Eni Hidayati Supportive Therapy Reducing Anxiety Levels Of Covid-19 Isolation Icu Nurses

by Eni Hidayati

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ABSTRACT

BACKGROUND: Covid-19 for this year has had a negative impact on life, one of which is the psychological impact of anxiety. Anxiety does not only occur in the general public but also in health workers, one of which is a nurse. If anxiety continues, it will affect the quality of life and performance of nurses. Supportive therapy is one of the non-pharmacological treatments to reduce anxiety.

AIM: This study was to determine the effectiveness of supportive therapy in reducing anxiety in Covid-19 ICU ICU nurses.

METHOD: This study uses a quantitative research with an experimental method that uses a quasi-experimental design, where the researcher wants to know the effectiveness of a treatment, namely supportive therapy against the anxiety of the Covid-19 isolation nurse. This study used a pre post test one group intervention method. The mechanism of therapy is applying 1-4 sessions of supportive therapy by dividing each session into 3 days. The sampling technique is a total sampling of 40 respondents. Data analysis used paired t test.

RESULTS: research shows that most of the respondents experienced moderate anxiety, namely 55.0% before supportive therapy and the majority were not anxious 60% after supportive therapy. The t test shows the significance of the paired t test has a significance of $p = 0.000$ which is interpreted as very significant because $p < 0.05$.

CONCLUSION: What can be taken is the effect of supportive therapy on reducing anxiety in ICU ICU nurses Covid-19 isolation.

Introduction

The covid-19 virus has become a global pandemic which has spread throughout the world until now. The spread of this virus was first seen in the city of Wuhan (China) on December 31, 2019. This virus then spread rapidly throughout the world and caused a pandemic known as COVID-19 (1). Indonesia is one of the countries in Asia where the increase in the number of corona virus infections is very significant. The latest data on July 21, 2020 states that the positive number of corona in Indonesia is 89,869 with cases recovered is 48,466 and cases have died as many as 4,320 (2). This should be a serious concern because of the impact that occurs in most of the community, namely anxiety. Anxiety is a natural emotional reaction caused by an unexpected situation that is assumed to cause harm (3).

Anxiety becomes an important problem whether it is high anxiety or low anxiety (4). Some individuals with high anxiety during a pandemic can cause crowding in the health system by going to independent doctors and / or hospitals together. Conversely, individuals with low anxiety may be reluctant to comply with warnings about a pandemic and may behave very casually (5). This opinion, of course, must be included with other data that the theory also states that anxiety can affect / worsen the immune system so that it will be prone to infection in the crowd.

Anxiety will respond to the body to quickly take protection to ensure safety. This emotional reaction to anxiety is positive and good if it is felt and responded to appropriately. But if it is responded to excessively or reactively, it will cause an anxiety disorder, which is characterized by symptoms of worry, anxiety, panic, fear of death, fear of losing control, racing heartbeat, shortness of breath, nausea, bloating, diarrhea, headache, the head feels heavy or feels light, the skin feels itchy, tingling, the muscles feel tense and aches and sleep disturbances (6).

The association of psychiatric specialists released data on psychological problems in the Covid-19 era on 2364 respondents in 34 provinces in Indonesia with criteria of anxiety, depression, and psychological trauma, showing that 69% experienced psychological problems. Among them 68% experienced anxiety, 67% experienced depression and 77% experienced psychological trauma. Anxiety

is dominated by female respondents as many as 72% and 49% think about death. Symptoms of anxiety that appear include a bad situation, excessive worry, irritability or irritation and difficulty relaxing. Symptoms of depression that appear include sleep disturbances, lack of confidence, fatigue, and loss of interest (7).

Anxiety occurs not only in the public, but anxiety also occurs in health workers. The number of discriminations that appears, high transmission due to incomplete personal protective equipment and physical stresses, other psychology are factors that cause high anxiety in health workers. As reported by detik and CNN in March 2020, it was reported that there was a rejection of the bodies of nurses infected with Covid-19 and the expulsion of nurses from the boarding house (8,9).

