

Stress and Coping Among Emergency Unit Healthcare Workers in Tanjungpinang During COVID-19 Pandemic

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ABSTRACT

COVID-19 is a global health problem. The number of positive cases keep increasing globally towards the end of 2020, including in Indonesia. This is a challenging situation for the healthcare workers who provide services to the patient without knowing whether the patients are infected by COVID-19 or not, especially for those who work in the emergency unit of the hospital. This study aims to explore the stressors and coping strategies among emergency unit healthcare workers in Tanjungpinang, Indonesia. The sample was taken from the emergency unit of Raja Ahmad Tabib Kepulauan Riau Regional Public Hospital as the only referral hospital in Tanjungpinang. Data were collected through interviews and then analyzed by using the thematic analysis approach. The result shows that the source of stress that the emergency unit healthcare workers feel during the COVID-19 pandemic is the fear of contracting the disease, fear of infecting family members, as well as negative perceptions from the public. As for the coping methods, it was found out that the emergency unit healthcare workers adhere to health protocol, adding insight on COVID-19 related issues, performing religious activities, adopting a healthier lifestyle, seeking social support, and doing relaxing activities in their spare time.

Kata kunci:

Stres;
Koping;
Tenaga Kesehatan;
COVID-19;

COVID-19 adalah masalah kesehatan global. Jumlah kasus positif terus meningkat secara global menjelang akhir tahun 2020, termasuk di Indonesia. Ini merupakan situasi yang menantang bagi petugas kesehatan yang memberikan layanan kepada pasien tanpa mengetahui apakah pasien tersebut terinfeksi COVID-19 atau tidak, terutama bagi mereka yang bekerja di instalasi gawat darurat rumah sakit. Penelitian ini bertujuan untuk mengeksplorasi stresor dan strategi mengatasi stress di antara petugas perawatan kesehatan instalasi gawat darurat di Tanjungpinang, Indonesia. Sampel diambil dari unit gawat darurat RSUD Raja Ahmad Tabib Kepulauan Riau sebagai satu-satunya RS rujukan di Tanjungpinang. Pengumpulan data dilakukan melalui wawancara dan kemudian dianalisis dengan menggunakan pendekatan analisis tematik. Hasil penelitian menunjukkan bahwa sumber stress yang dirasakan petugas unit gawat darurat selama pandemi COVID-19 adalah rasa takut tertular penyakit, takut menuliri anggota keluarga, serta persepsi negatif dari masyarakat. Untuk cara mengatasi stress yang dirasakan, ditemukan petugas kesehatan instalasi gawat darurat mematuhi protokol kesehatan, menambah wawasan terkait COVID-19, melakukan kegiatan keagamaan, mengadopsi gaya hidup lebih sehat, mencari dukungan sosial, dan melakukan aktivitas santai di waktu senggang.

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INTRODUCTION

COVID-19 is a worldwide health problem. According to World Health Organization (2020), there have been 64,603,428 confirmed cases globally while a total of 1,500,614 death reported on December 4th, 2020. Indonesia is one of the countries that contributed to those numbers. Satgas Penanganan COVID, (2020) reported that there are 563,680 positive cases and 17,479 deaths in Indonesia until December 4th, 2020. Tanjungpinang, the capital of Kepulauan Riau Province is also affected by the disease.

Based on data that were published by Gugus Tugas COVID-19 Kepri (2020), the number of confirmed positive COVID-19 cases in Tanjungpinang from July to October



2020 were rapidly increased from 71 confirmed cases in July to 509 confirmed cases in October. With the number of confirmed cases rapidly increasing, healthcare workers who provide healthcare services in the hospital have a high risk of contracting the COVID-19 virus. Moreover, according to Yu & Yang (2020), asymptomatic COVID-19 infection is also possible, thus, although tracing effort has been done by the government, there is still a possibility that there are many asymptomatic COVID-19 positive cases in the community undetected. This is a challenging situation for the healthcare workers, especially for those who work in the emergency unit of the hospital because the total number of patients that need treatment in the emergency unit is large. In addition, in several hospitals, the emergency unit also acts as the gate in receiving COVID-19 referral patients. With the high risk of exposure to COVID-19 as mentioned above, healthcare workers may experience stress, anxiety, or even depression (Munawar & Choudhry, 2020; Aiyer et al., 2020). The level of stress experienced is also reported higher in healthcare workers in emergency services where contact with patients having COVID-19 symptoms may occur (Tengilimoğlu et al., 2020).

