

An Overview of Spiritual Needs on Patient's Anxiety Levels Diagnosed with COVID-19 in Hospital

By SEVTRI

An Overview of Spiritual Needs on Patient's Anxiety Levels Diagnosed with COVID-19 in Hospital

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Abstract

Background: Spiritual needs have a relationship with the level of anxiety related to a person's body and soul to improve coping in dealing with difficult situations.

Objectives: The purpose of this study is to describe variable attributes, spiritual needs and anxiety levels in patients diagnosed with COVID-19.

Methods: The research method is correlational descriptive using a purposive sampling technique, with the total of 155 respondents. The Spiritual Needs Questionnaire was used to measure spiritual needs and the Depression Anxiety Stress Scale was used to measure anxiety levels.

Results: The results showed that the patient's spiritual needs were in the sufficient category (42.58%) and the patient's level of anxiety was in the moderate category (16.77%) and mild (15.48%). The analysis shows that there is a significant relationship between age and has a significant relationship with spiritual needs with a value of sig = 0.007 ($p < 0.05$). There is a significant relationship between age and the patient's anxiety level when diagnosed with COVID-19 with a sig value = 0.003 ($p < 0.05$). There is also a significant relationship between needs and anxiety levels with a p value of 0.000 < 0.05. The correlation value obtained is 0.369, which means that there is a unidirectional relationship with sufficient closeness.

Conclusion: Spiritual support as a means of coping and managing anxiety is needed to strengthen patients and families in overcoming their illness during the COVID-19 pandemic

Keywords: Anxiety, Covid-19, spiritual needs

Introduction

Corona Virus Disease 2019 (COVID-19) is an infectious disease that attacks the human respiratory system caused by SARS-Cov-2 or often referred to as the corona virus. COVID-19 has spread throughout the world so that the World Health Organization has designated COVID-19 as a new pandemic that has spread widely.¹ COVID-19 has signs and symptoms that range from fever, cough, runny nose, shortness of breath, loss of sense of smell and taste, headaches, bone and joint pain and no appetite.²

The number of COVID-19 cases in Indonesia as of July 23, 2021 has reached 3,033,339 confirmed cases with 561,384 active cases and 79,032 deaths. the number of recovered cases was 23,019 and the number of cases died was 1,708 cases.³ The high increase in the spread of COVID-19 in the world has resulted in increase in negative emotions and a decrease in life satisfaction from residents due to the impact of the COVID-19 pandemic. The public generally shows expressions of distress and anxiety due to fear of being infected with COVID-19.⁴ This is also supported by the results of the initial observations, where the quarantine carried out by the local government due to the increase in COVID-

19 cases led to an increase in the anxiety of the quarantined community which affected their spirituality.⁵

The emergence of COVID-19 since the end of 2019 and began to spread in early 2020 has made people feel more anxious. Fear, anxiety and uncertainty always haunt people who are close to areas identified as red zones. The loss of a loved one due to COVID-19 also has a big impact, making the bereaved family and the surrounding community anxious and alert. Most people are worried about the treatment they will face if they are infected with COVID-19, cannot carry out activities freely outside the home, the increasing number of deaths due to COVID-19, and the high needs of life that must be met during the pandemic have caused the level of public anxiety to increase. This excessive and increasing level of anxiety causes behavioral changes in society such as feeling uncomfortable, considering COVID-19 as a disgrace that must be borne, feeling hopeless, and increasing levels of dependence on others because they cannot fulfill personal needs causing spiritual needs. society is changing. This spiritual change is not only felt by the general public, but also by those diagnosed with COVID-19.⁶

