



PREVALENCE OF ANXIETY IN PHYSICAL ILLNESS PATIENTS

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ABSTRACT

Anxiety patients with physical disorder was characterized by discomfort, sad, restlessness and worried. Patients have physiological, cognitive, affective, behavioral, and social reactions because of their anxiety and fear regarding their condition and the treatment they are receiving. This study aims to analyze the prevalence of anxiety among patients in general hospital. This study uses a cross sectional study carried out amongst 100 patient in general hospital using purposive sampling techniques. A semi-structured questionnaire for the study was used to collect data of the patients used Hospital Anxiety and Depression Scale (HADS) to rate the anxiety symptoms of the patients. HADS has been translated Indonesian language with good reliability by means inter-rater valuation and analyzed by using Kappa Cohen coefficient (0,706). Data analysis was done quantitatively using frequency distribution. The study sample consisted of 100 patients with mean age 50,8 years, majority male patients (51%). Based on the HADS scores, 8 patients classified as patients suffering from excessive levels of anxiety, 21 patients had moderate anxiety and 40 patients had mild anxiety. This study found a prevalence of 75% of the patients in general hospital was experiencing anxiety.

Keywords: anxiety; general hospital; prevalence

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INTRODUCTION

Mental health is an adaptive to maladaptive range consisting of mentally healthy, people with psychiatric problems and mental disorders. People with psychiatric problems (ODMK) are people who have physical, mental, social, growth and development problems and or quality of life so that they have a risk of experiencing mental disorders (Mental Health Law, 2014). Chronic physical illnesses such as cancer, cardiovascular disease and HIV/AIDS can cause psychiatric problems. Anxiety disorder is a common mental disorder that occurs in 359 million people globally (Mental Health Action Plan from WHO, 2025). Physical illnesses experienced by an individual can cause anxiety, both mild to severe. Based on this data, ODMK is expected not to develop into more serious if the client can overcome or treat as early as possible at a competent health service center and psychiatric problems arising from physical illnesses, one of which is anxiety.

The prevalence of anxiety was obtained by data from the National of Americans Affected by Mental Illness (NAMI) stating that 18.1% of Americans or about 42 million people live with anxiety disorders including panic disorder, obsessive-compulsive disorder, general anxiety disorder and phobia. Only half of them undergo treatment and get help when the disorder reappears (Duckworth, 2013). The results of Fernandes, Hamid and Mustikasari (2013) research stated that around 60% of clients with chronic diseases, namely stroke, experience anxiety.

Another study conducted by Fotiou et al (2016) explained that anxiety is not only experienced by clients with physical illnesses but also experienced by family members as care givers of clients during hospital treatment. Anxiety with physical illnesses requires long-term health treatment. Chronic physical illnesses can experience anxiety so that it requires a lot of money for treatment due to repeated treatment to health services with the appearance of symptoms of physical illness

(Anxiety Disorders Association of America, 2016). Therefore, health services to deal with anxiety require effective and efficient management for both clients and families.

Anxiety is also related to feelings of uncertainty and helplessness which describes a state of worry, anxiety, fear, and insecurity accompanied by physical complaints (Stuart, 2013). The client feels fear and worries about his illness as well as the treatment measures undertaken with the emergence of physiological, cognitive, affective, behavioral and social responses.

