

# Paramedic's Trust and Compliances during COVID-19 Preparedness and Recovery Time

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## Abstract

High trust in the government's capability is the key to public compliance in supporting COVID-19 management. This research analyzed a survey of 328 paramedics living in Jakarta to examine their perceptions of the COVID-19 pandemic, the government's readiness, the picture of their psychological condition, their trust in the government, and their belief in themselves in health services. The survey was conducted one week after WHO declared COVID-19 a pandemic. This descriptive study indicates that most respondents have serious concerns about the transmission of the virus. On the side, they are obliged by an oath of service, which demands that they are always ready to serve. Only 30% believe the government can handle COVID-19. All respondents strongly supported the "lockdown" policy in every public facility. This finding is consistent with interview data after the highest peak of COVID-19 transmission in September 2021. These findings also point out that low trust is driven by inconsistent and less convincing communication of political officials. Despite paramedics' risky conditions, they are responsible for working, but paramedics at the forefront of handling COVID-19 patients require support policies such as higher incentives and the safest protective tools. This study opens a new method to identify public trust during a pandemic by dividing the period of government activities as the leading actor in handling COVID-19.

## Keywords:

Mitigation; Social behaviors; Trust in government; Paramedic; COVID-19

## INTRODUCTION

The virus outbreak is not the first-time social scientists have stressed the importance of public trust in ensuring citizens' compliance with government officials. Trust in a pandemic situation is needed, at least to minimize disputes between citizens and policies made by the government (Bjørkdahl & Carlsen, 2018; Toshkov et al., 2020). On the other hand, professional trust has a more prominent role in responding to crises and promoting compliance, especially paramedics in the COVID-19 pandemic

situation. Their proximity to information and knowledge that exceeds citizens is relevant in explaining COVID-19. The position of paramedics in the community can motivate the general public to increase awareness, especially in mitigating transmission and disseminating accurate information (Saechang et al., 2021).

Coronavirus disease (COVID-19) has developed people's attention worldwide since it first emerged in Wuhan, China. The Chinese government locked down access to Wuhan to stop a wider spread. The implementation of the lockdown policy raises high levels of stress and psychological problems for Wuhan residents. (Asian Development Bank, 2020; Figueiredo et al., 2020;

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International Trade Centre, 2020) This deadly new virus encourages discussion among all social levels about how the Government can prevent and prepare resources for COVID-19 managing enforcement. When COVID-19 reached Indonesia, Indonesian citizens were in a panic. Most of them debated the Indonesian government's readiness although some of the citizens denied it. Indonesia had not closed access to foreigners when Indonesia's first COVID-19 case made headlines in early March 2020.

Before the first case of COVID-19 in Indonesia, several paramedics had expressed their stance on the dangers of COVID-19 scientifically and debated the government's stance on the choice of the "lockdown" policy as the primary prevention. To deal with the responses, the Indonesian government firmly closed schools and public places. This policy is an urgent choice reflected in Italy, which decided on March 4, 2020, to close all public facilities. As the number of cases of citizens infected with COVID-19 increased, paramedics in Indonesia later conferred the title of "frontline heroes."

We are interested in the preferences of paramedics during the pandemic COVID-19 preparedness and recovery time, especially when WHO declares COVID-19 a pandemic one year after it. Paramedics are among various professions that receive more attention, especially concerning the health system's capacity and occupational risks. The reasons for that cases are during a pandemic, they have to come into contact with infected citizens and transport patients. Another issue concerns the decontamination and

disinfection of ambulances and medical equipment (Higginson et al., 2020).

For paramedical groups, their perception of a pandemic is inseparable from the government's capacity to compensate hospitals, pay incentives, and provide high protection standards. In some cases, incentives and job security benefits offered by the government can encourage the motivation of health workers. Low incentives and low safety usually exacerbate their fear of being at work. (Waitzberg et al., 2021).

Young (2017) conducted a study to measure the level of paramedic concern about the preparation and handling of a pandemic produces important concepts that trust and worries are the two related categories in increasing paramedic preparedness. Young's findings include that paramedics who are very worried about the needs of personal protective equipment also expect the government to collaborate with the community. The collaboration is the government provides affirmation through policies to increase coercive restriction policies.

Regarding personal protective equipment (PPE), Gershon et al. (2010) surveying various paramedics, showed a lack of confidence in PPE during the pandemic, causing a high level of concern. The level of confidence in PPE supply can describe the quality, size, choice of equipment, and availability. PPE for paramedics is the only hope to prevent them from being infected.

