patients will always be in the best nursing service organization because all health needs and diseases of the patient are very concerned and then served in health with the best quality (Hardhiyani, 2013).

Nurses are expected to have the ability and skills to communicate therapeutically in carrying out their functions and roles as nurses, and this will be a determinant for the success of professional nursing services or care provided by paying attention to the needs of patients as a whole. This is done so that patients when patients and their families are suddenly stressed or things that cannot be changed by patients and their families who receive them.

A nurse must have communication skills, which is a *critical* skill and *integral* of the nursing care provided. Communication in nursing is called therapeutic communication, therapeutic communication carried out by a nurse during nursing intervention so as to provide therapeutic efficacy for the patient's healing process (Nurhasanah, 2015).

This therapeutic communication will be created if there is a relationship of mutual trust between nurses and patients. In the context of providing nursing services, there is a sense of trust from patients that the nurse who will provide nursing services is capable and capable to overcome their complaints. In addition, nurses must be able to provide guarantees for the quality of nursing services so that patients do not hesitate, worry, and be pessimistic in undergoing the nursing service process. It is not uncommon to find patients refusing when treated by one of the nurses. This is because patients doubt the abilities of nurses. To reduce the patient's doubts, the nurse should prepare herself before meeting the patient. For this reason, nurses need special abilities and social care that includes intellectual, technical, and interpersonal skills that are reflected in *caring* or affection and love in communicating with others.

Therapeutic communication is consciously planned communication, the purpose of which is focused on healing the client. Therapeutic communication is a medium for giving and receiving between nurses and clients in a verbal and non-verbal manner (Afnuhazi, 2015). Therapeutic communication aims to develop everything in the patient's mind and self in a more positive direction which will later be able to reduce the burden of feelings in facing and taking action about their health and trusting relationships (Nurhayati et al., 2023).

Entering the era of globalization, various health services, including hospitals, are required to further improve work professionalism and the quality of health services which leads to motivation to heal patients. The success of health services in nursing care can be measured from the speed of patient recovery, the decrease in patient anxiety, and the increase in patient satisfaction with health services. Patients who are sick need advice and encouragement from doctors and nurses who handle them. The influence of the patient's

motivation for the treatment itself will increase the patient's recovery. According to Sobur (2013), "motivasi merupakan suatu proses yang menyeluruh terhadap proses atau gerakan yang mendorong dari dalam diri individu sehingga menimbulkan perilaku yang positif". Motivation to heal is a force that comes from within the patient that encourages behavior towards the desired recovery. Many problems arise when a person suffering from a certain disease has a motivation for his own healing. This obstacle may occur due to a lack of support from the environment that exists in him.

Patients really need a lot of support and help from others around them, information support is very necessary for patients to get the necessary instructions and information (Smet, 2014).

The main goal of patients entering the hospital is to achieve recovery, but there are some patients who have low motivation to recover. The low motivation to recover by the patient is shown by the patient's refusal to receive treatment from the medical team. The patient removes the infusion attached to his body or refuses to be given medication by the medical team. The patient's state of mind is very influential to be able to inhibit or encourage the patient's recovery from the disease. Likewise, the existence of motivation can affect the patient's recovery, because with the motivation of the patient to do treatment. Motivation to heal is a force that comes from within the patient that encourages the behavior to heal that he wants to achieve. Many problems arise when a person suffering from a particular disease does not have the motivation for his own recovery, this obstacle may occur due to a lack of support from the environment in him. Motivation with sufficient intensity will give direction to individuals to do things diligently and continuously (Adanu, 2017).

Research Rosenstein (2013), With respondents as patients undergoing hospitalization in one of the developed country hospitals, namely the United States, out of 150 patients, it was found that around 53% of patients said they were satisfied and the rest said they were not satisfied with therapeutic communication. Lakatoo's research in four different hospitals in the United States showed that nurses' communication was positively correlated with patient satisfaction communication.

Research has been conducted Mongi (2020) with the title of the research on the relationship between nurses' therapeutic communication and patient satisfaction levels in the outpatient room of GMIM Kalooran Amurang hospital, illustrated that from a study conducted on 42 respondents, it was found that most nurses had good therapeutic communication.

Other research conducted by Kusumo (2017), with the title of the research on the influence of nurse therapeutic communication on outpatient satisfaction at Jogja Hospital, it was found that from the research conducted on 285 respondents, it was found that 147 respondents answered satisfied with outpatient services.

Research conducted by Faridah et al. (2021), with the title The Relationship between Nursing Services and Therapeutic Communication with Inpatient Satisfaction at Dr. Loekmono Hadi Kudus Hospital illustrates that most of the therapeutic communication is stated to be good around 55.1%.