Spirituality is a belief related to the Almighty. Spiritual need is the need to maintain and restore faith and fulfill religious obligations as well as the need to obtain forgiveness. Spiritual aspects can help raise the patient's spirit in the healing process from illness.⁷ Spirituality in the field of health is considered very important because its role does not have to depend on religion or places of worship but is related to harmonious relationships between humans and God and the environment and self-actualization. A calm state will affect a person's psychology which will cause a sense of security and comfort.⁸ In a study conducted by Borasio (2020) it was found that most people who experience anxiety can be overcome by providing spiritual support to the community, especially those with the status of people under supervision (ODP) where they can provide comfort and guidance for people affected by COVID-19. enforced in hospitals in the UK; spiritual support remains very much appreciated. Spiritual support, mostly about religion, organizational guidelines, hospital Trusteeship guidelines and about information provided to families and the public¹¹ can be overcome by providing spiritual support to the community, especially those with the status of People in Supervision (ODP) where they can provide comfort and guidance to communities affected by COVID-19.⁹ Research from Middlesex University London shows that COVID-19 has had a major impact on how spiritual support has been structured, and implemented in UK hospitals; spiritual support remains very much appreciated. Spiritual support, mostly about religion, organizational guidelines, hospital Guardianship guidelines and about information provided to families and the public.¹⁰ can be overcome by providing spiritual support to the community, especially those with the status of a person under supervision (ODP) where they can provide comfort and guidance to communities affected by COVID-19.⁹

Research from UIN Sunan Gunung Djati Bandung provides online counseling services as a preventive measure against psychological and behavioral problems such as depression, anxiety, phobias, trauma, worries, stress and public fear due to the COVID-19 pandemic. COVID-19 continues to spread, including in Indonesia, not only having an impact on symptoms of physical illness but also having an impact on the psychology or psychology, both for sufferers and the wider community. Inaccurate or confusing news can psychologically trigger stress which can affect stress hormones. This will cause the human immune system to decline and ultimately be vulnerable to contracting COVID-19. Therefore, spiritual support is very important here.¹¹

The hospital that became the research location is one of the type C private hospitals in Bandar Lampung City. The purpose of this study was to describe the attribute variables,

the level of the patient's spiritual needs and the patient's level of anxiety. And to find out whether there is a relationship between attribute variables, level of spiritual need and level of anxiety of patients when diagnosed with COVID-19.

Methods

This study is a quantitative type of research with a descriptive correlation research design conducted on 155 COVID-19 patients. Sampling was done by using purposive sampling technique with criteria The respondent population was patients who go to the hospital and are diagnosed with COVID-19 both inpatient and outpatient with the criteria of respondents being willing to take part in the study, GCS 15, able to communicate and not congested (RR < 24 times per minute). The variables in this study are spiritual needs and anxiety levels. The study was conducted after obtaining approval from the Health Research Ethics Committee of Adventist University of Indonesia No.146/KEPK-FIK.UNAI/EC/IV/21 and approval from the Health Research Ethics Committee (KEPK) Adventist Hospital Bandar Lampung No. 09/KEPKRSABL/IV /2021. Univariate analysis was carried out to determine the frequency and average value of each variable. Bivariate analysis was carried out to find the relationship between the two variables using the Spearman rho formula. The data collected are patient demographic data, spiritual needs and patient anxiety level. The instrument used for collecting data on the level of spiritual needs is using the Spiritual Need Questionnaire and the instrument used for collecting data on the level of anxiety is using the Depression Anxiety Stress Scale (DASS 42) questionnaire. Cronbach internal consistency of the entire scale was 0.89. Item-total correlations ranged from 0.51 to 0.75. Test- retest and split-half reliability coefficient scores were 0.99 and 0.96 respectively. These results demonstrate that the DASS is a valid and reliable instrument. Data collection was carried out online using Google Form by providing a questionnaire link to respondents and asking respondents to fill in according to the format on the questionnaire.

Results

The distribution of patient demographic data by gender, age, occupation and education can be seen in table 1.

