Psycho-Socio-Juridic Review Of Lockdown And Work From Home Policies On Psychological Symptoms In Productive Groups And Strategic Solutions Of National Economy

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Keywords:	Abstract
Work From Home; Covid-19; Psychological; Strategic Policy	Covid-19 pandemic has a significant impact on all strategic aspects of human life. The influential aspects are the health, economic and socio-cultural. The Covid-19 pandemic creates a dilemma for the Government to find the best way to benefit from various sectors efficiently. One of them is the implementation of lockdown and work from home to reduce the spread of Covid-19, but this has an impact on the emergence of various psychological disorders and the balance of the economic balance which tends to be negative. The focus of this research is to reveal the impact of the Covid-19 pandemic and lockdown and Work From Home policies on psychological symptoms and to find the best alternative solutions in terms of the economic sector. This research consists of 2 main parts, namely survey research and research that examines the problems based on sociology with qualitative methods with the type of normative juridical research. The results of this study reveal that during the Covid-19 pandemic period caused a 39.1% incidence of insomnia, 12.1% incidence of depression, and 26.3% incidence of anxiety from various levels. Still, there was no strong relationship and correlation between existing policies such as Work From Home, income, layoffs, spiritual, psychological symptoms. A literature review reveals the most effective way to bridge these three aspects (health, economy, and psychology) is by applying the form of shifting or taking turns by dividing into a minimum of 2 teams, namely a minimum of 14 days of work and a minimum of 14 days for independent isolation at home.

Kata Kunci:	Abstrak
Bekerja Dari Rumah; Covid19; Psikologis; Kebijakan Strategis	*Pandemi Covid-19 memiliki dampak yang signifikan terhadap seluruh aspek kehidupan manusia. Berbagai aspek yang terpengaruh adalah kesehatan, ekonomi dan sosial budaya. Pandemi Covid-19 menimbulkan dilema bagi Pemerintah untuk menemukan suatulangkah terbaik dalam memanfaatkan*

berbagai sektor seefisien mungkin. Salah satunya penerapan lockdown dan work from home untuk mengurangi penyebaran Covid-19, namun hal ini dapat menimbulkan berbagai gangguan psikologis dan menyebabkan penurunan pada aspek ekonomi. Penelitian ini difokuskan untuk mengungkapkan dampak pandemi Covid-19 dan kebijakan lockdown dan Work From Home terhadap gejala psikologis, serta mencari solusi terbaik dari sisi sektor ekonomi. Penelitian ini terdiri dari 2 bagian utama, yaitu penelitian survei dan penelitian yang mengkaji permasalahan berdasarkan sosiologi dengan metode kualitatif, dengan jenis penelitian yuridis normatif. Didapatkan bahwa selama masa pandemi Covid-19 menimbulkan 39,1% insomnia, 12,1% depresi, dan 26,3% gangguan kecemasan dari berbagai tingkatan. Namun, tidak ada hubungan dan korelasi yang kuat antara kebijakan yang ada seperti Work From Home, pendapatan, PHK, spiritual, gejala psikologis. Tinjauan pustaka mengungkapkan cara yang paling efektif untuk menjembatani ketiga aspek tersebut (kesehatan, ekonomi, dan psikologi) adalah dengan menerapkan suatu regulasi, secara bergiliran membagi minimal 2 tim, yaitu minimal 14 hari untuk bekerja, dan dilanjutkan dengan minimal 14 hari untuk isolasi mandiri di rumah.

Introduction

Since December 2019, there have been a series of unexplained pneumonia cases in Wuhan City, China. The Chinese Government and researchers have taken swift steps to bring the epidemic under control and seek the aetiology of mysterious pneumonia. On January 12, 2020, the World Health Organization (WHO) gave the terminology for the new virus as Novel Coronavirus 2019 (2019-nCoV). Right on January 30, 2020, WHO announced the epidemic status of the 2019-nCoV infection and gave a warning that a public health emergency had occurred as well as a serious problem at the international level. On February 11, 2020, WHO officially gave the terminology of abnormalities due to 2019-nCoV as Corona Virus Disease 2019 (COVID-19). At the same time, the Coronavirus Study Group (CSG), which is part of the International Committee on Virus Taxonomy called 2019-nCoV a Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). (AHC Media, 2020) Cases of SARS-COV-2 infection until August 16, 2020, have infected 21,026,758 cases worldwide with a total death of 755,786 people. The United States occupies the country with the highest SARS-COV infection with 11,271,215 cases, Europe 3,733,965 cases, Southeast Asia 2,971,104 cases, Eastern Mediterranean with 1,710,272 cases, and Africa with 936,062 cases. (World Health