Data from the consultation center of Cipto Mangunkusumo Hospital (RSCM) shows that there are 45 counseling registrants due to anxiety and depression, 38 of whom are nurses and doctors and most of them are nurses in the ER. The complaints submitted included worrying about transmitting family members, feeling unfair to be transferred to the emergency room, experiencing stigma because of experiencing flu symptoms, difficulty sleeping, inadequate PPE, feeling uncomfortable due to changes in supervisor behavior, worrying about hearing information about Covid and fear of contracting because of working at risky room (10).

Other research related to the psychological impact of health workers in dealing with the corona virus (Covid 19) pandemic in Indonesia shows that 65.8% of health worker respondents in Indonesia experience anxiety due to the Covid 19 outbreak, as many as 3.3% experience very severe anxiety and 33.1% experience mild anxiety. Meanwhile, those who experienced stress due to the Covid 19 outbreak were 55%, 0.8% very heavy stress levels and 34.5% mild stress. Health workers who experienced depression were 23.5%. depression rate was very 0.5% and mild depression was 11.2%. There is a strong correlation between anxiety (r = 0.152 p = 0.000), stress (r = 0.086 p = 0.029), and depression (r = 0.111 p = 0.005), on the concerns of health workers being isolated due to the corona virus (11).

Other research related to anxiety caused by Covid-19 also shows anxiety as much as 45.1% of 155 respondents. Most anxiety on the female gender lives in urban areas. Depression is also seen in women with chronic illness and an emerging psychiatric history (12). This research is supported by research on anxiety in the population related to an increase in the number of confirmed cases of Covid-19 which shows the results of an increase in anxiety along with an increase in the number of Covid-19 cases (13).

The impact of anxiety that occurs will greatly affect the performance and quality of a person's mental health, especially health workers. Therefore it is necessary to do an intervention to overcome this anxiety, one of which is supportive therapy. By doing supportive therapy, it is hoped that anxiety can be overcome. Redayani in 2020 said that supportive therapy is a valid, reliable and credible therapy (10). The form of supportive therapy provided is by forming a supportive group, namely a group of people who plan, organize and respond directly to issues and special or detrimental stresses because basically the goal of this therapy is to provide support and resolve anxiety from each each of its members (10).

The results of a preliminary study conducted by interviewing 5 respondents through the WhatsApp application, namely the covid-19 isolation ICU nurse of dr. Kariadi Semarang shows the results of all feeling anxious, having trouble sleeping and being discriminated against by the environment because of their profession. A number of 5 out of 5 respondents stated that they were very afraid of contracting Covid-19 because of the effects they had. Respondents also stated that they often had palpitations, insomnia and even decreased appetite. Some respondents also said they were sensitive in their emotions when they were working. Therefore, researchers are interested in doing therapeutic interventions to deal with anxiety.

There are many types of non-pharmacological therapies to treat anxiety. Deep breath relaxation therapy, music therapy, psychoreligious therapy, hypnotherapy and supportive therapy. The principle of anxiety therapy is to create a safe and comfortable atmosphere and improve the individual's coping system. This study uses supportive therapy to improve individual coping of nurses who experience anxiety (14–16).

Supportive therapy is therapy in the form of encouragement and motivation so that individuals can relieve symptoms of existing psychological disorders and can promote positive personal growth and development. Research related to supportive therapy showed a decrease in adolescent anxiety levels as indicated by p value = 0.000 (α = 0.05) (17). These results are supported by other research which states that supportive therapy with guidance techniques has a positive impact, because there is a

change in behavior towards a better one characterized by depression and reduced mental disorders, not easily discouraged, able to accept his existence, able to socialize, able to improve relationships family, able to identify the purpose of his life and accept himself. This is supported by an analysis of the development of the intervention supported by the results of the pre test and post test with the Suicide Intent Scale (SIS). The pre-test score is in the medium category (medium Intent), while the post-test score is in the low category (low intent) (16). Supportive therapy can also improve coping, as indicated by the results of the study, namely the effect of group supportive therapy on family burdens and family coping mechanisms in caring for family members with schizophrenia (18).

Methods

Study Design
This study uses a quantitative study with an experimental method that uses a quasi-experimental design, where the researcher wants to know the effectiveness of a treatment, namely supportive therapy against the anxiety of the Covid-19 isolation nurse. This study used a pre post test one group intervention method. The mechanism of therapy is applying 1-4 sessions of supportive therapy by dividing each session into 3 days.