Table 1 Distribution of Respondents Characteristics

Variable	Category	Frequency	Percentage
Gender	Male	73	47.10%
	Female	82	52.90%
Age	13 – 18 years	2	1.29%
	19 – 25 years	9	5.81%
	26 – 44 years	71	45.81%
	45 – 59 years	48	30.97%
	> 60 years	25	16.13%
Profession	Government employees	10	6.45%
	Private employees	90	58.06%
	Farmer	7	4.52%
	Laborer	6	3.87%
	Student / Student	5	3.23%
	Other	37	23.87%
Education	Did not pass elementary school	3	1.94%
	Elementary school	7	4.52%

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Junior high school	15	9.68%
Senior high school	51	32.90%
D3	25	16.13%
S1	48	30.97%
S2	6	3.87%

2 The results of this study indicate that most of the respondents were female (52.90%). The respondents were generally aged 26-44 years (45.81%). The occupations of the respondents were generally employees or private employees (58.06%). Meanwhile, the education level of the respondents was mostly senior high school equivalent with the number (32.90%).

Table 2 Percentage Level of Spiritual Need and Anxiety

Variable	Category	Frequency	Percentage
Spiritual Needs	No need	89	57.42%
	Need enough	66	42.58 %
	Really need	0	0%
	Total	155	100%
Worry	Normal	103	66.45%
	Mild	24	15.48%
	Moderate	26	16.77%
	Severe	2	1.30%
	Extremely severe	0	0%
	Total	155	100%

Table 2 shows that the patient's spiritual needs were in the category of need enough (42.58%). In addition, it was also found that respondents had a moderate level of anxiety (16.77%) and a mild level of anxiety (15.48%).

Table 3 Relationship Between Variables and Spiritual Needs

	Variable	Spiritual Needs	
		Correlation Coefficient	Sig (2-tailed)
<i>Spearman Rho</i>	Gender	0.092	0.253
	Age	-0.216	0.007
	Education	0.002	0.244
	Profession	0.110	-0.129

Table 3 shows the results that age has a significant relationship with spiritual needs with a value of sig = 0.007 (p < 0.05).

Table 4 Relationship Between Variables and Level of Anxiety

	Variable	Anxiety Level	
		Correlation Coefficient	Sig (2-tailed)
<i>Spearman Rho</i>	Gender	0.244	0.094
	Age	0.966	0.003
	Education	0.022	-0.184
	Profession	0.208	0.102

Table 4 shows the results that age has a significant relationship with the patient's level of anxiety when diagnosed with COVID-19 with a sig value = 0.003 ($p < 0.05$).

Table 5 Relationship between Spiritual Needs and Anxiety Levels

Spearman Rho	Variable	mean	Standard Deviation	Sig	Correlation Coefficient
	Spiritual Needs	27.53	9,846	0.000	0.369
	Anxiety Level	7.65	5.508	0.000	

In table 5 the results show that there is a relationship between spiritual needs and the patient's level of anxiety when diagnosed with COVID-19 with a sig value of 0.000 < 0.05. The correlation coefficient value shows a positive sign, which means that there is a unidirectional relationship between the two variables with a sufficient degree of closeness.

Discussion

The results showed that the respondents' spiritual needs were in the category need enough (42.58%). In addition, it was also found that the respondents had a moderate level of anxiety (16.77%) and a mild level of anxiety (15.48%). Spirituality has been the foundation of all population groups since the beginning of recorded history. It plays an integral component of quality of life, health and well-being in both the general population and those affected by disease. The practice of spirituality has been recognized as a strong coping mechanism to deal with life-changing and traumatic events.¹² This is supported by research conducted by Himawan that most of the respondents need spiritual needs when they are sick, especially in the religious dimension (73.07%). The spiritual aspect is also one of the needs needed by people when dealing with emotional stress, physical illness or death. Activities that have religious elements such as prayer and meditation can increase a sense of comfort and perspective on life and reduce anxiety and worry due to fear of illness and death.¹³