Many scholars tried to define what stress is. Robbins & Judge (2017) defined stress as a displeasing psychological process that happens as a reaction to environmental strains. While according to McShane & Von Glinow (2018), stress is a person's response in trying to adapt to a challenging situation that may threaten well-being. From the definitions, it can be said that stress may occur when challenging situations occur, this is including in the time of the COVID-19 pandemic.

The sources of stress at the workplace may vary from organizational constraints, interpersonal conflict, work overload, and low task control (McShane & Von Glinow, 2018). However, the sources of stress for health workers in times of a pandemic may be a little bit different, especially for those who work at hospitals. According to research conducted by Tayyib & Alsolami (2020), nurses in Saudi Arabia experienced stress because they are afraid of contracting diseases at work while caring for too many patients. In addition, there was no support in terms of clear policies and procedures as well as training services for healthcare workers that may increase the confidence of nurses involved in caring patients during a pandemic.

Another study conducted in the city of New York by Shechter et al (2020) found out that there are several causes of stress including fears about transmitting COVID-19 to family or friends, and most were highly distressed by having to maintain "social distance" from family. In the clinical environment, perceived lack of control/uncertainty, treating other healthcare workers for COVID-19, and uncertainty about colleagues' COVID-19 status were the most common sources of high distress.

Several coping methods also have been reported to be adopted by healthcare workers in facing the Pandemic. Folkman (2010) defined coping as the behaviors and mental processes that people use to manage the internal and external demands of stressful situations. Hirsch et al (2015) defined coping as an individual's capacity to face and adapt to stressful situations. Based on the definitions, it can be said that coping is a method to adapt to stress mentally as well as behaviorally.

In a pandemic situation such as COVID-19, the stress-coping method that can be adopted include limiting media exposure, limiting information sharing about the task of handling COVID-19, religious activities, changing perceptions, and empathy for the COVID-19 patients they handled (Munawar & Choudhry, 2020). In another study of workers in the health sector in Italy, Babore et al (2020) said that positive attitudes of workers or changes in workers' perceptions of negative situations, social support, and

avoidance, are stress-coping methods adopted by these workers to deal with the stress they experienced as a result of COVID-19. The coping methods reported above can be categorized as coping mentally with stress.

In other studies, several reported that healthcare workers use more behavioral coping methods in addition to coping mentally. Shechter et al (2020) reported that participants in their study use physical exercise and therapy besides seeking social support and performing religious practices to cope with stress. In addition, besides physical exercise, nurses may also adjust sleep and food intake to adapt to internal and external environment changes and prevent injuries caused by stress during the pandemic (Sun et al., 2020).

Concerning that, this study will be conducted with the purpose to explore the experience of stress among emergency unit healthcare workers in Tanjungpinang, especially in terms of the stressors and coping styles among the workers. Thus, the research questions of this study are: What are the stressors among emergency unit healthcare workers in Tanjungpinang during COVID-19 pandemics? and How do emergency unit healthcare workers in Tanjungpinang cope and manage their stress during COVID-19 pandemics?

RESEARCH METHOD

The method adopted in this study is the qualitative method with a descriptive approach. A descriptive approach is an approach that tries to describe symptoms, event, or incident that is currently happening (Noor, 2011). The data collection technique that was used in this study is a qualitative interview that was conducted online. A qualitative interview was chosen because it may help the researcher to gather rich and extensive data regarding the topic in this study (Howitt, 2016). The type of interview that was used in this study is the semi-structured interview. The population in this study is 75 healthcare workers in the emergency unit in Raja Ahmad Tabib Kepulauan Riau Regional Public Hospital. Raja Ahmad Tabib Kepulauan Riau Regional Public Hospital is a hospital that is managed by Kepulauan Riau provincial government. During the COVID-19 pandemic, it is appointed as one of the referral hospitals for COVID-19 patients in Kepulauan Riau and as the only referral hospital in Tanjungpinang.