Sample
The sample size used in this study was determined by total sampling, taking the entire population as respondents by purposive sampling. Determination of drop out of respondents using a significance level of 95%. The number of samples in this study were 40 samples. With the inclusion criteria: willing to be a respondent, experiencing symptoms of anxiety and not being a COVID-19 patient.

Data Collection and Instrument Assessment
Data collection is done by using check lists and questionnaires and using the standard HARS (Hamilton Anxiety Rating Scale) questionnaire14 question items. The check list contains standards for implementing supportive therapy which is divided into 3 points, namely creating a safe and comfortable atmosphere for telling stories, being empathetic and describing options that can be taken, both positive and negative impacts.

Data analysis
Data analysis was carried out using univariate, bivariate and data processing software. The normality test of the data used is Shapiro Wilk because the respondents are less than 50. The significance value of pre and post is > 0.05 which can be interpreted as all data are normally distributed, therefore the difference test used is the paired T-Test. The results of previous studies related to the validity and reliability of HARS showed a reliability value of 0.897 alpha and Pearson's product moment r count 0.876(Indira, 2016). Other studies also mention the reliability value of alpha 0.987 and Pearson product mommment r count 0.577

Ethics
This research has received ethical approval from the faculty of nursing and health sciences (No. 708/EC/KEPK-RSDK/2021) and the health research ethics committee from the University of Muhammadiyah Semarang.

Results

Table 1.1
Distribution of the Characteristics of Covid-19 Isolation

Characteristics	Frequency (n)	Percentage (%)	Min-Max	M	SD
Age (years)					

Characteristics	Frequency (n)	Percentage (%)	Min-Max	M	SD
20 – 30 Years	11	27,5	26-46	34,34	5,304
31 – 40 Years	27	67,5			
40 – 50 Years	2	5,0			
length work					
1-5 Month	11	27,5	3-11	7,6	7,67
6-10 Month	17	42,5			
> 10 Month	12	30,0			
Gender					
Man	12	30,0			
Woman	28	70,0			
Education					
DIII	21	52,5			
S1/Ners	19	47,5			
Status					
Married	36	90,0			
Single	4	10,0			

Based on table 1.1, it shows that the most age is in the range of 31-40 years, namely 67.5% with the most length of work is 6-10 months 42.3%, the majority are female, 70.0%, educated in Nursing DIII 52.5% and are married 90%.

Table 1.2
Anxiety Levels of Covid-19 Isolation ICU

Anxiety	Pre f (%)	Post f (%)
No Anxiety	-	24 (60,0)
Mild	11 (27,5)	13 (32,5)
Moderate	22 (55,0)	3 (7,50)
Severe	7 (17,5)	-
Total	**40**	**40**

Table 1.2 shows that the majority of moderate anxiety was 55.0% prior to supportive therapy and the majority were not anxious 60% after supportive therapy.

Table 1.3
Decreased Level of Anxiety After Given Supportive Therapy to Covid-19 Isolation ICU

Anxiety	Mean	SD	Sig*
Pre Intervention	22.7500	5.30964	0,000
Post Intervention	11.1750	5.09342	

It shows that the paired t-test significance has a significance of $p = 0.000$ which is interpreted to be very significant because $p < 0.05$. The conclusion that can be drawn is that there is a significant difference between anxiety before and after supportive therapy. The influence of supportive therapy on reducing anxiety in Covid-19 Isolation ICU nurses in RSUP dr. Kariadi Semarang.

Discussion

This study was to determine the effect of supportive therapy on reducing anxiety levels in Covid-19 Isolation ICU.

Demographic Characteristics

This study shows that the majority of ages are in the range of 21-40 years as much as 67.5%. Age shows a measure of the time an individual grows and develops. Age correlates with experience, experience correlates with knowledge, understanding and views of an event so that it will shape perceptions and attitudes. Maturity in the thought process of adults who are more likely to use good coping mechanisms than the age group of children, it was found that most groups of children who experienced an accident had a more anxiety response than the adult age group (19). These results are supported by research related to the relationship between age and anxiety, which shows that no one experiences anxiety in adulthood compared to those under age. Adolescents experienced severe anxiety 4.8%, 26.8% moderate anxiety, 52.4% mild anxiety and 0% adult age. The Spearman correlation results also show 0.036, which means that there is a significant relationship between age and anxiety levels (20). This study is supported by other studies related to the relationship between age and anxiety level. The results showed that 24 years of age> 19 experienced severe anxiety and 22 respondents <19 experienced anxiety. These results, of course, indicate that there is a significant difference in anxiety (21).