Paek (2008) introduced a level of trust in the Government during the Ebola pandemic in America using a government capacity scheme. The quick mitigation from the US government caused the trust level not to reach a low

level. He explained a close relationship between high trust and the desire to support the Government concerning compliance. Study by You et al.(2020) in China, in disaster situations, preparedness time encourages high distrust, but it gradually improves after the Government has recovered the affected areas. Related to paramedic trust in government, the paramedic's trust and tendency to do work was influenced by the ability of the place where they work in ensuring the safety of their members (Smith et al., 2009).

Studies in Spain in the context of COVID-19 management show that the prime minister's position in convincing the public through institutional openness and evaluation of government performance is the key to increasing trust. This study also shows that in preparedness time, emotional and conventional factors play a significant role (Belchior & Pequito, 2021).

Collaboration between citizens and the government is the primary key to recovering from COVID-19. The implementation of social restriction policies requires awareness and hard work from citizens. The higher the awareness and responsibility of a citizen, the better will be produced. In several European countries, the government maximizes substitution policies from the consequences of strict national restrictions, but the implementation of collaboration among citizens is inconsistent. For example, the perception of paramedics in the "lockdown" policy is to give full support while other citizens may not. Paramedics with strong preferences argue that a "lockdown" policy will reduce virus transmission. On

the other hand, "lockdown" has created activities that are the opposite of ordinary citizens (Romano et al., 2021).

This research focuses on the preparedness time that with the assumption allows everyone to be in a high concern. Because COVID-19 is a pandemic condition that is considered the newest and is rapidly endangering lives, we think that only the capabilities and communication management of the Central Government can reduce it. At this stage, public trust's importance can increase compliance, mostly how the public follows the Government's recommendations. Therefore, this study is an experimental test of paramedics' level of confidence, a small part of people's preferences. This study also analyzes paramedics' perceptions of the Government after Indonesia's peak of COVID-19 occurred in July 2021, with an active case number of 574,135.

To narrow this research scope, we speculatively define preparedness time as the time during which the Indonesian Government has passed the mitigation period and has allocated funds for the COVID-19 response process. We adopt this rationale from Wadhani et. al (2020) who uses the time context in developing sensitivity in the research hypothesis. Therefore, the claim to this narrow research context aims to provide different treatment from contexts outside the preparedness time, such as the recovery period or the mass vaccination time, which is likely to describe other psychological conditions. On the other hand, we assume that the peak of COVID-19 in July 2021 is in the midst of a recovery period where before the rise of the pandemic so-called delta variant,

the Indonesian government has implemented a mass vaccine. This stark difference shows that the preparedness time focuses on purchasing COVID-19 detection kits (Dyer, 2021).

Based on the arguments in the previous explanation, the problems we want to answer in this study include (1) whether preparedness time raises paramedics' concerns. (2) We also suspect that during this time, there will be a decline in confidence in the Government's ability to handle COVID-19. (3) In observations through social media, we questioned whether the policy congruence between paramedics and the Government was a policy that inhibits the spread of the virus. Finally, (4) we ask whether the paramedics concerned about the high risk of transmission and the inadequate provision of personal protective equipment in preparedness time will reduce their compliance in providing COVID-19 services. We asked the same questions for different respondents and with varying time contexts: (1) the paramedic's trust in the recovery period. (2) During the recovery period where there is an increasing number of cases, we assume that there will be a decrease in the government's trust level.

It is not common to test paramedics' trust in the government towards paramedics. The public knows that the paramedic's work is behind a very binding professional oath, so whatever happens and urges a paramedic must be ready to serve. However, this research departs from human nature in general, where concerns about viruses, lack of information, and limited equipment

motivate them to doubt what they want to do.

This study offers an academic concept in placing preparedness time and recovery time factors in testing paramedics' feelings about government capacity and policy congruence that can provide paramedics with stability in their work. In the context of a pandemic, two factors can explain the level of panic and its relationship to trust. This study also offers the importance of understanding the paramedic profession in the context of the pandemic's peak, where the phenomenon of paramedic deaths is increasing. The importance of policy congruence between government policies and paramedics in the context of COVID-19 is to show the availability of paramedics in supporting the handling of COVID-19 patients.

## RESEARCH METHOD

The study analyzes a survey of paramedic representatives in Jakarta who work as general practitioners, dentists, and nurses. We divide the time context of data retrieval in two. In collecting data, we found two characteristics of respondents that may be very influential in this analysis. First, in general, we want to gather all types of paramedics who work in the front line. Second, we also wanted to understand the interrelationship between professions and level of concern, so we decided to examine paramedics who are not directly dealing with COVID-19. Therefore, in our study, we did not differentiate between the two.

