Scientia Psychiatrica

Journal Homepage: www.scientiapsychiatrica.com

eISSN (Online): 2715-9736

The Role of Psychological Support for Medical Personnel towards Anxiety Control of Coronavirus Disease-19 (COVID-19) Patients Undergoing Self-Isolation at Home

Rizkie Woro Hastuti[1*], Elly Noerhidayati[1], Warsiyah[2]

[1]Department of Psychiatry, Faculty of Medicine, Universitas Islam Sultan Agung, Semarang, Indonesia

[2]Faculty of Medicine, Universitas Islam Sultan Agung, Semarang, Indonesia

ARTICLE INFO

Keywords:
COVID-19
Psychological support
Survivor
Anxiety

***Corresponding author:**
Rizkie Woro Hastuti

E-mail address:
rizkie.hastuti@gmail.com

All authors have reviewed and approved the final version of the manuscript.

https://doi.org/10.37275/scipsy.v3i4.151

A B S T R A C T

Introduction: This study aims to assess the role of psychological support for medical personnel for COVID-19 patients in controlling patient anxiety and the success rate of healing patients in self-isolation at home. **Methods:** This study is an analytic observational study with a cross-sectional design. A total of 30 research subjects participated in this study. This study focuses on knowing the anxiety of patients with confirmed COVID-19 as the dependent variable using the Zung-Self Anxiety Rating Scale (ZSAS) instrument with 25 valid anxiety questions using a Likert scale. **Results:** Characteristics of respondents based on gender showed that most of the adults were female (75%). Psychological support shows a role in improving the anxiety level of COVID-19 patients, where there is an improvement in the anxiety level of about 10% of COVID-19 patients. **Conclusion:** Psychological support provided by medical personnel plays a role in reducing the anxiety level of COVID-19 sufferers and survivors.

1. Introduction

In December 2019, the first case of mysterious pneumonia was reported in Wuhan, Hubei Province.[1] The first COVID-19 cases were reported in Indonesia on March 2, 2020, in two cases. Data on March 31, 2020, showed that there were 1,528 confirmed cases and 136 deaths. The COVID-19 mortality rate in Indonesia is 8.9%. This figure is the highest in Southeast Asia.[2,3]

COVID-19 has had an impact on the psychological and mental health of patients and their families or relatives. A study from Switzerland revealed that 19.1% of 126 COVID-19 patients experienced psychological distress, and 8.7% had symptoms of post-traumatic stress disorder 30 days after discharge from the hospital.[4] In addition, the study also revealed that three independent factors associated with psychological distress in COVID-19 patients were resilience, stress levels, and low frequency of contact with relatives.[5] A study states that there are psychological impacts when a pandemic occurs and is felt by the community, namely post-traumatic stress disorder (post-traumatic stress disorder), confusion, anxiety, frustration, fear of affection, insomnia, and feeling powerless.[6,7] The most severe condition is the emergence of xenophobic cases and also cases of suicide because a person is very afraid if he or she will be infected by a virus that is considered terrible. Anxiety is a response to certain situations that

threaten a harmful stimulus (stressor) and is a natural and normal thing to happen.[5]

Anxiety reactions will be different for each individual. For some people, anxiety reactions are not always accompanied by physiological reactions. However, in certain people, the complexity of the response to anxiety can involve instantaneous physiological reactions such as a faster heartbeat, sweating, stomachache, headache, itching, and other symptoms, and this can worsen the patient's condition and affect success rates recovery. Early identification of psychological distress and consultation with a mental health professional is important as secondary prevention.[8] This study aims to assess the role of psychological support for medical personnel for COVID-19 patients in controlling patient anxiety and the success rate of healing patients in self-isolation at home.

2. Methods

This study is an analytic observational study with a cross-sectional design. A total of 30 research subjects took part in this study, where the research subjects met the inclusion criteria, namely confirmed COVID-19 patients who were self-isolating at home with the assistance of the clinical health worker Sasya Malika, aged 1 to 60 years and willing to be respondents. This study has been approved by the research ethics committee of the Faculty of Medicine Universitas Islam Sultan Agung.

This study focuses on knowing the anxiety of patients with confirmed COVID-19 as the dependent variable using the Zung-Self Anxiety Rating Scale (ZSAS) instrument with 25 valid anxiety questions using a Likert scale. The minimum limit score on the anxiety questionnaire is 25, and the maximum limit score is 125, with a criterion score of 25-50 symptoms without anxiety, 51-75 mild symptoms, 75-100 moderate symptoms, and 101-125 severe anxiety symptoms. The independent variables in this study were the level of knowledge of COVID-19 patients about COVID-19, the symptoms experienced, and the availability of medical devices.

Data analysis was carried out with the help of SPSS version 25 software. Univariate analysis was carried out to present the data distribution and variable frequency distribution. Bivariate analysis was conducted to examine the relationship between the dependent and independent variables. The p-value is set to $p<0.05$.

3. Results

Table 1 shows that the majority of COVID 19 patients are women aged 45 years, which is 75%. Characteristics of respondents based on gender showed that most of the adults were female, with as many as 13 respondents (43%). The results of the research on the characteristics of respondents based on occupation showed that most of them worked in the private sector, as many as 11 respondents (36%), and most of them were housewives, as many as 6 respondents (20%).