Organization, 2020) The country of Indonesia as part of the Southeast Asian country reported 139,549 confirmed cases, 40,296 in treatment, 93,103 recovered and 6,150 deaths (CFR: 4.4%) on August 16 2020. (Kemenkes RI, 2020)

Joko Widodo as the president of Indonesia is committed to tackling the problem of the COVID-19 pandemic as soon as possible with various strategic steps which in handling form a Covid-19 Management Unit under the control of the National Disaster Management Agency which is then changed to a COVID-19 Handling Task Force that works under the supervision of the Committee for Handling COVID-19 and National Economic Recovery. The strategic steps that have been established from the beginning to the present are in the form of handling patients with confirmed COVID-19, implementing large-scale social restrictions (PSBB), especially in areas with high incidence rates, routine hand washing and hygiene, and closing access to abroad. (Presiden Republik Indonesia, 2020a) All of these regulations are contained in Presidential Decree Number 11 of 2020 concerning the Determination of Public Health Emergencies related to Covid-19 which in its implementation is outlined in Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Handling of COVID-19. Over time, all of these regulations changed from the terminology of PSBB to New Normal, and the last one was New Habit Adaptation. (Presiden Republik Indonesia, 2020b)

One of the strategic steps that were implemented and had a significant impact on the social life of the community was the imposition of a total lockdown, especially in Jakarta. The implementation of this step is contained in the DKI Jakarta Governor's Call Number 6 of 2020, which includes the temporary suspension of office activities to prevent the spread of the Coronavirus Disease (Covid-19) Outbreak. Furthermore, the Government also prohibits various social movements to reduce the spread of Covid-19, such as banning the implementation of worship as stated in the Call of the Governor of the Special Capital Region of Jakarta Number 8 of 2020 concerning the Extension of the Temporary Abolition of Worship and Religious Activities in Houses of Worship in the Context of Prevention The Spread of the Coronavirus Disease (Covid-19) Outbreak. All of these policies keep people confined in the house for three months, from March to May 2020. One implementation of this policy is a call to work from home for three months. (Seruan Gubernur DKI Jakarta Nomor 6 Tahun 2020, 2020; Seruan Gubernur Daerah Khusus Ibu Kota Jakarta Nomor 8 Tahun 2020, 2020)

Mandala of Health introduces the concept that human health consists of 3 central elements, namely body, mind, and spirit. The idea of a person's health is not only related to the concept of body or biology that can be tested and seen by the eye but also with mind and spirit, which in this case is closely related to psychological and religious matters. (Hancock, 1985) One of the implementations of work from home activities has a severe impact on the development restrictions of the mind and spirit element. One of the exciting things is that the effects of prolonged isolation in a room or place can affect the appearance of various minor and major psychiatric symptoms. The collection of symptoms that arise due to prolonged isolation will give rise to a phenomenon known as Cabin Fever Phenomenon (Firmansyah et al., 2020)

This study aims to reveal various strategic social aspects regarding (1) the impact of the Work From Home (WFH) and Lockdown policies on various general psychiatric symptoms such as insomnia, depression, and depression; (2) Indonesia's view of the concept of policy and worker protection in bridging two crucial aspects, such as aspects of the right to stay healthy and aspects of rights in meeting basic economic needs. (3) Alternative Work From Home Policy as an Economic Bridge and Worker Protection in Control of COVID-19

Methods

1. **Research Design, Population, and Sample**

This research is divided into two major structures, namely survey research and research that examines sociological based problems with qualitative methods with juridical normative research type.

In the first group, this study is an observational study with a cross-sectional research design (survey) which was conducted online via a google form. This method was chosen because of the conditions of Large-Scale Social Restrictions (PSBB) due to the Covid-19 Pandemic, which made it impossible to conduct face-to-face interviews.

In the second group, this study examines problems based on sociology with qualitative methods and normative juridical research types, as for what is meant by qualitative legal research with a normative juridical variety in the form of research conducted by reviewing and analyzing data related to rules and regulations as well as data on social activities deductively deduced from various statements in various secondary data sources such as materials Literature (literature, books, journals, written documents)

or secondary legal materials (legislation, legal theories, previous court decisions, doctrine, legal expert opinion) which are all relevant and related to the main issues discussed in this journal. The approach used in this research is in the form of 3 methods starting with a statutory approach, a conceptual approach, and an analytical approach. The specifications of this research are prescriptive-analytical in which all data synthesis, discussion, and data conclusions are analyzed with a large approach in the form of qualitative research.