The sampling method used in this study is convenience sampling. Convenience sampling is a non-random sampling method where the researcher finds any group of participants easily accessible (Howitt, 2016). The samples in this study were 7 healthcare workers from the emergency unit in Raja Ahmad Tabib Kepulauan Riau Regional Public Hospital which consists of 1 doctor, 2 nurses, 1 midwife, 1 security guard, 1 ambulance driver, and 1 pharmacist. The researcher used several tools to help in gathering the data including a set of interview guidelines which contain topics that will be asked during interviews, a voice recorder to record the verbal responses from the participants, a handphone to conduct the online interview as well as paper and pencil to take note responses from the participants. This study was conducted after getting approval from Raja Ahmad Tabib Kepulauan Riau Regional Public Hospital's ethical committee. The researchers then contacted the head of the emergency unit to brief him about the research and discuss the participants of the interview. Verbal consent was gotten from the participant before the interview started. The conversation in the interview is also recorded after getting permission from participants. Data gathered from the interview was analyzed by using the thematic analysis method. Thematic analysis is a method of data analysis that consists of 6 (six) stages which are data familiarization, initial coding generation, search for themes, review of themes, defining themes, and report writing (Braun & Clarke as cited in Howitt, 2016).

RESULT AND DISCUSSION

The result of the study will be divided into two parts in trying to answer two research questions proposed in this study. The first part will discuss the stressors that emergency healthcare workers feel during the COVID-19 pandemic and the second part will discuss coping strategies that were adopted by the emergency unit healthcare workers.

Stressors

Fear of contracting the disease

One of the stressors that the healthcare worker experienced is the fear of contracting the disease, either from co-workers or from patients that they handled. One of the participants which work as a security guard in the hospital mentioned

“co-workers, when we are in the same resting period, they sit in front of me sometimes even if we wear masks, and sometimes we hang out together in the evening. It turns out that the next morning their tests results came out positive. It makes me more anxious”.

Another participant mentioned that he was concerned about contracting the disease from the patients he took care of. The participant who works as an ambulance driver mentioned that patients often hide their actual health condition that shows COVID-19 symptoms. He mentioned,

“I worry every time I pick up a patient because we often get misleading information regarding their condition”.

This finding supported what (Tayyib & Alsolami, 2020) found in their study in which nurses in Saudi Arabia experience stress because they are afraid of getting infected at work.

Fear of infecting family members

Shechter et al (2020) mentioned that one of the sources of stress that healthcare workers feel is fears about transmitting COVID-19 to family or friends. The evidence in this study supported that suggestion. A total of 5 participants mentioned that they fear transmitting the virus to their relatives. For example, a participant who works as a doctor who treats COVID-19 patients mentioned

“...if I am sick, I can still handle it myself, however, the fear of the family members, the elderly, and the children getting transmitted are the most worrying”.

The same concern was shown by a participant who works as a midwife in the emergency unit. The participant mentioned,

“... certainly frustrating, how about the children at home being exposed, how about the parents at home...”.

The fear of infecting family members is not only felt by direct healthcare workers like doctors, nurses, or midwives, but also by indirect healthcare workers such as ambulance drivers and security guard. A participant which works as an ambulance driver mentioned

“I was stressed because I had contact with my wife and child. I was worried that they would follow suit too. So, at that time I was forced to bring my wife, bring my child to the SWAB test as well”.

Another participant who works as security guard mentioned

“Very worried, the problem is I have to go home and meet my family. So, when I get to the house, I have to take a shower first...”

This result is understandable because although the ambulance driver and security guard do not treat patients directly, they are at some point involved with patients, for example as a person who picks up or greets patients when they arrived at the hospital.

Public negative perception

The last source of stress that the healthcare workers in the study mentioned is the negative perception from the public. At the start of the pandemic, there is uncertainty in the society and COVID-19 is still relatively unknown. This caused some negative perceptions by the public towards healthcare workers, especially those directly contacting COVID-19 patients. A participant in the study mentioned,

“Initially there was a sense of pressure from the public, maybe this is just my feeling, but I feel that they weirdly see us...”