In the first data collection, the total number of respondents is 328. While in the second context, the post-July 2021

recovery period, we randomly distributed 119 surveys to paramedics to get a logical comparison with the preparedness period. Our assumption is that paramedic trust during preparedness and recovery is interrelated.

Jakarta is the place for research because it is the epicenter of the first spread of COVID-19, which makes it very useful for the analysis of psychological conditions. Survey questions are distributed via a google form, which is shared through private WhatsApp accounts. During the recovery period, the data collection method uses recalling questions to generate experiences that occurred in July 2021. The recalling questions are strategies to open the respondent's memories of an event.

We also limit the distribution of questionnaires to WhatsApp groups where the respondent profession is grouped. The first google form questionnaire was distributed at 15 and closed 25 in March 2020 to get an overview of the first week as the earliest preparedness time. The first week is essential to explain the readiness of the government to control COVID-19 after passing through the mitigation period from an international perspective. The second survey was carried out from 3 to 27 November 2021. The second data collection was very far from the peak period of COVID-19 in July 2021. The reason is that paramedics in Indonesia, especially in Jakarta, were experiencing critical conditions from July to August. As a strategy, we use a recalling question to ask respondents to place themselves or remember events in July 2021. The

first survey consists of four parts. First, we adopted and modified (Li et al., 2020) to question paramedics' concern about their profession about the spread of the coronavirus—score 1 (not agree) for not at all worry up to score 4 (strongly agree) for the most worrying condition. Paramedic job is vulnerable to the spread of Covid-19 (CV). Are paramedics worried about getting infected? (CI). Are paramedics worried about becoming a virus carrier? (CC). Did Jakarta's Covid-19 case worry paramedics? (CJ) Does Covid-19 cause uncertainty in life activities? (CU).

In the second part, we modify Paek's trust in government (Paek et al., 2008) to question paramedics' perceptions of the government's ability to specifically address three topics: the government's competence in providing resources for paramedics (TC), trust in general (TG), openness in informing COVID-19 (TO), and we add quickness question (TQ) because it follows the nature of the rapid spread of the virus. Score 1 for the strongly distrust answer to score 4 for strongly trust.

The third section questions the specifics of paramedic congruence to ongoing policies and policy plans: restriction movement actions and resource allocation. Score 1 = disagree and score 4 = strongly agree. These items are congruent to restriction movements and resource allocation plans

In the fourth part, we adapt Paek's support for the government, which asks five questions about the readiness to serve the community during a pandemic. This section is the willingness of paramedics to support government policies, which consist of disseminating

stay-at-home (SS) recommendations, supporting the care of Covid-19 (SC) patients, promoting the dangers of the virus (SP), and complying with every government policy (SF).

## RESULTS AND DISCUSSION

### *Paramedic's Concern*

The paramedic's concern about COVID-19, one week after WHO declared COVID-19 is a pandemic showing high levels. The majority of respondents answered that their job was vulnerable to COVID-19 (CV) transmission. Statistics showed a mean = 3.9 (72% answered "strongly agree" and 27.7% answered "agree"). They were also concerned about being infected with COVID-19 (CI) due with 90.2% very concern and mean = 3.86. Self-concern as a virus carrier (CC) that could infect their family and environment was also high (mean = 4.0). The paramedic's concern about the uncertainty of the COVID-19 (CU) outbreak is 100%.

**Table 1** Results of Paramedic's Concern during Preparedness Time (2020)

	Strongly Agree	Agree	Slightly Agree	Not Agree
CV	72	27.7	0	0
CI	90.2	4	0	0
CC	100	0	0	0
CU	100	0	0	0

Source: primary source  
\*in percentage (%)

We asked the same questions to 119 paramedics in Jakarta after July 2021. The survey results showed that the level of concern for all paramedics regarding COVID-19 spending was getting a higher average of 100% (mean=4).

**Table 2** Results of Paramedic's Concern during Recovery Time (2021)

	Strongly Agree	Agree	Slightly Agree	Not Agree
CV	100	0	0	0
CI	98	1.2	0	0
CC	100	0	0	0
CU	100	0	0	0

Source: primary source  
\*in percentage (%)

During the preparedness period when the Government of Indonesia was still taking minimal action, while some paramedics were already well informed and literate about COVID-19, there was a high motivation and demand from paramedics to get safety priority at work. The initial needs are strict and consistent social distancing and the best personal protective equipment. Paramedic concerns about COVID-19 are generally due to the uncertain aspects of the nature of the virus and predictions about the government's ability to contain the virus with vaccines. The news about vaccines has not emerged while paramedics' concerns are increasing because the transmission graph is moving up. At this time, the government is focusing on tracing the virus from individual to individual. Paramedics are burdened with various worries when the contagion is unstoppable in mid-2021.