According to the Public Relations of Awal Bros Pekanbaru Hospital, through pre-research on March 29, 2021 which interviewed 10 patients who had recovered from COVID-19 who were treated in the inpatient room of Awal Bros Hospital, and received good therapeutic communication from the nurses of the inpatient room of Awal Bros Hospital Pekanbaru so that patients were enthusiastic about recovering from their illness.

The impact felt by the 10 confirmed COVID-19 patients who were treated in the inpatient room of Awal Bros hospital, was physically and psychologically disturbing,

physically they suffered damage to the body in the lungs, and psychologically they experienced fear, anxiety and discomfort during this pandemic. Awal Bros Pekanbaru Hospital strives to provide treatment both physically and psychologically. This research has been started from the beginning of 2020 to 2021.

## RESEARCH METHOD

This research method uses descriptive qualitative research with a phenomenological approach and an *in-depth interview* method. Qualitative research is the process of capturing information and actual conditions in the life of an object that is related to solving a problem, both from a theoretical point of view and a practical point of view. Qualitative research aims to describe, interpret and analyze data in depth, completeness and structure to obtain the essence in the form of stories and language of each individual. (Nursalam, 2016). This study aims to determine the relationship between therapeutic communication and motivation to recover from confirmed COVID-19 patients. In this study, the analysis technique used is qualitative data analysis. Data analysis was carried out throughout the study and was carried out continuously from the beginning to the end of the study. The qualitative analysis process is the process of reducing, summarizing, and taking the essence of the data that has been collected, so that it becomes meaningful and simpler (Notoadmojo, 2012).

This study uses a triangulation technique by collecting data by other methods. In qualitative research that uses interview, observation and survey techniques. To get the truth of the information and a complete picture of the information obtained, the researcher can use source triangulation. This research will be carried out at the Awal Bros Hospital Pekanbaru in the Pinere inpatient room on the grounds that the Awal Bros Hospital Pekanbaru is one of the private hospitals that has been certified by the Ministry of Health of the Republic of Indonesia Full Level Accreditation and ISO 9001 as well as Joint Commission International (JCI) Accreditation and has collaborated with the Social Security Administration Agency (BPJS) and the Ministry of Health of the Republic of Indonesia.

## RESULT AND DISCUSSION

Although there are still some obstacles in its implementation such as noise, less time from nurses due to the ever-increasing number of patients, cultural and language differences from patients. Based on the observations of researchers in the field, nurses Based on the results of interviews conducted by researchers on 11 respondents, it can be understood that the implementation of therapeutic communication according to (Nurhayati et al., 2023), carried out by nurses and doctors for COVID-19 patients who are being treated in the inpatient room at Awal Bros Pekanbaru hospital can run well and be able to provide motivation to recover for patients being treated. Nurses and doctors are able to maintain effective communication even though it takes effort and hard work during the current pandemic situation.

conducting therapeutic communication in the inpatient room of Awal Bros Pekanbaru hospital sometimes do not match what is desired as mentioned by (Afandi et al., 2023). This can still be seen when nurses have begun to be exhausted because they have been using personal protective equipment for a long time, therapeutic communication is no longer effective. This is also evident when nurses have to serve many patients who exceed their capacity, and when they have to prioritize patients who are critical and need intensive care. The increasing number of COVID-19 cases being treated is a challenge for health workers to

further improve communication with patients, in the hope that it will provide motivation for patients to recover. The routine of activities that are very dense, the ratio of the number of nurses and patients that do not match makes the nurses feel bored. Boredom causes feelings of empathy to erode and even disappear from the daily life of nurses. To overcome this problem, the hospital does several ways including rotating nurses, providing additional food and vitamin intake, providing housing facilities so that they do not come into contact with family after returning from work, and providing additional income.

In providing education to patients, it is hoped that health workers will not confuse patients who are being treated, it is hoped that health workers will be able to create innovations in communication so that patients can be motivated to pass difficult times while being treated. An attitude of honesty must also be instilled, because honesty is the main capital so that therapeutic communication is very valuable, without honesty it is impossible for therapeutic communication between health workers and patients to establish a relationship of mutual trust. In communicating with patients, doctors and nurses must be able to show an attitude of openness and sensitivity to the patient's circumstances and conditions, as well as an attitude of sincerity and sincerity. In communicating therapeutically with patients, health workers must be able to ensure that the sentences spoken can be understood and understood well by patients.

Researchers concluded that the implementation of therapeutic communication in the inpatient rooms of COVID-19 patients was successfully carried out quite well, although the obstacles found were very many, but the solutions they sought to be able to get out of the problems caused by this pandemic succeeded in bringing their patients to be motivated to recover immediately from the COVID-19 disease.