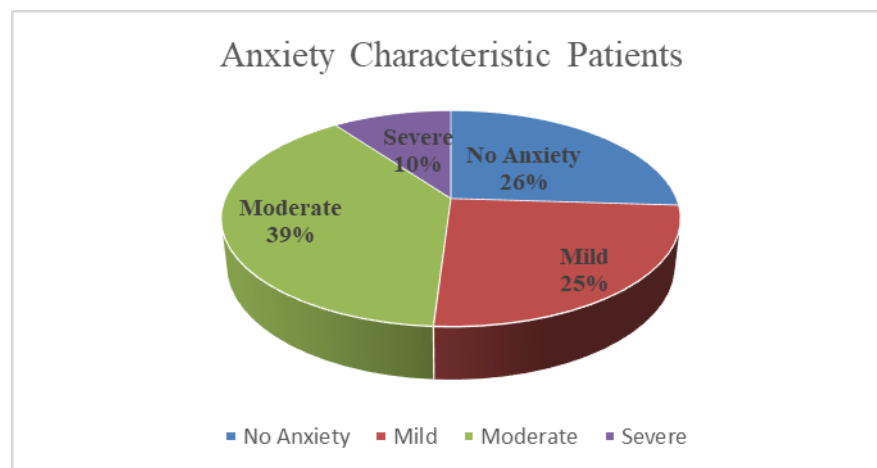
The research of Kyrios et al (2011), explained the management that can be done to overcome anxiety with pharmacological and non-pharmacological therapies by conducting psychoeducation both for clients and families. The management of clients with anxiety is carried out medically and nursingly. Medical management using anti-anxiety medication can only be used when symptoms appear and not used for a long time (Stuart, 2013). Therefore, nurses play the role of providing psychiatric nurse actions and education to clients and families to conduct regular exercises. Nursing measures to overcome anxiety, both nurse and specialist nurse nursing measures are given holistically. The provision of nursing measures is expected to reduce signs and symptoms and improve the client's ability to overcome anxiety. Nurses' nursing actions to overcome anxiety are positional adjustment, deep breathing, distraction techniques, guided imagery, spiritual and five-finger hypnosis (Keliat, Akemat & Susanti, 2011). The actions of specialist nurses that can be given to patients with anxiety with physical illnesses, one of which is by combining thought stopping therapy and progressive relaxation can reduce the patient's anxiety level (Hidayati, Keliat & Wardani, 2019). Actions given to families by conducting family psychoeducation for the management of the burden experienced by the family while caring for their sick family members. The purpose of this study is as basic research to determine the prevalence of anxiety in patients with physical diseases treated at General Hospitals.

METHOD

This study is descriptive research with a cross-sectional quantitative design. The research location is at PKU Muhammadiyah General Hospital Yogyakarta. Purposive sampling procedures were used to conduct a cross-sectional study among 100 patients in a general hospital. The patients' anxiety symptoms were rated using the Hospital Anxiety and Depression Scale (HADS), a semi-structured questionnaire employed for the study. HADS has been reliably translated into Indonesian by utilizing inter-rater valuation, and the Kappa Cohen coefficient (0.706) has been used for analysis. This study was carried out in September 2021 with a sample of 100 patients hospitalized at PKU Muhammadiyah Hospital Yogyakarta. Questionnaire used by the Hospital Anxiety and Depression Scale (HADS) to assess patients' anxiety symptoms. This research has passed the ethics test of the KEPK PKU HOSPITAL Muhammadiyah Yogyakarta with the approval number of the ethics committee Ref: 00121/KT.7.4/III/2021.

RESULT

The characteristics of the respondents were obtained as a result of the average age of the respondents was 50.8 years with the average gender of men (51%). Based on the HADS score, data was obtained that 10 patients (10%) were classified as having severe anxiety, 39 patients (39%) had moderate anxiety, 25 patients (25%) had mild anxiety, and 26 patients (26%) had no anxiety.



Picture 1. Anxiety Characteristic Patients

DISCUSSION

Anxiety is an individual's subjective feeling without a specific object (Stuart, 2013). According to NANDA (Herdman & Kamitsuru, 2015), anxiety is a vague feeling of discomfort or worry accompanied by an autonomous response with a source that is not specific or unknown to the individual as well as a feeling of fear caused by anticipation of danger so as to enable the individual to act in the face of threats.

The psychodynamics of psychiatric nursing problems are the basis for conducting psychiatric nursing care for anxiety clients. Anxiety is a feeling of discomfort or vague worry accompanied by an autonomous response from sources that are often non-specific or unknown to the individual, as well as a feeling of fear caused by the anticipation of danger as a signal of alertness that warns the individual of danger (Keliat & Hargiana, 2020).

Medical diagnoses related to the changes that occur in the client's anxiety are generally classified under the DSM-5. Anxiety experienced by clients with physical illnesses is classified as generalized anxiety disorder (Sadock, Sadock & Ruiz, 2015). Medical management for anxiety clients is the administration of psychopharmaceuticals, namely anxiolytics and antidepressants to reduce anxiety. Anxiolytic agents are in the form of benzodiazepines, barbiturates, busporines and noradrenergic agents (Townsend, 2015). The administration of the right psychopharmacy can help resolve the client's problems. It's just that medical management is still rarely given to clients with anxiety with physical illnesses, so nursing actions are needed to overcome client anxiety.

The classification of anxiety is also emphasized by Stuart (2013) that anxiety is divided into several levels, namely (1) Mild anxiety: occurs along with the tension of daily life. During this stage the person is alert and the field of perception increases; (2) Moderate anxiety: in which people focus only on immediate concerns, involving areas of perception; (3) Severe anxiety: characterized by a significant decrease in the field of perception; (4) Panic: associated with fear and terror, because the person experiencing panic cannot do things even with direction.