The results of this study complement studies that focus on behavior in disaster conditions. First, this study has answered that in the preparedness time, paramedics experience the highest level of concern in a pandemic type disaster. Second, paramedics want a national level movement restriction long after the pandemic news first appeared in Indonesia. Third, the results regarding distrust to the government are high, but paramedics still support government policies. Meanwhile, during the recovery period, the emergence of a delta variant virus from India that is easy to transmit has brought Indonesia to the highest peak of COVID-19 data. This sudden soaring number makes paramedics feel

more worried. Some epidemiologists say the health system is on the verge of collapse. One year after the WHO declared COVID-19 a pandemic, concerns have increased involving economic and security aspects. News of the death filled the media. The need for oxygen for the citizen was limited. The hospital, as the leading service, is overloaded. Official quarantine places are not sufficient to accommodate sick nationals, thus increasing the workload of paramedics. On the other hand, the news announcing the death of the paramedic added to their pressure.

This result confirms Arenilu (2020) in Kosovo. It experienced that the COVID-19 pandemic causes uncertainty and encourages citizens to be depressed by fears of contracting and experiencing stress due to movement restriction policies in the national scope, which resulted in weakening economic activity (Arenliu, 2020). The findings in this study also confirm previous research conducted by Young (2017). In a pandemic situation, paramedics usually increase their confidence after understanding adequate information about personal safety. The COVID-19 pandemic in Indonesia at the beginning has led to various speculations of communication in Indonesia, especially the government's attitude and its conflict with the community. There are at least two general opinions about the preparedness period that affect the results of this study. First, the government is considered less responsive to strict restriction policies for early mitigation. Second, paramedics are waiting for quick and appropriate policies in favor of measurable initial preparations.

### *Trust in Government*

We posed perceptual questions to 328 respondents about trust in government in the context of preparedness time and 119 respondents in the context of recovery time. Table 1

shows the percentage of answers from respondents during preparedness time. The first session is about the government's competence in providing protective equipment (TC) with the mean results is 1.58. The mean value of trust in terms of government openness (TO) in the COVID-19 situation is 2.30. However, on the question "do you trust the government to protect you from COVID-19 fully? (TG)", the mean = 1.73. In the quickness (TQ) section, the survey results yield a mean = of 1.4. It can be concluded that trust in government in a preparedness time situation tends to be low.

**Table 3.** Results of Trust in Government during Preparedness Time\*

	Not at all	Little	Some	Very Much
<b>TC</b>	56.4	31.2	10.4	1.2
<b>TO</b>	29.6	34.1	13.1	23.2
<b>TG</b>	60.9	36.6	0.7	1.8
<b>TQ</b>	82.8	8.9	9.1	0

Source: primary source  
\*in percentage (%)

The results from table 3 show similarities with the concept of Belchior & Pequito (2021). They discussed that in the COVID-19 pandemic, trust in preparedness is built by the values of openness. Thus, low trust in a panic situation is usually because the government considers various aspects other than health.

This result also confirms Paek (2008) that perceptions and trust in disaster situations show two important things: the government's readiness in handling management and the level of compliance of citizens. The concept of readiness reflects government actions in minimizing delays in policymaking and accelerating resource allocation. The concept of compliance describes citizens following and supporting government policies in disaster situations. Therefore, in line with our findings, the government urgently needs high compliance and

citizen support for disaster management to be effective.

High-risk jobs and lack of trust in health facilities is the main finding in this study. This finding contradicts several others that citizens generally experience stress because of the restriction movement policy that is too long. Preparedness time is a condition where a country has issued disaster management policies and funds after ignoring the mitigation phase (Carter, 2008). We assume that this neglect causes the paramedic concern level to be high.

We observe events that happen so fast that at this time, there have been issues circulating that place paramedics as the most reliable professionals in handling COVID-19. The number of infected residents is increasing; it is reported every day on social media and television. Doctors and epidemiologists speak a lot in the media. They discussed the Government's capacity in the prevention and also advised the community. Meanwhile, some parties have doubts about the protective equipment and capacity of the hospital. Social experts doubt the Government's decision to be slow and less firm, while the wider community is still being swayed by the low efficacy of the COVID-19 virus. These things allow the paramedic to be in a dilemma situation in carrying out treatment tasks.

