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HOME

ABOUT

LOGIN

REGISTER

SEARCH

CURRENT

ARCHIVES

ANNOUNCEMENTS

Home > Archives > Vol 15, No 1Sp (2020)

VOL 15, NO 1SP (2020)

SPECIAL ISSUE

The 11th International Nursing Conference

TABLE OF CONTENTS

SYSTEMATIC REVIEW

Managing Cancer and Living Meaningfully for Advanced Cancer: A Systematic Review

PDF 1-8

doi 10.20473/jn.v15i1Sp.18894

Shenda Maulina Wulandari, Esti Yunitasari, Tiyas Kusumaningrum

Effectiveness of Mobile App-Based Interventions to Support Diabetes Self-Management: A Systematic Review

PDF 9-18

doi 10.20473/jn.v15i1Sp.18897

Dia Amalindah, Agnestria Winarto, Anggun Hidayatur Rahmi

Education-Based Mobile Apps Platform in Patients Undergoing Surgery: A Systematic Review

PDF 19-24

doi 10.20473/jn.v15i1Sp.18899

Sariati Sariati, Esti Yunitasari, Laily Hidayati

The Influence of Impedance and Enhancement Factors of Discharge Planning Implementation at Hospital: A Systematic Review

PDF **25**-

doi 10.20473/jn.v15i1Sp.18905

Hari Soebagiyo, Nursalam Nursalam, Ahsan Ahsan

A Systematic Review of Effectiveness of Music Therapy on Depression In The Elderly

PDF 101-106

doi 10.20473/jn.v15i1Sp.18974

Nur Sayyid Jalaluddin Rummy, Windarti Rumaolat, Trihartuty Trihartuty

Systematic Review of Family Members in Improving the Quality of Life of People with T2DM

107-112

doi 10.20473/jn.v15i1Sp.18975

Gabriel Wanda Sinawang, Kusnanto Kusnanto, Ika Nur Pratiwi

A Systematic Review of the Factors Associated with Cervical Cancer Screening Uptake among Women in Low and Middle-Income Countries

PDF 113-119

120-

128

doi 10.20473/jn.v15i1Sp.18991

Elok Faradisa, Husna Ardiana, Diah Priyantini, Anis Fauziah, Inta Susanti

A Systematic Review: The Experience of Patient with Diabetic Foot Ulcers

doi 10.20473/jn.v15i1Sp.18995

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Online Submission

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Focus and Scope

Publication Ethics

Peer Review Process

Article Processing Charge

Open Access Statement

Plagiarism Copyright Mohamad Roni Alfaqih, Kusnanto Kusnanto, Padoli Padoli

Monamad Koni Airaqin, Kusnanto Kusnanto, Padoli Padoli	
A Systematic Review of Foot Exercises with Group Support to Improve the Foot Health of Diabetes Mellitus Patients	PDF 129- 134
doi 10.20473/jn.v15i1Sp.18996	131
Rohmatul Faizah, Ferry Efendi, Suprajitno Suprajitno	
A Systematic Review of the Effect of Social Support on Post-Traumatic Stress Disorder in Post-Earthquake Adolescents	PDF 135-
doi 10.20473/jn.v15i1Sp.18998	141
Glorya Riana Latuperissa, Wiwi Rumaolat, Inta Susanti, Fathmy Fitriany Soulisa	
Supportive Care Needs of Women with Breast Cancer: A Systematic Review	PDF 142-
doi 10.20473/jn.v15i1Sp.18999	148
Irfan Wabula, Esty Yunitasari, Andri Setiya Wahyudi	
Psychosocial Interventions to Promote Recovery for Patient With Schizophrenia: A Systematic Review	PDF 149-
doi 10.20473/jn.v15i1Sp.19001	156
Iskandar Iskandar, Devis Yulia Rohmana, Ah Yusuf, Rizki Fitryasari	
Iskandar Iskandar, Devis Fana Kommana, Arr Fasar, Kizki Fia yasari	
Pelvic Floor Muscle Training (PFMT) to Reduce Urinary Incontinence Post Radical Prostatectomy in Patients with Prostate Cancer: A Systematic Review	PDF 164- 172
doi 10.20473/jn.v15i1Sp.19003	1/2
Dian Retno Pratiwi, Firda Yusniar, Ika Adelia Susanti, Tintin Sukartini	
Contact Investigation and Preventive Therapy as Tuberculosis prevention in Children with Tuberculosis Household Contact: A Systematic Review	PDF 178- 187
doi 10.20473/jn.v15i1Sp.19006	107
Apriana Rahmawati, Budi Utomo, Makhfudli Makhfudli	
Aprilia Kamilanati, Badi Otomo, Hakinaan Hakinaan	
A Systematic Review of Supportive Therapy Effect on Quality of Life in Cancer Patients	PDF 197-
doi 10.20473/jn.v15i1Sp.19013	207
Suharyono Suharyono, Suhendra Agung Wibowo, Ira Purnamasari, Tintin Sukartini	
What Does it Matter? Factors in Occurrence of Elderly Abuse among Healthcare Workers in Nursing Homes: A Systematic Review	PDF 208- 220
doi 10.20473/jn.v15i1Sp.19017	
Anis Fauziah, Husna Ardiana, Diah Priyantini, Elok Faradisa, Inta Susanti, Tintin Sukartini, Retno Indarwati	
Non-pharmacological Therapy for the Elderly to Prevent Dementia through Cognitive Stimulation Therapy: A Systematic Review	PDF 221-
Stimulation Therapy: A Systematic Review	PDF
	PDF 221-
Stimulation Therapy: A Systematic Review doi 10.20473/jn.v15i1Sp.19018	PDF 221-
Stimulation Therapy: A Systematic Review doi 10.20473/jn.v15i1Sp.19018	221- 229
Stimulation Therapy: A Systematic Review doi 10.20473/jn.v15i1Sp.19018 Martha Lowrani Siagian, Retno Indarwati, Pudji Lestari	221- 229