The majority of gender in this study were women, amounting to 70.0%. Concerned with anxiety in men and women Myers in his theory says that women are more anxious about their inability than men, men are more active, explorative, while women are more sensitive. Research says that women are more prone to panic and anxiety than men who are more relaxed and relaxed about a problem (19). Research related to the relationship between gender and anxiety states that women experience severe anxiety in the amount of 30.4%, 52,% moderate anxiety, while the male gender does not experience moderate and severe anxiety with a p value of 0.000 which indicates a strong relationship between gender and anxiety (22). Other studies related to gender with anxiety also show that the results of women experiencing the most anxiety are 64% and men experience anxiety in 36% (23). This study is supported by other research related to gender with the incidence of anxiety which has a result of 8.6% of women experiencing severe anxiety 45.7 experiencing mild anxiety and only 20% of men experiencing moderate anxiety (24).

The education in this study was dominated by Nursing DIII amounting to 52.5% and the remaining 47.5% with S1 Ners education. Education is directly proportional to knowledge. The higher the level of education, the better the knowledge, provided that each individual follows that level of education properly. Stuarth and Sudden in their theory that someone who is highly educated is more able to use their understanding in responding to an event adaptively than someone with low education. This condition shows that there is mild anxiety in someone with high education and severe anxiety in those with low education (22–24).

Most in this study had a married status of 90%. Marital status is closely related to a support system, in this context it is family support. Families will provide psychosocial support by building interpersonal relationships that can protect a person from the bad effects of stress. In general, if a person has a strong support system, the susceptibility to mental illness will be low (25). This support is in the form of emotional support, appreciation, instrumental support and information support (26,27).

Anxiety

Anxiety in this study averaged moderate anxiety in the amount of 55.0% in the pre-intervention and not anxious in the amount of 60.0% at the post-intervention. Anxiety in pre intervention is indicated by feelings of anxiety such as anxiety, bad feeling, fear of one's own thoughts and irritability. This is indicated by the results of the HARS assessment as much as 60% experienced 2 symptoms, 10% had 3 symptoms, and 1% experienced all symptoms. Anxiety in Covid-19 Isolation ICU nurses is also supported by research which states that health workers are at risk of experiencing psychological disorders in treating Covid-19 patients, the results of the study show that 50.4% of respondents have symptoms of depression and 44.6% have symptoms of anxiety because of feelings Depressed (28). These results are supported by other research related to the anxiety of health workers during the Covid-

19 pandemic which showed 13% experienced moderate anxiety, 1.7% experienced severe anxiety and 15% experienced mild anxiety (29). Another study used a survey-based study of mental health from 1,257 health workers treating Covid-19 patients in 34 hospitals in China. The result, most of them reported symptoms of depression 50%, 45% anxiety, 34% insomnia and 71.5% psychological distress (30).

Anxiety is influenced by tension, which is the clinical manifestation of feeling tense, lethargic, unable to rest calmly, easily surprised, easy to cry, trembling and restless. This is shown by 65% of respondents experiencing these 2 symptoms and the most feeling is anxiety. Anxiety in other pre-intervention was also shown by fear of crowds. This is in line with the world health organization which states that crowds are one of the biggest sources of covid-19 transmission (31). The presence of sleep disturbances, feelings of depression, somatic symptoms such as stiff joint pain, feeling tired, frequent breathing, nausea, dizziness and restlessness are other factors that almost 100% of respondents experience from infrequent to frequent intensity. This is in accordance with the theory that anxiety is usually accompanied by certain physical complaints such as palpitations, heartburn, chest pain, heavy breathing, stomach pain or headaches, this is natural because physically, the body prepares the organism to face threats (32). This research is in line with research related to anxiety in women who are about to enter menopause, they experience pain, insomnia and palpitations (33). Other studies related to signs of anxiety in pre-operative patients also showed physical symptoms such as pain, insomnia, shaking and psychological symptoms such as constant thoughts and feelings of excessive anxiety (34).