The findings in this study also deepen differences in citizen preferences in the preparedness of risk management time. In the early of a pandemic, everyone may be mentally depressed both economically and socially (Han et al., 2017), but our initial assumptions about paramedics are slightly different. These findings add to the theoretical void that the paramedic profession causes different levels of depression than non-paramedic citizens: (1) the paramedics are very close to the source of the virus. (2) In the shocked preparedness time, the government has not guaranteed the best means of protection. (3) The feeling of pressure

due to the public's dependence on paramedics often makes them less prepared.

**Table 4.** Descriptive Statistic of Trust in Government during Recovery Time\*

	Not at all	Little	Some	Very Much
TC	20.3	32.5	30.4	0.8
TO	29.6	34.1	13.1	23.2
TG	40.9	46.6	10.7	1.8
TQ	62.8	28.9	9.1	0

Source: primary source  
\*in percentage (%)

#### *Policy Congruence*

At the time of preparedness, Indonesia experienced a dilemma between implementing a "lockdown" policy or worsening economic activity in society. Before submitting the survey, we asked the paramedic representatives what policies they hoped for. Then in the survey, we asked them from the list they expected. We ask respondents to assess the policies that have been issued by the Government, which they think is congruent with Paramedic's preferences. The consideration aspects of their answer are firmness and effectiveness.

**Table 5.** Effective and Firmness Implemented Policies during Preparedness Time

	Not at all	Little	Some	Very
National "Lockdown"	100	0	0	0
Protective tools allocation	72.8	19.9		0
Paramedic Incentive	85.7	0	0	14.3
Close the Public Facilities	0	0	0	100
Work/Study from Home	0	0	0	100
Mass Rapid Test Plan	0	0	0	100

Source: primary data  
\*in percentage

Table 5 shows that respondents expected the "lockdown" policy is the



best even though the government was still considering it. Respondents also considered paramedic incentives from the government to be important, but as many as 85.7% of respondents thought the policy was not yet effective, and 14.3% of respondents considered the policy of providing incentives to be satisfactory in the COVID-19 situation. Respondents considered the policy of closing public facilities, recommending work from home, and closing schools early, and the President's plan to provide rapid mass tests as effective in preparedness time.

Paramedics put the "national lockdown" as the government's most expected policy. We argue that the lockdown policy is the most beneficial for the paramedics' existence. This policy can ease their burden from the queue list for COVID-19 patients, increasing day by day. This policy is also considered the most effective in reducing the high level of transmission of COVID-19. Meanwhile, the government is obliged to make economic policies for the people affected by the lockdown. The discourse on the issue of lockdown that is rife in preparedness time is important as a description of the high level of concern among paramedics and people who have heightened awareness and literacy of COVID-19.

During the recovery period, after the peak of COVID-19 throughout July 2021, the demands of paramedics will be higher, especially on the issue of the need for protection and paramedic incentives. The government is still considered slow on this issue. The National Lockdown policy is still the primary preference for respondents, even though some expect stricter health protocols. Paramedics consider the social restriction policy is still a priority that can be carried out optimally as long as the government's fiscal capacity is not yet capable. Congruence in a pandemic occurs when a group fully accepts government policies. However, conditions during the recovery period

were beyond prediction. In early 2021, the government could take strategic steps for economic recovery (Sakti, 2021). However, it was hampered by the emergence of the delta variant virus, which spread rapidly. The government admitted that the spread of the COVID-19 virus in mid-2021 made the economy worse due to the implemented social restrictions. This situation also indicated differences in preferences between employers and paramedics regarding policy congruence during the recovery period (Wasisto & Lisnawati, 2021).

This finding confirms the results, which are similar to previous studies, that trust in the government tends to be low in the early days of the disaster news (Freimuth et al., 2014). The first assumption is that the government has passed the mitigation period, which should have been promoted earlier to convince the Government of its concern. The second assumption is that the Government needs more time to convince citizens to comply with policies and recommendations. Studies in Europe showed that the public who viewed the Government as having good competency and knowledge preparation tended to be more trusting and cooperative than those who did not.

A study in Malaysia demonstrated the government's capacity by convincing the public to stay at home. The paramedic's confidence increased when the Malaysian Government implemented high restrictions on all aspects. The main keys are government communication and openness in convincing the public, fiscal capacity in providing incentives for paramedics, and political elites who focus on dealing with COVID-19 (Ladiqi, 2020). From these results, Indonesia and Malaysia have similarities in the importance of incentives to reduce panic among paramedics.