The research and data collection was carried out in May 2020. The time for this was chosen because Indonesia was implementing a strict lockdown policy which made it compulsory for almost all strategic sectors to be inactive. The sample of this research is all productive age workers who are still active as usual and in groups running the Work Form Home, Study Form Home (for students), and productive groups who experience layoffs.

The inclusion criteria for this study were productive age, namely 18 to 60 years of age. The exclusion criteria in this study were respondents who were unwilling to become respondents, respondents who filled out the questionnaire incompletely, and respondents who did not carry out health protocols according to government regulations. The sampling method in this study is total sampling with the minimum sample size required is 100 respondents. The procedure for this research is to ask the respondent to fill in the consent form (inform Consent), then fill in the primary data of the respondent (age, gender, and latest education), the respondent's occupation data (type of work, work from home or not, layoff or not, and income), as well as the lockdown protocol.

2. Research Variable and Instrument

The independent variable in this study is a pandemic condition that encourages people to work from home, dismissal or termination of employment, and income during the COVID-19 pandemic. The dependent variables in this study are the incidence of insomnia as measured by the ISI (Insomnia Severity Index) questionnaire, the incidence of depression as measured by the Patient Health Questionnaire-9 (PHQ-9) questionnaire, and the incidence of anxiety measured by the Generalized Anxiety Disorder questionnaire 7 (GAD- 7). The questionnaire above was selected based on the validity and reliability tests that had been done previously.

The validation and reliability test of the Insomnia Severity Index questionnaire based on the Cronbach statistical test obtained internal consistency results with a value of 0.922 to 0.989 with each correlation of total item corrections on seven items and two examiners ranging from a range of 0.991 to 0.993 on the first examiner with item corrections on the second examiner. has the lowest value of 0.694. (Swanenghyun, 2015) The operational definition used to determine the classification of insomnia according to the Insomnia Severity Index questionnaire is no insomnia (ISI Score = 0-7), the borderline of insomnia (ISI Score = 8-14), Moderate insomnia (ISI Score = 15-21), and severe insomnia (ISI Score = 22-28). (Shahid et al., 2011)

The validation and reliability test of the Patient Health Questionnaire-9 (PHQ-9) questionnaire based on the Cronbach Alpha statistical test was 0.74. Research by Malawi et al. (2019) revealed that the Patient Health Questionnaire-9 (PHQ-9) has a sensitivity value of 64% and a specificity of 94% in detecting minor and major depression, which means it meets good clinical validity criteria. (Udedi et al., 2019) The value classification of the Patient Health Questionnaire-9 (PHQ-9) questionnaire is a score <10 is considered a symptom of mild depression; A score of 10-14 is deemed to be mild depression; A score of 15-19 is regarded as moderate depression; and a score ≥ 20 is considered as severe depression (Chen et al., 2006)

The validation and reliability test of the Generalized Anxiety Disorder 7 (GAD-7) questionnaire based on the Cronbach Alpha statistical test is 0.867 with the results of the internal validity test with the Spearman correlation obtained a correlation coefficient of 0.648 to 0.800 (p <0.01). As for the cut point ≥7, GAD-7 has a sensitivity of 100% and a specificity of 84.4%. (Larasati, 2015) The Generalized Anxiety Disorder-7 (GAD7) score classifies anxiety into four degrees, namely: score 0-5: mild anxiety; score 6-10: moderate anxiety; scores 11-15: severe anxiety; and score ≥16: very severe anxiety. (Spitzer et al., 2006)

3. Statistical, Analytic, and Extract Data

Data analysis in this study was adjusted to 2 objectives, namely to obtain a complete picture of the research sample tested by using descriptive statistical tests and to obtain a description of the relationship and the relationship between various variables revealed by descriptive statistical tests. Descriptive statistics in this study are presented by the type of data available in each variable. Categorical data types will be presented in

the form of proportions and percentages. In contrast, numeric data types are displayed in the form of centralized data distribution in the form of mean, standard deviation, median, minimum, and maximum.

Analytical statistics in this study are divided into two parts, namely correlative and comparative. Correlative research will be tested using the Spearman statistical test because the type of data is ordinal or nominal. The nominal correlative analysis will be tested using the Contingency Correlation statistical test because the kind of data is nominal-nominal.