The symptoms that arise when anxiety occurs are conveyed by Lorian and Lusty (2016) that anxiety has several symptoms ranging from behavioral (restless, tremor, nervous, fast talk, inquisitive or withdrawn), cognitive (attention disorders, lost concentration, easy forgetfulness, excessive worry, and excessive fear), affective (impatient, tense, tremor, and very restless).

The mechanism of anxiety can be caused by stress that is initially received by bodily stimuli and then responded to by nerves and sent through the spinal cord to the brain and then processed in the

brain through the limbic system (Vieira et al., 2024). These physiological reactions are triggered by several areas of the autonomic nervous system and the limbic system. The limbic system is the part of the brain that is responsible for the formation of emotional behavior due to stress (Mihalik et al., 2022). The limbic system consists of the amygdala, septum, hypothalamus, thalamus, and hippocampus. The driver of the response will be dictated by the frontal lobe that moves and organizes the responses to the hypothalamus. The hypothalamus in the brain stimulates the adrenal glands to release adrenaline or epinephrine into the bloodstream (Alwhaibi et al., 2023). If the stress level continues, the response itself will continue. As a result, muscle tension arises in the lower back, shoulders, neck, and is often followed by a headache due to tension. This situation makes it an indicator that the person is experiencing stress (Nelson et al., 2022). If this stressor persists, then the body will survive and fight actively and vigorously. This increases hormone production Adrenocorticotrophic Hormone (ACTH) (Huang et al., 2024). The physiology of stress levels has been described above and can be used to explain why people who experience prolonged stress end up helpless and exhausted so that it will affect their daily performance and activities. This can happen because of its regulation in the brain.

The brain is a small organ stored in the human head that is the nervous system and works as the control and coordination center of all biological, physical, and social activities of the entire body (Bousgheiri et al., 2024). The brains of males and females have differences in characteristics. Fundamentally, men and women are human beings created in two different types, each with a different essence. In general, men and women differ in three things, namely brain structure, reproductive system, and way of thinking (Kelsen et al., 2022). The brains of males and females are located in structures corpus callosum, hypothalamus, inferior parietal lobe and hippocampus which has significant differences. Such a structure causes males and females to have different stress adaptations (Williams et al., 2022). In terms of the development process, the male brain has early development in the right brain and then the left brain, but in women the brain development is more balanced between the left and right brains. Different brain structures cause the job placement process to be divided based on difficulty and high stress levels. In the placement of non-acute wards, many women are usually placed because they are more patient and friendlier to calm situations and conditions. In the acute ward, more men are usually placed because they have a stimulus to adapt to high levels of stress (Baharlouei et al., 2023). So that it is a combination of men and women in aspects of life, although they have differences in several brain structures, but both have characteristics to respond and adapt to stress levels.

Different genders give rise to different brain characteristics so that in their implementation in the world of work they have their own perception of the stressors encountered. This potential results in different ways and styles of work (Hickey et al., 2021). As the main organ that responds to stress, the brain physiologically undergoes structural and chemical changes. It is a response from the brain to adapt to maintain homeostasis, continued exposure to stress can cause plasticity abnormalities and stress responses in the cerebellum (Lewis et al., 2020). The level of stress that continues will also have an impact on a person's psychological and cognitive abilities.

A person's cognitive includes mental activities related to perception, thought, memory, and information processing. Meanwhile, a person's psychology includes a person's behavior and social relationships. The level of stress that continues will have a cognitive and psychological impact on a person, because they continue to get stimuli from outside in the form of environmental conditions or workload that cause mental disturbances, bad thoughts, and behavior that is not suitable for the responsibilities of the work being undertaken (Nejati et al., 2022). Other adverse effects can attack feelings of anxiety and disrupt social relationships with work partners. Job demands, lack of control over work, and lack of control over the level of stress faced affect daily performance (Razza et al., 2023). This happens because the stress level is at the medium level or entry level. Disrupted social relationships cause chronic strains, which are recurring difficulties in daily life.

When the stress level still persists, the next stage is General Adaptation Syndrome (GAS), which is the stage where the body already feels exhaustion or fatigue so that the quality of sleep decreases. This condition is caused because the body is no longer able to resist stress levels (Pujasari et al., 2022). This will affect the performance of the nurse because it will affect the behavior of the nurse such as lack of discipline, irritability, non-compliance with the rules, and lack of concentration. So that the level of stress greatly affects the performance of nurses in their daily work carrying out nursing care for patients at risk of violent behavior.

CONCLUSION

Based on the research that has been conducted, it can be concluded that there is a prevalence of 74% of patients in general hospitals experiencing anxiety.

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