This study proves that there is an incongruence between paramedic preferences and government policies related to movement restriction. The national lockdown for paramedics is a

policy when the government has not increased the capacity of resources such as virus tracking devices, vaccines, and protective equipment. The paramedics' perspective is different from that of the government implementing policies in areas with high transmission rates of COVID-19.

During the recovery period, respondents highly appreciated the government's strategic steps, such as implementing student learning from home policies. This step was considered the most effective way to reduce the transmission of COVID-19. However, paramedics were disappointed with the firmness in regulating social restrictions (PPKM), which was considered ineffective. In Jakarta, offices returned to normal and shopping centers operated despite time restrictions.

This finding confirms research on the attitude of paramedics about the most appropriate government protection policies (Gershon et al., 2021). Paramedics are disappointed with the government, which is considered lacking in the capacity to support the completeness of personal protective equipment, and for citizens who do not comply with the rules of social restrictions. As a metropolitan city, cross-community collaboration makes it difficult for the government to regulate citizens. Paramedics and epidemiologists often struggle to force the government to impose high sanctions on violations, even though at the same time it is also necessary to make up for the missing people. This situation occurs in various countries. The handling of COVID-19 in big cities is hampered by social dilemmas and weakens cooperation where the interests of every citizen are different (Romano et al., 2021).

#### *Support Government Policies*

In exploring the relationship between citizens and government during a pandemic, social scholars often discuss the level of compliance and support of citizens for epidemic management

programs (Eastwood et al., 2009; International Trade Centre, 2020; Paek et al., 2008). Citizen support is essential to understanding compliance and expanding government programs, particularly in promoting compliance.

In this study, we have results that a total of 3% of the respondents do not have the desire, and 21% feel hesitant independently to be in a position to handle COVID-19 directly. On the other hand, respondents are willing to socialize the dangers of COVID-19 to family circles about government recommendations such as staying at home and wearing masks (mean = 3.9). Respondents also have a high awareness of themselves regarding safety and health (mean = 3.8). The conditional question is if Indonesia is in an emergency, then the government requires every paramedic to be on the front line, 67% answered very willingly, and 11% were still in doubt.

During the recovery time, paramedics' motivation in supporting the government decreased slightly. In whether paramedics are willing to be placed on the front line, 65% refuse. On other instruments, not so constrained. The peak of citizen panic in July-August 2021 has weakened the will of paramedics. The mental stress of the news of their colleague's death weakens their motivation.

The support and motivation of paramedics must not diminish even if the transmission rate drops. To maintain commitment and minimize absenteeism and fatigue, the government can ensure physical, mental health, and financial support. Indonesia is in the same condition experienced by other countries, namely fighting for personal protective equipment, and training staff, but what has not been felt in the context of the recovery period is that the government is less than optimal in addressing the practical needs of paramedics, especially when schools are closed. Several countries in Europe provide child care services while their

parents work in COVID-19 treatment centers.

The low willingness of paramedics to be at the forefront of this study has confirmed that trust in government is a significant factor (Paek et al., 2008). The government's low response has reduced their confidence in government capacity. Unsteady mitigation reduces paramedic confidence in working (Higginson et al., 2020). Although in the preparedness time, the tendency for distrust is high due to low information and openness (You et al., 2020), research on the perception of COVID-19 has resulted in different conditions. For example, peak times of the pandemic are more demotivating to paramedics. Therefore, the complexity of studying trust in the government in the COVID-19 pandemic requires an adequate set of contexts.

All of the findings in the study describe the conditions that may occur in all disaster situations. Citizens' perceptions tend to be low in situations of panic and depression. However, the relationship between citizens and government in disaster conditions does not represent separate independence. After all, the government is the most crucial factor in efforts to restore conditions. COVID-19 is a pandemic disaster that any institution cannot predict, so citizens' trust usually focuses on substitution policies. For example, restriction policies should also be juxtaposed with incentive policies. From a paramedic perspective, the reopening of citizen activities should be juxtaposed with incentives and additional treatment facilities.

## CONCLUSION

This study resulted in a new way to examine public trust in different contexts in the COVID-19 situation. In this study, paramedics' trust in the government in the two contexts of preparedness and recovery time is low. Preparedness time is when the government has not taken significant protective policies. This condition has implications for a decrease

in paramedic confidence. In this article, preparedness is marked by the first time WHO declared that COVID-19 was a global pandemic. Meanwhile, the recovery period is when the government has made improvements to the agreed budget.