Results And Discussion

This study included 281 respondents who met the inclusion criteria. Meanwhile, the average age of respondents was 25.36 (5.89) years, 106 (37.7%) men, 173 (61.6%) of respondents had to work from home, experienced termination of employment by 277 (98.6%), as well as all demographic data are presented in Table 1. The psychological state of the respondents is shown in Table 1, wherein general 39.1% of respondents experience insomnia, 12.1% of respondents experience depression, and 26.3% of respondents experience anxiety. of many levels. (Table 1)

Table 1. Characteristics of Research Respondents

Table source: Researcher Analysis

Parameter	N (%)	Mean (SD)	Med (Min-Max)
Age	-	25,36 (5,89)	25 (18 – 57)
Gender			
• Male	106 (37,7%)		
• Female	175 (62,3%)		
Work from Home			
• No	108 (38,4%)		
• Yes	173 (61,6%)		
Work termination			
• No	277 (98,6%)		
• Yes	4 (1,4%)		
Education			
• Senior High School	50 (17,8%)		
• Diploma	6 (2,1%)		
• Bachelor	212 (75,4%)		
• Post Graduate	13 (4,6%)		
Routine Income			
• No	108 (38,4%)		
• Yes	173 (61,6%)		
Spritual di Masa Pandemi			
• No	57 (20,3%)		
• Yes	224 (79,7%)		
Insomnia Severity Index		7,01 (5,14)	6 (0 – 25)

- Clinical Insomnia (Severe)   6 (2,1%)
- Clinical Insomnia (Moderate)   27 (9,6%)
- Borderline of Insomnia (Light)   77 (27,4%)
- No significant insomnia   171 (60,9%)

Patient Health Questionnaire-9
- Major Depression   5 (1,8%)
- Moderate Depression   11 (3,9%)
- Mild depression   18 (6,4%)
- No Depression   247 (87,9%)

Generalized Anxiety Disorder 7
- Severe Anxiety   4 (1,4%)
- Moderate Anxiety   16 (5,7%)
- Mild Anxiety   54 (19,2%)
- Minimal Anxiety   207 (73,7%)

Correlation analysis using the Spearman Correlation shows that there is no significant or strong correlation between demographic variables (termination of employment, work from home, income, and spiritual) on various psychological symptoms of productive age workers which include symptoms of insomnia, depression, and anxiety at various levels (p-value> 0.05). But what is interesting is that the emergence of one of the psychological symptoms is statistically closely related to the presence of other psychological symptoms such as insomnia with the anxiety of 0.437 (p-value <0.001), insomnia with depression of 0.435 (p-value <0.001), and anxiety with depression. equal to 0.652 (p-value <0.001). This should be of particular concern because the emergence of one psychological symptom will have an impact on the emergence of various psychological symptoms such as a domino effect. All data resulting from the correlation are presented in Table 2.

Table 2. Correlation between various research variables which include demographic characteristics, insomnia severity, depression severity, and anxiety severity

Table source: Researcher Analysis

Parameter		Work termination	Work From Home	Routine Income	Spiritual	Insomnia Severity Index	Generalized Anxiety Disorder 7	Patient Health Questi
Work termination	Correlation Coefficient	1.000	-0.030	0.029	0.014	0.087	-0.071	-0.044
	Sig. (2-tailed)	.	0.622	0.633	0.814	0.146	0.234	0.458
Work From Home	Correlation Coefficient	-0.030	1.000	0.062	-0.042	0.023	0.025	0.037
	Sig. (2-tailed)	0.622	.	0.299	0.485	0.703	0.673	0.541
Routine Income	Correlation Coefficient	0.029	0.062	1.000	-0.035	0.038	0.030	0.052
	Sig. (2-tailed)	0.633	0.299	.	0.562	0.530	0.619	0.382
Spiritual	Correlation Coefficient	0.014	-0.042	-0.035	1.000	-0.063	-0.014	-0.022
	Sig. (2-tailed)	0.814	0.485	0.562	.	0.291	0.819	0.713

Insomnia Severity Index	Correlation Coefficient	0.087	0.023	0.038	-0.063	1.000	0.427**	0.435**
	Sig. (2-tailed)	0.146	0.703	0.530	0.291	.	0.000	0.000
Generalized Anxiety Disorder 7	Correlation Coefficient	-0.071	0.025	0.030	-0.014	0.427**	1.000	0.652**
	Sig. (2-tailed)	0.234	0.673	0.619	0.819	0.000	.	0.000
Patient Health Questionnaire	Correlation Coefficient	-0.044	0.037	0.052	-0.022	0.435**	0.652**	1.000
	Sig. (2-tailed)	0.458	0.541	0.382	0.713	0.000	0.000	.