The psychological response experienced by health workers to this infectious disease pandemic has increased due to feelings of anxiety about one's own health and the spread to the family. As many as 90% of Covid-19 Isolation ICU nurses is married status. This is one of the factors they experience anxiety because when treating positive patients with Covid-19 or conducting examinations on people who have symptoms of Covid-19. Health workers are worried that they will transmit the Covid-19 corona virus to their families (35). They also feel stigmatized because they feel themselves connected with patients who are infected with the virus. The results of this study indicate that the status of health workers who have families with anxiety tends to have a greater influence than unmarried health workers (r= 0,38; 95% CI = 0,15-0,81). This virus can move rapidly from human to human through direct contact (36).

Certainly, this anxiety should not be allowed to drag on because it affects all aspects. In addition to the mental health that is affected, relationships with other people and morale will decrease. Of course this is not very good because as a health worker, he must continue to be stable in mental health or physical health so that caring for patients can be more optimal. In overcoming mental health problems for health workers, it is necessary to intervene by forming a medical team in psychological management and applying a health belief model for health workers (37).

The Effect of Supportive Therapy on Reducing Anxiety Levels

The results showed that supportive therapy was proven effective in reducing anxiety. This is in accordance with the theory presented by Friedman that supportive therapy is a place where a group exchanges experiences and supports each other so that there is a common sense of feeling and this can reduce anxiety (3). Paradede also stated in his theory that group supportive therapy is an effective method for various psychiatric disorders and medical conditions including schizophrenia, bipolar disorder, depression, PTSD, personality disorders, substance abuse, and anxiety (Pardede, 2017).

Supportive therapy is carried out by exploring individual abilities, analyzing sources of support from family and outside the family and evaluating them. When exploring the source of family support, respondents with mild anxiety all said that their family and relatives always fully support and provide support in the form of encouragement, prayer, food and additional intensive care from the hospital. Sources of support outside the family, such as watching movies, playing games and reading novels or books, reduce news that can increase anxiety, especially regarding the issue of Covid-19. During the therapy and evaluation, anxiety decreased significantly. This research is supported by Maskana research with the results of a decrease in anxiety in Poncol villagers after landslides after supportive therapy (38). Similar research by Widianti which supports this study also states that there is a decrease in anxiety in adolescents who are given supportive therapy (17). This study is also supported by research related to reducing anxiety using supportive therapy in HIV AIDS patients (39).

Supportive therapy in this study emphasizes exploring and utilizing support from both family and outside the family so that it can be an effective coping to reduce anxiety. Research shows that social support in the form of emotional, instrumental, informational or rewarding can reduce anxiety (26,27,40). In addition, supportive therapy in this study, respondents can exchange information in overcoming their anxiety. In addition, participants also have a comfortable space to be able to express their emotions, whether they are angry, sad, disappointed, and so on. Expressing feelings in groups is a constructive coping mechanism to increase knowledge and create good social relationships. In addition, this is able to foster positive experiences in all participants, until participants realize that what they feel is also experienced by other participants. This is reinforced by the statements of Edelweis, Lily and Aster who stated that the expected social support was successfully obtained through the therapy process. The conditions experienced by all participants are in accordance with Halgin and Whitbourne's statement which states that often the best support is obtained from individuals who experience the same problems (41).

Conclusion

Supportive therapy was effective in reducing anxiety significantly in Covid-19 Isolation ICU nurses. Characteristics of respondents in this study were 34.4 years on average with the advantages of being 70% female, Nursing Diploma education, 52.5% working 5-10 months, 42.3% and 90% married. Anxiety of respondents prior to supportive therapy some experienced 27.5% mild anxiety, 55.0% moderate anxiety and 17.5% severe anxiety. Respondents' anxiety after supportive therapy was done, the level of anxiety was 60.0%, mild anxiety was 32.5% and moderate anxiety was 7.5%. Supportive therapy has been shown to be effective in significantly reducing anxiety in ICU nurses

References

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Burnout and Fatigue Online Learning during Coronavirus Disease 2019 Pandemic", Open Access Macedonian Journal of Medical Sciences, 2021
Publication

8   Natasha Dykes, Oliver Johnson, Peter Bamford. "Assessing the psychological impact of COVID-19 on intensive care workers: A single-centre cross-sectional UK-based study", Journal of the Intensive Care Society, 2021
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