Paramedic concerns in preparedness and recovery time against the COVID-19 virus are high. The main assumption in this matter is the uncertainty of the type of virus and the limitations of government action. During the recovery period, paramedics considered the government's efforts to be less than optimal in containing the spread of the delta variant virus. Meanwhile, trust in the government in the parameters of capacity, openness, protection, and quickness is also low in these two contexts.

The policy incongruence between paramedics and the government does not meet the equilibrium point in the two-time contexts. The preference for paramedic support is a national "lockdown". In contrast, the government is still considered hesitant to do so. This situation shows that the government's concentration is divided into several activities. Paramedics appreciate implementing school from home as one of the best policies and in the vaccine policy with fairly good acceleration.

Supporting the government in the case of paramedics is a dilemma in the preparedness period. Although trust in the government and fears of exposure to COVID-19 are high, paramedics still want to continue working. The main assumption found in this study is that paramedic preference is in the inherent oath of office.

Researchers for future research can complement our weakness by expanding the paramedic respondents and their types and characteristics. Future research may sort out other professions as a measure of compliance. In the policy congruence session, the researcher can further deepen the mitigation and preparedness time as the limit for

sampling. Research that is useful for completing the hypothesis is to measure public confidence in the range of the mass vaccination process or recovery time.

## REFERENCES

- Arenliu, A. (2020). *Rapid assessment: Psychological distress among students in Kosovo during the COVID 19 pandemic* Running head: *Psychological distress COVID-19 Rapid assessment: Psychological distress among students in Kosovo during the COVID- 19 pandemic* Aliriza Arënliu. March.
- Asian Development Bank. (2020). *The economic impact of the COVID-19 outbreak on developing Asia* (Vol. 9, Issue 128). <https://doi.org/10.22617/BRF200096>
- Belchior, M. A. & Pequito, C. (2021). Determinants of Political Trust during the Early Months of the COVID-19 Pandemic: Putting Policy Performance into Evidence. *Political Studies Review*. <https://doi.org/10.1177/14789299211056193>
- Bjørkdahl, K. & Carlsen, B. (2018). Pandemics, publics, and politics: Staging responses to public health crises. In *Pandemics, Publics, and Politics: Staging Responses to Public Health Crises*. Palgrave MacMillan. <https://doi.org/10.1007/978-981-13-2802-2>
- Carter, W. N. (2008). Disaster Management A Disaster Manager's Handbook. In *Asian Development Bank*. Asian Development Bank. <https://www.think-asia.org/bitstream/handle/11540/5035/disaster-management-handbook.pdf?sequence=1>
- Dyer, O. (2021). Covid-19: Indonesia becomes Asia's new pandemic epicentre as delta variant spreads. *BMJ (Clinical Research Ed.)*, 374(July), n1815. <https://doi.org/10.1136/bmj.n1815>
- Eastwood, K., Durrheim, D., Francis, J. L., D'Espaignet, E. T., Duncan, S., Islam, F. & Speare, R. (2009). Knowledge about pandemic influenza and compliance with containment measures among Australians. *Bulletin of the World Health Organization*, 87(8), 588–594. <https://doi.org/10.2471/BLT.08.060772>
- Figueiredo, A. M. De, Codina, A. D., Marculino, D. figueirredo, M, S. & A Leon, C. (2020). Impact of lockdown on COVID-19 incidence and mortality in China: an interrupted time series study. *Bull World Health Organ*, April, 1–18. <https://doi.org/10.2471/BLT.20.256701>
- Freimuth, V. S., Musa, D., Hilyard, K., Quinn, S. C. & Kim, K. (2014). Trust during the early stages of the 2009 H1N1 pandemic. *Journal of Health Communication*, 19(3), 321–339. <https://doi.org/10.1080/10810730.2013.811323>
- Gershon, R. R. M., Magda, L. A., Qureshi, K. A., Riley, H. E. M., Scanlon, E., Carney, M. T., Richards, R. J. & Sherman, M. F. (2010). Factors associated with the ability and willingness of essential workers to report To duty during a pandemic. *Journal of Occupational and Environmental Medicine*, 52(10), 995–1003. <https://doi.org/10.1097/JOM.0b013e3181f43872>
- Han, Z., Lu, X., Hörhager, E. I. & Yan, J. (2017). The effects of trust in government on earthquake survivors' risk perception and preparedness in China. *Natural Hazards*, 86(1), 437–452. <https://doi.org/10.1007/s11069-016-2699-9>
- Higginson, R., Parry, A., Williams, M. & Jones, B. (2020). Paramedics and pneumonia associated with COVID-19. *Journal of Paramedic Practice*, 12(5), 179–185. <https://doi.org/10.12968/jpar.2020.12.5.179>