* Correlation uses the Spearman Correlation statistical test because the data scale for insomnia, depression, and anxiety is ordinal (based on severity) and the type of data scale for demographic variables (income, work from home, income, and spiritual) is a dichotomic or nominal scale

The results of the further analysis found that there was no significant relationship between various demographic variables such as income, work from home, income, and spirituality on the incidence of depression, insomnia, and anxiety (p-value <0.05) This may be due to its multifactorial or presence. Various other variables that are more dominant in triggering the occurrence of psychological symptoms. All analysis results are presented in Table 3

Table 3. Correlation between Layoffs, WFH, Spiritual, and Income Against Depression, Insomnia, and Anxiety

Table source: Researcher Analysis

Parameter		Depression		r-correlation	p-value
		Yes	No		
Work termination	Yes	0	4 (1,4%)	0,045	0,455
	No	34 (12,1%)	242 (86,5%)		
WFH	Yes	23 (8,2%)	151 (53,7%)	0,044	0,463
	No	11 (3,9%)	96 (24,2%)		
Spiritual	No	6 (2,1%)	51 (18,1%)	0,024	0,683
	Yes	28 (10,0%)	196 (69,8%)		
Pendapatan	No	15 (5,3%)	93 (33,1%)	0,043	0,467
	Yes	19 (6,8%)	154 (54,8%)		
Parameter		Insomnia		r-correlation	p-value
		Yes	No		
Work termination	Yes	3 (1,1%)	1 (0,4%)	0,088	0,139
	No	107 (38,1%)	170 (60,5%)		
WFH	Yes	71 (25,3%)	103 (36,7%)	0,043	0,468
	No	39 (13,9%)	68 (24,2%)		
Spiritual	No	19 (6,8%)	38 (13,5%)	0,060	0,314
	Yes	91 (32,4%)	133 (47,3%)		
Routine Income	No	44 (15,7%)	64 (22,8%)	0,026	0,665
	Yes	66 (23,5%)	107 (38,1%)		
Parameter		Anxiety		r-correlation	p-value
		Yes	No		
Work termination	Yes	0	4 (1,4%)	0,072	0,228
	No	74 (26,3%)	203 (72,2%)		

WFH	**Yes**	47 (16,7%)	127 (45,2%)	0,020	0,742
	No	27 (9,6%)	80 (28,5%)		
Spiritual	**No**	14 (5,0%)	43 (15,3%)	0,020	0,734
	Yes	60 (21,4%)	164 (58,4%)		
Routine Income	**No**	30 (10,7%)	98 (27,8%)	0,026	0,664
	Yes	44 (15,7%)	129 (45,9%)		

1. The impact of the Lockdown and Work From Home (WFH) policies on various general psychiatric symptoms such as insomnia and depression

The environment is one of the main factors determining the welfare of a human being. The welfare includes physical and mental health. One of the interesting things is that many have found that Home Stress and Work Stress are closely related to the Incidence of Anxiety, Depression, and Insomnia. The basis for this theory is that according to the Mandala Of Health, it is revealed that the concept of a person's health includes body, mind and spirit. But more broadly, it can be seen that various factors will affect these three main elements, namely including family, human biology, habits, social environment, physical environment, work and so on. (Hancock, 1985, 1993)

This holistic concept emphasizes that the high level of pressure on the work, family and social environment will have a powerful impact on the mental and physical health of humans. A dilemma occurs because the concepts of work pressure, environment, and family will merge into one unit due to government policies for Work From Home. This tends to increase the psychological burden and disappear the boundaries between work, family, and the environment because all types of activities are carried out at home directly.

In this study, it was not found that there was a close relationship between work from home, work, spirituality, and income to 3 psychiatric disorders that are common in society. But it must be paid attention and get the special attention that during the COVID-19 pandemic and the implementation of strict lockdowns through the closure of entertainment venues and various strategic industry sectors, it has led to an increase in the incidence of intercorrelation between various psychiatry disorders, particularly anxiety disorders, depression, and insomnia. The level of correlation between insomnia severity and anxiety severity is 0.427 (p-value <0.001), insomnia severity level with depression level is 0.435 (p-value <0.001), and anxiety severity and depression level is equal to 0.652 (p-value <0.001).

The literature searches further that social and physical isolation will result in the emergence of a phenomenon known as Cabin Fever. Cabin fever phenomenon is a phenomenon of psychological changes and other related symptoms that refer to changes in irritability and anxiety when an individual is isolated and separated from the outside world for extended periods. In general, the time that is considered long enough is more than eight weeks or 56 days. The symptoms that are in the realm of Cabin Fever Phenomenon are broad, including depression, anxiety, insomnia, suicidal ideation, obsessive-compulsive disorder, addiction and addiction, and worsening of various primary psychiatric symptoms that already exist. (Firmansyah et al., 2020) But in the application of online survey research, it is very difficult to discuss all aspects of Cabin Fever or Psychiatric Symptoms that may arise. In this case, the author only limits the aspects assessed to be in the form of 3 symptoms which are indeed frequent and common in the community and the availability of easy research instruments for self-assessment of specific psychiatric symptoms such as insomnia, depression, and anxiety.