Table 1. Characteristics of respondents

Characteristics	Frequency	Percentage
Age	13 – 20	20%
	30 – 50	60%
	50 – 70	20%
Gender	Female	75%
	Male	25%
Education level	Elementary – High School	40%
	College	60%

Table 2. The anxiety of COVID-19 patients before and after receiving psychological support

Anxiety Scale	Anxiety Level	Before Psychological Support Frequency (%)	After Psychological Support Frequency (%)
16-27	Mild anxiety	20 (75%)	25 (85%)
28-39	Moderate anxiety	10 (25%)	5 (15%)
40-51	Severe anxiety	0	0%
52-64	Very severe anxiety	0	0%
		30 (100%)	30(100%)

Table 2 shows the comparison of anxiety levels of COVID 19 patients before and after being given psychological support by category anxiety level. Psychological support shows a role in improving the anxiety level of COVID-19 patients, where there is an improvement in the anxiety level of about 10% of COVID-19 patients. The results in table 2 are reinforced by the results of the T-test for anxiety assessment scores, where the average score before psychological support for COVID-19 patients is 93.25±2.02, and the average score after psychological support for COVID-19 patients is 55.55±2.43, where p=0.02. The results of the T-test showed that there were differences in anxiety assessment scores before and after psychological support. Psychological support is able to reduce the anxiety level of COVID-19 patients who are self-isolating at home.

4. Discussion

An uncertain situation will increase a person's level of anxiety, especially when there is a potential risk of death. This can cause healthy and vulnerable individuals to engage in safe behavior.[9,10] Previous studies have shown an increase in fear (79%), anxiety (83%), and depression (38%) in the community during the COVID-19 pandemic.[3] On the other hand, fear of COVID-19 has a huge impact on mental health.[5] The level of anxiety from the COVID-19 pandemic was significantly higher than that of the MERS-CoV pandemic or seasonal influenza. The implementation of the lockdown and the isolation of patients raises concerns among members of the public.

Psychological support from mental health workers and nurses to patients and their families needs to be done starting from preparation for COVID-19 tests, notification of test results, inpatient or self-isolation processes, to discharge from the hospital.[8] Education regarding COVID-19, effective communication between patient and family, and psychological first aid in the form of emotional support in a culturally appropriate manner are essential.[11.12]

The results of this study indicate a decrease in the number of individuals who experience moderate anxiety. Providing psychological support by health workers can reduce the anxiety of COVID-19 patients and survivors. Previous research has stated that psychological support can help individuals deal with stress in a positive and active way.[13] Appropriate coping strategies should be provided as one of the materials in psychological support.[14]

There are several considerations in implementing coping strategies for COVID-19 patients and survivors. First, the fear of COVID-19 is common in the general population around the world, and the best way to end this occurrence is to learn about the disease and its true risk to others. Second, people should be encouraged to work closely with co-workers to reduce financial stress, as being unable to work during a pandemic could lead to stressful work status or financial situation. Third, providing health support, such as a telephone hotline for communication and consultations, can help reduce the stress associated with social distancing, quarantine, or isolation. Finally, connecting people with others to give and receive social support online can improve

psychological well-being. Additionally, feelings of isolation from others are common during lockdowns, and regularly connecting with friends and family via video or phone calls can increase levels of social support.[14,15]

5. Conclusion

Psychological support provided by medical personnel plays a role in reducing the anxiety level of COVID-19 sufferers and survivors.

6. References

1. Wang H, Zeng T, Wu X, Sun H. Holistic care for patients with severe coronavirus disease 2019: an expert consensus. Int J Nurs Sci. 2020; 7:128–134.
2. Muhyiddin M, Wardhana D. COVID-19 outbreak and development planning in Indonesia. Indo J Develop Plan. 2020; 4(1).
3. Ifdil I, Yuca V, Yendi FM. Stress and anxiety among late adulthood in Indonesia during the COVID-19 outbreak. JPPI. 2020; 6(2).
4. Beck K, Vincent A, Becker C, Keller A, Cam H, et al. Prevalence and factors associated with psychological burden in COVID-19 patients and their relatives: a prospective observational cohort study. PloS One. 2021; 16(5).
5. Mazza MG, De Lorenzo R, Conte C, Poletti S, Vai B, et al. Anxiety and depression in COVID-19 survivors: role of inflammatory and clinical predictors. Brain Behav Immun. 2020; 89:594–600.
6. Huang CL, Huang LX, Wang YM, Li X, Ren LL, et al. 6-month consequences of COVID-19 in patients discharged from hospital: a cohort study. Lancet. 2021; 397(10270):220–232.
7. Foley JA, Chan E, van Harskamp N, Cipolotti L. Comfort always: the importance of providing psychological support to neurology staff, patients, and families during COVID-19. Front Psychol. 2020; 11:573296.
8. Betan Y, Andiwatir A, Febriyanti E, Lemaking VB. The importance of psychological supports for COVID-19 patients and families. Int J Nurs Sci. 2021; 8(4):489-90.
9. Scarpina F, Godi M, Corna S, Seitanidis I, Capodaglio P, et al. Psychological functioning in survivors of COVID-19: evidence from recognition of fearful facial expressions. PLoS One. 2021; 16(7):e0254438.
10. Thornton J. COVID-19: the challenge of patient rehabilitation after intensive care. BMJ 2020; 369
11. Sheehy LM. Considerations for postacute rehabilitation for survivors of COVID-19. JMIR Public Health Surveill. 2020; 6(2): e19462.
12. Demenescu LR, Kortekaas R, den Boer JA, Aleman A. Impaired attribution of emotion to facial expressions in anxiety and major depression. PLoS ONE 2010; 5:e15058.
13. Steimer T. The biology of fear-and anxiety-related behaviors. Dial. Clin. Neurosci. 2002; 4:231–249.
14. Zhao Q, Sun X, Chen B, Wang L, Hu L, et al. Impact of COVID-19 on psychological well-being. Int J Clin Health Psychol. 2021; 21(3).
15. Cabarkapa S, Nadjidai SE, Murgier J, Ng CH. The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A rapid systematic review. Brain Behav Immun Health. 2020; 8:100144.