- International Trade Centre. (2020). COVID-19: The Great Lockdown and its Impact on Small Business. ITC, Geneva, 172. <https://doi.org/10.1016/j.ajem.2020.04.048><https://www.intracen.org/uploadedFiles/intracenorg/Content/Publications/ITCSMECO2020.pdf>
- Ladiqi, S. (2020). State Capacity and Public Trust in Handling the COVID-19 Outbreak in Malaysia Kapasitas Negara dan Kepercayaan Publik dalam Penanganan Wabah Covid-19 di Amerika Tengah serta Eropa Timur dan Asia Timur menandai. *Global and Strategis*, 14(2), 257–274.
- Li, S., Wang, Y., Xue, J., Zhao, N. & Zhu, T. (2020). The impact of covid-19 epidemic declaration on psychological consequences: A study on active weibo users. *International Journal of Environmental Research and Public Health*, 17(6). <https://doi.org/10.3390/ijerph17062032>
- Paek, H. J., Hilyard, K., Freimuth, V. S., Barge, J. K. & Mindlin, M. (2008). Public support for government actions during a flu pandemic: lessons learned from a statewide survey. *Health Promotion Practice*, 9(4 Suppl), 60–72. <https://doi.org/10.1177/1524839908322114>
- Romano, A., Spadaro, G., Balliet, D., Joireman, J., Lissa, C. Van, Jin, S., Agostini, M., Bélanger, J. J., Gützkow, B., Kreienkamp, J., Leander, N. P., Abakoumkin, G., Khaiyom, J. H. A., Ahmedi, V., Akkas, H., Almenara, C. A., Atta, M., Bagci, S. C., Basel, S., ... Zúñiga, C. (2021). Cooperation and Trust Across Societies During the COVID-19 Pandemic. *Journal of Cross-Cultural Psychology*, 52(7), 622–642. <https://doi.org/10.1177/002202120988913>
- Saechang, O., Yu, J. & Li, Y. (2021). Public trust and policy compliance during the covid-19 pandemic: The role of professional trust. *Healthcare (Switzerland)*, 9(2), 1–13. <https://doi.org/10.3390/healthcare9020151>
- Sakti, N. W. (2021). *Merekam Pandemi Covid-19 dan Memahami Kerja Keras Pengawal APBN*. kemenkeu.go.id
- Smith, E., Morgans, A., Qureshi, K., Burkle, F. S. & Archer, F. (2009). Paramedics' perceptions of risk and willingness to work during disasters. *Australian Journal of Emergency Management*, 24(3), 21–27.
- Toshkov, D., Yesilkagit, K. & Carroll, B. (2020). *Government Capacity, Societal Trust or Party Preferences? What Accounts for the Variety of National Policy Responses to the COVID-19 Pandemic in Europe?* OSFPREPRINTS. <https://osf.io/7chpu/>
- Wadhvani, R. D., Kirsch, D., Welter, F., Gartner, W. B. & Jones, G. G. (2020). Context, time, and change: Historical approaches to entrepreneurship research. *Strategic Entrepreneurship Journal*, 14(1), 3–19. <https://doi.org/10.1002/sej.1346>
- Waitzberg, R., Gerkens, S., Dimova, A., Bryndová, L., Vrangbæk, K., Jervelund, S. S., Birk, H. O., Rajan, S., Habicht, T., Tynkkynen, L. K., Keskimäki, I., Or, Z., Gandré, C., Winkelmann, J., Ricciardi, W., de Belvis, A. G., Poscia, A., Morsella, A., Slapšinskaitė, A., ... Quentin, W. (2021). Balancing financial incentives during COVID-19: A comparison of provider payment adjustments across 20 countries. *Health Policy*, xxxx. <https://doi.org/10.1016/j.healthpol.2021.09.015>
- Wasisto, A. & Lisnawati, L. (2021). The Role of Access Capacity of Business Actors in the “New Normal” Policy Congruence in Indonesia. *BISNIS & BIROKRASI: Jurnal Ilmu Administrasi Dan Organisasi*, 28(2). <https://doi.org/10.20476/jbb.v28i2.1288>

You, Y., Huang, Y. & Zhuang, Y. (2020). Natural disaster and political trust: A natural experiment study of the impact of the Wenchuan earthquake. *Chinese Journal of Sociology*, 6(1), 140–165. <https://doi.org/10.1177/2057150X19891880>

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