There has been no published research and literature regarding the impact of work from home on the increased incidence of psychiatric symptoms during the Covid-19 Pandemic. But research from Fan et al. (2015) suggests that serial regression analysis on 129 subjects revealed that job insecurity and stress at home were most strongly associated with symptoms of depression and anxiety. (Fan et al., 2015)

Extrapolation is carried out, although the impact of Work From Home due to Covid-19 has not yet been found on changes in the psychiatric symptoms of society. However, it cannot be denied that the incidence of insomnia, depression, and anxiety in the community during the Lockdown period was very high, reaching 39.14% for insomnia, 12.1% for depression, and 26.3% for anxiety.

Sleep disturbances or insomnia appeared during the COVID-19 pandemic at a high enough rate. Huang and colleagues research stated that 18.2% of the 7236 respondents were diagnosed with insomnia with varying intensity. (Huang & Zhao, 2020) The study of Kokou-Kpolou and colleagues noted that 19.1% of 556 respondents were diagnosed with insomnia based on the Insomnia Severity Index (ISI) questionnaire during the COVID-19 pandemic. (Kokou-Kpolou et al., 2020).

In patients who have been diagnosed with recurrent depressive disorder, the isolation in a room can be a major stress stimulus that threatens regular daily routine, social rhythms and thereby increases stress levels, which in turn increases cortisol levels,

resulting in worsening of depressive symptoms. The inability to work, financial deprivation and the long-term impact on the economy will lead to new and pre-existing depression. (Dong & Bouey, 2020; Huang & Zhao, 2020; Sønderskov et al., 2020) In people with previous psychiatric disorders, all of these problems can present with new severity and can lead to PTSD or even suicidal thoughts and attempts. (Dong & Bouey, 2020) Huang and colleagues research revealed that 20.1% of respondents from the 7236 study sample experienced depressive disorders of varying intensity. (Huang & Zhao, 2020)

Huang and colleagues' research revealed that anxiety disorders appeared in 35.1% of respondents during the isolation period due to COVID-19 (Huang & Zhao, 2020) and Cao's study and colleagues who surveyed 7143 respondents found that 0.9% of respondents experienced a disorder. severe anxiety, 2.7% of respondents had moderate anxiety disorders, and 21.3% of respondents had mild anxiety disorders. (Cao et al., 2020).

2. The Concept of Indonesia's Work From Home Policy during the COVID-19 pandemic as a form of Work Safety for Workers

Work From home or doing various work activities from home is a step taken by the Government as a mandate or implementation of the concept of protection of occupational safety and health for all workers in Indonesia. This policy has long been stated in Article 86 paragraph (1), Law Number 13 of 2003 concerning labour, in which every worker has the right to obtain safety and health as well as personal protection while working. (Undang-Undang Republik Indonesia No. 13 Tahun 2003, 2003) Thus, worker protection is the application of law as a tool of engineering, as a social engineer, as a tool to transform society into a common goal, (Soekanto, 2000) namely the health of workers.

The reason work from home is implemented as a form of protection for workers is due to the spread of COVID-19, which is easily transmitted only through droplets, closed rooms, and close contact. Also, the concepts of lockdown and work from home are the most strategic and optimal steps to control the spread of Covid-19.

Human-to-human transmission through droplets or direct contact estimates an incubation period of 6.4 days and a reproductive number of 2.24- 3.58 of COVID19 may be responsible for its rapid spread. WHO recently announced COVID 19 as the sixth disease causing a public health emergency as well as of international concern. COVID19

has claimed 288,239 lives worldwide as of May 12, 2020. Even developed countries have failed to control the increase in mortality due to COVID 19. (WHO, 2020b, 2020a, 2020c; "WHO Coronavirus Disease (COVID-19) Dashboard," 2020)

Instruction of the Governor of DKI Jakarta Province Number 16 of 2020 concerning Increased Vigilance Against the Risk of Corona Virus Disease (COVID-19) Infection is one of the pillars of the legal for implementing work from home. The governor's instruction was followed up by the DKI Jakarta Provincial Manpower, Transmigration and Energy Agency by issuing a circular from the DKI Jakarta Provincial Manpower, Transmigration and Energy Office Number 14 / SE / 2020 of 2020 concerning an Appeal to Work at Home (─SE Disnakertrans and Energy DKI Jakarta 14/2020‖). The implementation of this policy is (1) the company may temporarily suspend all of its business activities; (2) The company may temporarily reduce some of its business activities (part of its employees, time and operational facilities); (3) Companies that are unable to stop their business activities, considering their direct interests related to health services, the need for essential commodities, and fuel oil. This provision is exempted for companies engaged in the defence and security sector, public order, food needs, fuel oil and gas, health services, economy, finance, communications, industry, export and import, distribution, logistics and other basic needs.