Based on the interview result with the participants, it can be inferred that the stressors that the emergency unit healthcare workers feel during the COVID-19 time include fear of contracting the disease, fear of infecting others, and public negative perception towards the workers.

Coping Method

Adhering to health protocol

The first coping method that the participants used to cope with the stress that is felt is adhering to health protocol. The healthcare workers comply with the health protocol at work as well as at home to reduce the fear of contracting the disease or infecting others. At work, the participants always remember to use masks, face shields, and hazardous material gowns, especially those who treat patients directly. For example, one participant who works as a doctor mentioned

“we work with personal protective equipment, such as hazardous material gown and others, rather than we work in fear, rather than were caught off guard, so we protect ourselves first...”

This is also supported by another participant who works as a midwife that said

“Every time there is a patient who is not known whether he has COVID-19 or not, we are using level 2 personal protective equipment properly, like N95 masks, face shield, gown, because if for example, we check the patient was tested positive, but we use complete and proper personal protective equipment, it won't be stressful, even though we know the patient has been confirmed positive”.

On the other hand, participants who do not treat patients directly may not use complete personal protective equipment, but they still keep masks on and pay more attention to distance with others while working. For example, one participant who works as security guard mentioned

“..for patients who come alone, I keep my distance, we communicate with the patient the closest in one meter and a half”, while one ambulance driver mentioned *“... I used double masks..”* in the interview.

While adhering to health protocol at work, the participants also apply and adhere to health protocol at home, for example by taking a bath and spraying disinfectant spray before entering the house, or conducting self-isolation at home if they have co-workers or patients that they handled tested positive for the virus. One participant which works as a pharmacist mentioned

“Since there was COVID-19, I prepare disinfectant spray, everything was sprayed, then also I wash my hands dozens of times in a day”. While another participant who works as a nurse mentioned *“As soon as I got the news that there was a positive case and I was a close contact, I always put on a mask at home, I also slept with a mask. I conduct self-isolation, there happened to be a room with a bathroom directly at home, I was there 14 days”.*

Adding insight

The second way of coping adopted by the participants is adding insight into COVID-19. A total of 4 out of 7 participants mentioned that they actively learn about COVID-19. The methods of learning vary from attending online seminars to sharing with other professionals regarding COVID-19. By learning more about the disease such as the transmission, the symptoms, as well as the prevention, those participants feel more at ease at work. For example, one participant who works as a midwife mentioned

“I attend online seminars about how to use personal protective equipment, what is COVID-19, how to deal with COVID-19, how to prevent it....”.

Another participant who works as a nurse also actively learning about COVID-19 but from discussion with other professional healthcare workers. The participant mentioned,

“In my office, I also have frequent discussions with other health workers, nurses, doctors regarding COVID-19. Discussions, sharing, until we understand that there is a pattern in this COVID-19”.

This finding supported Tayyib & Alsolami (2020) statement that involving the healthcare workers in training to gain more knowledge regarding the disease may help the healthcare workers to be more confident in performing their tasks may reduce the fear and stress that might be felt while treating patients during COVID-19 pandemic time.

Religious activity

Munawar & Choudhry (2020) as well as Shechter et al (2020) have found out that performing religious activities is one of the coping methods adopted by healthcare workers to cope with stress. The finding in this study also supported the argument. A total of 5 out of 7 participants mentioned that they are performing religious activities more frequently during the pandemic time. The activities performed include obligatory prayer, maintaining ablution, reading a holy book, praying before handling patients, and performing sunnah prayer.

Two participants mentioned that they always try to perform obligatory prayer. One participant who works as a nurse mentioned *“So, when prayer time arrived, do not leave it, it brings us closer to our creator”*, while another participant who works as a pharmacist mentioned that performing obligatory prayer is important and it helps in maintaining ablution. The participant mentioned

“.....my husband found a Hadith that mentioned there will be a plague at the end of time all of which would be affected except for my people who keep ablution. So that is what we have held until now. Alhamdulillah, I pray five times a day, keep my ablution”.