Some patients who are communicated with sometimes become very irritable. This can happen because it is the nature of the patient or the effects of drugs that make him emotionally vulnerable. The condition of irritable patients is certainly a big obstacle for nurses because they have to choose well every sentence to be spoken. In communication that causes patients to become irritable like this, nurses should apologize more so that patients become more comfortable in communicating, even if the nurse has no mistakes. Sometimes the barriers that occur in therapeutic communication do not only come from the patient, but also from the nurse herself. Some nurses do not have the patience to conduct therapeutic communication. This impatience can cause inhibition and even disconnection of therapeutic communication carried out. Good therapeutic communication must also be supported with good insights by the nurse.

Insight here means the ability to use and apply knowledge in therapeutic communication. Every nurse has certainly received provisions on how to deal with patients well and correctly. If the nurse's insight is lacking, then the therapeutic communication carried out will certainly not be able to run well. The most interesting finding is that when patients and nurses can establish friendship by conducting intensive communication during the treatment period, it provides its own advantages for patients, where patients will feel more comfortable and quickly recover, and the advantage for nurses is that they are happier in

carrying out their duties so that the burden will feel lighter so that empathy can be well maintained.

Patients before getting the orthopedic communication process experienced many problems during treatment. Before they get therapeutic communication from health workers, such as the patient becomes fussy about his condition, the patient feels disturbed by the situation of his room, the patient feels very lonely because he is away from his family, and small things that can change his or her emotional situation.

However, after receiving therapeutic communication from health workers, patients understand and understand how to deal with difficult times in the midst of a pandemic, which will provide motivation to be able to get out of problems and recover from COVID-19 soon.

### **Summary of the speakers**

#### **Positive thinking**

Of the eleven speakers, all said that they tried to think positively in dealing with the COVID-19 pandemic that is currently sweeping the world. The obstacle felt by all health workers is the use of uncomfortable personal protective equipment, making emotions easily changeable. The solution carried out by the resource persons is to create a comfortable working atmosphere, so that they can think positively and act positively.

#### **Empathy and not sympathy**

All speakers said that empathy was eroded by the sense of boredom and fatigue caused by the large number of cases and the high death rate caused by COVID-19. The obstacles felt by health workers are the number of officers and the number of patients are not balanced. The solution is to maintain the stamina of nurses by ensuring the intake of vitamins and nutritious food, providing facilities for resting places after care and providing additional income.

#### **Honesty**

All the speakers said that honesty should be prioritized in conducting therapeutic communication, and this will build the patient's trust in the nurse who is caring for them. The obstacle felt is the bad news caused by the COVID-19 pandemic, making it difficult for patients to believe in what the nurses are doing can make them recover and escape the grip of this pandemic.

#### **Accept patients as they are**

All speakers said that providing services to patients requires sincerity and sincerity, so that patients can feel comfortable when being treated. The barriers felt by nurses are almost non-existent, but one resource person said that sometimes it is difficult to communicate because of the language barrier in patients. The solution is communication by making video calls with the patient's family, nurses must be more patient in dealing with the patient.

#### **Sensitive**

All the speakers said that sensitivity to the patient's feelings can be done by immediately responding to the call, greeting if the patient looks pensive, and showing an open attitude from the nurse. The obstacle felt is that sometimes there is an attitude that unintentionally offends the patient. The solution is to increase concern for patients and the surrounding environment.

### **Not confusing and expressive enough**

All the speakers said that they must be able to communicate clearly and understandably with the patient. The obstacle felt is the use of N95 masks, making nurses easily tired in speaking. Solutions made with the help of stationery and mobile phones to communicate.

## **CONCLUSSION**

The results of the study in the inpatient room of Awal Bros Pekanbaru Riau hospital showed that therapeutic communication between nurses and patients had gone well. This is reflected in the way nurses provide gentle direct communication and pleasant facial expressions to patients as well as with a talent for caring to patients by listening carefully to patients' complaints. And this provides motivation to heal the patient being treated, with six factors, namely positive thinking, empathy rather than sympathy, honesty, accepting the patient as they are, sensitive to the patient's feelings, not confusing. Of the six therapeutic communication factors, the best application by nurses and doctors at Awal Bros Pekanbaru hospital is positive thinking, and the weakest is empathy.

Factors that hinder the establishment of therapeutic communication in the inpatient room of Awal Bros Hospital Pekanbaru Riau are; lack of empathy for nurses due to boredom due to very dense activity routines, inappropriate comparisons of the number of nurses and patients. Boredom causes feelings of empathy to erode and even disappear from the daily life of nurses. The solutions carried out by nurses and patients include increasing mental and psychological training, getting closer to the creator, training themselves to be patient in the midst of a pandemic, so that they can make peace with the situation, rotate nurses, maintain nurses' stamina by providing extra food and vitamins, provide adequate facilities when nurses are off guard, and provide additional income.

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