The field of public service delivery is a field whose activities are required to continue during the Covid-19 Pandemic, due to the cruciality of the area of public service in a very wide variety of community affairs. The Ministry of Administrative and Bureaucratic Reform of the Republic of Indonesia (abbreviated as Kemenpan RB) issued Circular Letter Number 58 of 2020, To ensure the smooth operation of public services, Ministries / Institutions / Regions should: (1) simplify business processes and standard operating procedures services by utilizing information and communication technology; (2) Using information media to deliver new service standards through publication media; (3) opening online communication media as a forum for consultation and complaints; (4) ensure that the output of service products carried out online and offline remains by the predetermined standards; and (5) pay attention to the safe distance (physical distancing), health and safety of employees who provide direct offline services under the health protocols stipulated by the Minister of Health. (Surat Edaran (SE) MENPANRB Nomor 58 Tahun 2020, 2020)

In addition, the protection of workers' rights against COVID-19 infection is also stated in the Minister of Health Circular No. M / 3 / HK.04 / III / 2020 which regulates the protection of workers / labor and business continuity in the context of preventing and overcoming Covid-19. The implementation of all these policies is to establish a work from home program to reduce the risk of congestion in a workspace. (Surat Edaran Menteri No. M/3/HK.04/III/2020 Tentang PELINDUNGAN PEKERJA/BURUH DAN KELANGSUNGAN USAHA DALAM RANGKA PENCEGAHAN DAN PENANGGULANGAN COVID-19, 2020)

All policies implemented by the government are synergistic with the regulations above them, as stipulated in Health Law No. 36/2014 concerning Health Workers Article 1 paragraph 4 which reads Health Efforts are any activities and / or series of activities carried out in an integrated, integrated manner. and continuously to maintain and improve the degree of public health in the form of disease prevention, health improvement, disease treatment, and health restoration by the Government and / or society .(UNDANG-UNDANG REPUBLIK INDONESIA NOMOR 36 TAHUN 2014 TENTANG TENAGA KESEHATAN, 2014)

These matters are also in line with the obligations of the Central Government and Regional Governments to be responsible for protecting public health from diseases and/or Public Health Risk Factors that have the potential to cause Public Health Emergencies through the implementation of Health Quarantine in Article 4 of the Health Quarantine Law.

3. Alternative Work From Home Policy as an Economic Bridge and Worker Protection in Control of COVID-19

The impact of the COVID-19 pandemic is not only affecting health but also causing a negative balance in the economies of various countries. The Covid-19 pandemic caused low investor sentiment towards the market, which in turn led the market towards a negative trend. Strategic fiscal and monetary measures are needed to provide economic stimulus. As the COVID-19 pandemic case develops, the market fluctuates more in a negative direction. Not only that, but the slow pace of export activities also has a significant impact on the Indonesian economy, which is substantial to the Indonesian economy. The current global economic slowdown has had a significant impact on Indonesia's economic growth. This can be seen in the sensitivity analysis of the

Indonesian economy. Based on the sensitivity analysis, it was found that when there was a 1% slowdown in China's economy, it would affect and have an impact on the rate of economic growth in Indonesia, which was -0.09%. This is also in line with the further sensitivity analysis where, every 1% of the European Union's economic slowdown will have an impact on the rate of economic growth in Indonesia, namely -0.07%, India (-0.02%), Japan (-0.05%) and United States (-0.06%). The same picture also applies to most commodities, namely every 10% decline in the price of crude palm oil (CPO) will have an impact on the Indonesian economy by 0.08%, oil is 0.02%, and coal is minus 0,07%. (Aditia et al., 2020)

Based on the analysis above, it is considered unwise to implement work from home as the sole reason to suppress the spread of Covid-19 infection. This is because the needs of modern society today are very dependent on the economic wheels, which must continue to run. This will create a dilemma for the Government because, on the one hand, the Government is obliged to protect its citizens from various threats as mandated by the 1945 Constitution. Still, on the other hand, the Government is obliged to keep the wheels of the economy going. It should be noted that not all strategic sectors can implement online or online systems such as the health sector, public services, fiscal monetary, and many more. Generally, industries that cannot run online are sectors that provide the largest contribution to the economy of a nation. This is a challenge for the Government and academics to bridge these two strategic sides to get the maximum benefit.