Not only is obligatory prayer that is performed, but another participant also mentioned that she is conducting sunnah activities more frequently in the time of the pandemic. The participant who works as a nurse mentioned *“I became more diligent in performing night prayers, usually it's difficult. I even woke up before the alarm rings”*, while another

participant chose to spend break time at work to read the holy book. The participant who works as security guard mentioned “*I mostly sit downstairs when I take a break and sit in the mosque, I can read the Qur’an....*”

Finally, one participant mentioned that she always prays before handling patients. The participant who works as a midwife mentioned “*Pray, every time you want to handle a patient, and you already wear all personal protective equipment, you always ask for help. Because only prayer can change fate*”.

Adopting Healthy Lifestyle

The next coping method adopted by the emergency unit healthcare workers was adopting a healthier lifestyle. A total of 3 participants mentioned they adopt a healthier lifestyle, this includes eating healthy foods and vitamins, as well as trying not to stay up late. For example, a participant who works as security guard mentioned “*I consume decent food, I mean those that contain vitamins, like oranges, apples. I eat well to take care of my body*”. Another participant, a nurse mentioned, “*... maintain sleep patterns. That's not included in the health protocol, right? don't stay up late which is useless. Anyway, take care of the condition so that our immune doesn't drop*”. Coping by adopting a healthier lifestyle such as eating healthily and adjusting sleep is similar to what Sun et.al (2020) suggested in which nurses may also adjust sleep, diet, and exercise during the pandemic.

Social support

The next coping method adopted by the emergency unit healthcare workers was seeking social support. A total of 3 participants mentioned that they seek social support from co-workers and family. A participant who works as a doctor in the emergency unit mentioned “*I usually share my feelings with co-workers that share same experienced with me, for example with a fellow on-duty doctors in the emergency unit, it is tiring, ain't it..*”. Another participant who works as an ambulance driver choose to share his experience and feelings with his wife. The participant mentioned, “*I share my work problems with my wife....*”. The finding is similar to what Babore et al (2020) found in which one of the methods to cope with stress is social support.

Relaxing activity

Finally, relaxing activity is also adopted by the emergency unit healthcare workers to cope with their stress. A total of 4 out of 7 participants mentioned that they perform relaxing activities such as fishing, watching movies, and strolling with family in a quiet location. For example, two participants who work as a security guard and ambulance drivers said that they usually spend their free time going fishing. Another participant who works as a midwife chooses to spends free time at home watching movies. The participant mentioned, “*.... for relieving stress, so that we don't get bored because it's hard for us to get out, I watch movies with the kids. I especially like K-Dramas....*”. Next, taking a walk with family members visiting quiet places is also done by a participant. The participant who works as a doctor mentioned “*Usually, I always take my husband or child to places where there are no people*”.

CONCLUSION

In conclusion, the sources of stress that the emergency unit healthcare workers feel during the COVID-19 pandemic are the fear of contracting the disease, fear of infecting family members, as well as negative perceptions from the public. As for the coping methods, it was found out that the emergency unit healthcare workers adhere to health protocol,



adding insight on COVID-19 related issues, performing religious activities, adopting a healthier lifestyle, seeking social support, and doing relaxing activities in their spare time. Several findings of this research are similar to findings of previous studies conducted in other countries while there are also unique themes that emerged from the analysis, for example, public negative perception as a stressor and performing relaxing activities as a coping method.

These findings can be taken into consideration by Raja Ahmad Tabib Kepulauan Riau Regional Public Hospital management in designing intervention during pandemic time to maintain the healthcare workers' well-being. Based on the findings, the hospital management should provide protective equipment especially for healthcare workers' will be in direct contacts with suspected or confirmed patients as early as possible. Then, the hospital management may also arrange trainings and seminars regarding the disease to help the healthcare workers gain information about the disease. Finally, the hospital management may create internal support group for the healthcare workers to help them in reducing their burden and stress in facing the pandemic situation. On the other hand, healthcare workers may use this finding to adjust their lifestyle and habit to help minimize the stressors. Future studies may look more into the level of stress during the pandemic time, as well as its relationship with other factors such as personality or work performance.

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