The Indonesian Psychiatric Association released guidelines for the public on maintaining mental health during the COVID-19 pandemic. The guidelines were originally based on the WHO guidelines, which emphasize four key points in combating mass stress and anxiety resulting from the COVID-19 pandemic. The guidelines include the following: (1) Limit excessive exposure to information and reduce time spent watching, reading, or listening to news about COVID-19, including social media such as Instagram or Twitter where most of the news does not have proper evidence. WHO recommends checking news only once or twice a day. (2) Relax by doing meditation and exercise, such as physical exercise, yoga, or Pilates. Adequate rest and eating a balanced diet are also important. (3) Do a variety of relaxing and enjoyable activities to release stress. Taking care of yourself mentally and physically during the pandemic, as well as providing a safe environment for children and the elderly are necessary. (4) During a pandemic, the community can be a valuable source of support in helping to manage the difficulties faced by individuals and families. Examples of such support include providing education about health promotion through online media, psychological support through online communities, or psychosocial assistance for those affected by the COVID-19 pandemic. (5) Try to talk and connect with trusted people about all the fears and worries she is experiencing, which can be done through applications such as Skype or Zoom.¹⁴

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In this study it was found that age had a significant relationship with spiritual needs with a value of $\text{sig} = 0.007$ ($p < 0.05$). Meanwhile, gender, education and occupation did not have a significant relationship with spiritual needs ($p > 0.05$). In a study conducted by Sya'diyah et al (2020) that the older a person gets, the level of spiritual need of a person will increase. This is because increasing age will bring a person closer to death and feel physically and mentally weak, so they cannot carry out activities and activities normally. Activities related to children's religion will increase one's spirituality, especially for someone who is elderly. Besides that, someone who has an increasingly mature age has a mature mind to think about things and take the necessary actions.¹⁵

In this study, it was found that age had a significant relationship with the patient's level of anxiety when diagnosed with COVID-19 with a value of 0.003 ($p < 0.05$). Meanwhile, gender, education and occupation did not have a significant relationship with the level of anxiety ($p > 0.05$). According to PH et al (2018), one of the things that has an influence on a person's level of anxiety is age. Age has a role in a person's anxiety because age affects a person's mindset based on the stage of development. According to Handayani (2018) a person's age has a relationship with the level of anxiety.

In this study it was also found that there was a significant relationship between spiritual needs and the patient's level of anxiety when diagnosed with COVID-19 with a sig value of 0.000 ($p < 0.05$). Patients diagnosed with COVID-19 have a sense of anxiety about the situation they feel. This is due to fear and worry about his own condition due to the COVID-19 virus. In addition, the cause of anxiety in COVID-19 patients is caused by thinking about other family conditions at home, the rapid spread of the virus, anti-virus that has not been found, lack of knowledge about COVID-19, lack of communication, and problems meeting daily needs. -days, circumstances isolated from others cause the patient's burden to increase. The patient's high sense of anxiety causes his spiritual needs to be disturbed.¹⁶ Spiritual needs are one of the things needed by patients to meet their own needs. Spiritual needs are one of the basic aspects needed by humans that can help increase the patient's spirit in undergoing the healing process, even including COVID-19 patients in undergoing treatment and self-isolation which causes various self-fulfillment needs to be disturbed, including spiritual needs.²⁹ One of the UK's major hospitals has created a program to address the spiritual needs of COVID-19 patients.

Conclusion

The results of this study indicate a significant relationship between spiritual needs and the anxiety level of patients diagnosed with COVID-19. Patients diagnosed with COVID-19 need spiritual support to reduce their anxiety. Providing COVID-19 education to patients and families is very important. Both those who are self-isolating and those who are being treated in isolation rooms. The support of health workers is always ready to help explain the patient's condition to the family and can provide motivation and spiritual support to the patient. Spiritual support as a means of coping and managing anxiety is needed to strengthen patients and families in overcoming their illness during the COVID-19 pandemic.

Conflict of Interest Declaration

This research is free from conflicts of interest both personal and organizational.

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