In retrospect, specifically, prolonged isolation and work from home will have an impact on three strategic aspects, namely the health, economic and psychological problems of workers. Psychological issues that are near related are depression, insomnia and anxiety. The health problem that has arisen is the widespread and uncontrolled Covid-19 infection which of course will have an impact on increasing the morbidity and mortality rate of the community. Economic problems that arise are the negative balance caused by the Covid-19 pandemic, reduced productivity, and additional financial burdens for handling Covid-19. A wise thing to determine a work from home policy that is good and close to ideal is first to explore these three aspects specifically to find an alternative middle point of the problem.

Depressive disorders have many spectrums that are very broad in distribution. Still, in general, according to the DSM-V, depressive symptoms for laypeople are the emergence of feelings/moods: dysthymic or hypothermic, flat or blunt or limited affect,

small talk, monotonous, no perceptual disturbances, Intellectual and cognitive function can be impaired if there are organic causes, the thought process is generally not disturbed, and Impulse control is disturbed: generally it can harm oneself or others, and insight can be good or not. An interesting feature of the DSM-V diagnostic criteria for depression is that the symptoms persist for two consecutive months. (American Psychiatric Association, 2013; Cooper, 2017; Del Barrio, 2016)

Turning to insomnia, according to DSM V, it is known that insomnia has various diagnostic characteristics in the form of a reduction in complaints of dissatisfaction with the quality and quantity of sleep, associated with one (or more) such as (1) difficulty initiating sleep, (2) sleep disturbances causing significant distress. clinical or impairment in social functioning, work, education, academics, behaviour, or other areas of function; (3) Difficulty sleeping at least three times a week; (4) Difficulty sleeping experienced for at least three months; (4) Difficulty sleeping despite having sufficient opportunity to sleep; (5) Insomnia that occurs unexplained and does not appear during other sleep disorders; (6) Insomnia that arises is not a physiological result of substance use; (7) The existence of comorbid psychiatric or medical conditions cannot explain the predominance of insomnia complaints. (American Psychiatric Association, 2013; Cooper, 2017; Del Barrio, 2016)

The diagnostic criteria for overall anxiety disorder according to the DSM V are: Anxiety or excessive worry that occurs almost every day, throughout the day, appears for at least six months, regarding some activities or events (such as work or school activities). (American Psychiatric Association, 2013; Cooper, 2017; Del Barrio, 2016)

According to the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), it is revealed that Covid-19 infection will cause the onset of initial symptoms at least 14 days from the start of the infection. This is also stated in the CDC's recommendations regarding individuals who are exposed or suspected of having very close contact with COVID-19 infection who are required to monitor 14 days after exposure and mandatory isolation by not forgetting to implement all applicable health protocols. (CDC, 2020b, 2020a; Wu et al., 2020)

Extracting data from the data above, it can be seen that the time for each diagnosis is depression for two months, anxiety disorder for six months, insomnia disorder for three months, and the appearance of Covid-19 symptoms is 14 days after exposure. The lowest value of each of these times is 14 days. We can extrapolate this in the form of a good idea

that Work From Home is carried out in the form of shifting or taking turns by dividing into a minimum of 2 teams, namely a minimum of 14 working days and a minimum of 14 days for independent isolation at home. This is considered the most effective because it is an alternative bridge to solve problems where it is hoped that worker productivity will be maintained; on the other hand, psychological and health aspects will be optimized.

This time interval with a maximum value of 2 to 6 months is also the answer to the low correlation between social aspects and psychiatric symptoms. This research was carried out after eight weeks of lockdown implementation; it does not rule out that if this policy continues to be strictly enforced, it will have an impact on the increasing incidence of psychiatric disorders, especially in groups of workers.

Conclusion

Various strategic sectors were severely affected by the Covid-19 Pandemic. The two sectors most affected are the economy and health sector. The Government, as the maker and regulator of regulations, is required to make strategic policies to reach and improve all strategic sectors. The Work From Home and Lockdown policies to control the Covid-19 Pandemic have an impact on the psychological, social and economic disorders of the community. One of the implementations that can be implemented by the Government to reach these three aspects is to enforce Work From Home in the form of shifting or taking turns by dividing into a minimum of 2 teams, namely a minimum of 14 days of work and a minimum of 14 days for independent isolation at home.

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