Contact
Old Website

People

Editorial Team

Reviewers

CV of Reviewers

Decree of Reviewers

Decree of Editors

Journal Citation
Scopus

Journal Hardcopy
Order Online

CURRENT ISSUE



PEOPLE

- » Contact
- » Editorial Team
- » Reviewer

POLICIES

- » Focus and Scope
- » Section Policies
- » Open Access Policy

SUBMISSIONS

- » Online Submissions
- » Author Guidelines



TEMPLATE



TOOLS



Effectiveness of Mobile-Based Health Interventions for the Management of Hypertensive Patients: A Systematic Review

PDF 238-245

10.20473/jn.v15i1Sp.19022	
superzeki Zaidatul Fadilah, Ika Adelia Susanti, Dwi Yoga Setyorini, Rifky Octavia Pradipta	
A Systematic Review of Complementary Therapy for Treating Osteoarthritis	PDF
doi 10.20473/jn.v15i1Sp.19025	246- 251
Ira Purnamasari, Suharyono Suharyono, Suhendra Agung Wibowo	
Influence Factors of Emergency Medical Services (EMS) Prehospital Time Interval Variety: A Systematic Review	PDF 440-
doi 10.20473/jn.v15i1Sp.19786 Anggun Setyarini, Heni Dwi Windarwati	451
The Effects from Physical Exercise on the Blood Glucose Levels, HbA1c and Quality of Life of Type 2 Diabetes Mellitus Patients: A Systematic Review	PDF 486-
10.20473/jn.v15i1Sp.20517 Novita Fajriyah, I Ketut Sudiana, Erna Dwi Wahyuni	496
Effect of Leg Exercise on the Lower Limb Circulation of Patients with Diabetes Mellitus: A Systematic Review	PDF 497- 507
10.20473/jn.v15i1Sp.20518 Ida Trisnawati, I Ketut Sudiana, Supriyanto Supriyanto	307
· · · · · · · · · · · · · · · · · · ·	
A Systematic Review of Fatigue in Type 2 Diabetes	PDF
doi 10.20473/jn.v15i1Sp.20520	513- 517
Bayu Febriandhika Hidayat, Tintin Sukartini, Tiyas Kusumaningrum	317
Effect of Physical Exercise on Insulin Sensitivity and the Modifiable Cardiovascular Risk Factors of Patients with T2DM: A Systematic Review	PDF 518-
doi 10.20473/jn.v15i1Sp.20521	530
Wahyu Sukma Samudera, Ferry Efendi, Retno Indarwati	
nanja samua samaasa, renj ziena, reane maarnaa	
The Effectiveness of Occupational Therapy on Patients with Schizophrenia or Another Mental Illness: A Systematic Review	PDF 538-
doi 10.20473/jn.v15i1Sp.20523	547
Yuli Anggraini, Ahmad Wahyudi, Dutya Intan Larasati, Ah Yusuf	
The Bullying Phenomenon and Handling Efforts in Reducing Cases of Bullying: A Systematic Review	PDF 557- 562
10.20473/jn.v15i1Sp.20479 Devis Yulia Rohmana, Kartini Estelina, Iskandar Iskandar	302
ORIGINAL ARTICLE	
Effect of Combination Mirror Therapy and Cylindrical Grip on Self-Care of Post-Stroke Ischemic Patients	PDF 34-
doi 10.20473/jn.v15i1Sp.18906 Bernadetta Germia Aridamayanti, Nursalam Nursalam, Iqlima Dwi Kurnia	39
Factors Related to Vaccine Hesitancy in Anti-vaccine Group on Facebook	PDF
doi 10.20473/jn.v15i1Sp.18907 Aisyah Nur Izzati, Budi Utomo, Retno Indarwati	40- 44



2021	Vol 15, No 1Sp (2020)	
	Family Factors and Their Relation to the Treatment Adherence of Pulmonary TB Patients in Surabaya	PDF 45- 49
	10.20473/jn.v15i1Sp.18909	43
L	Dhian Satya Rachmawati, Dwi Priyantini, Qurrotul Aini	
	Perceptions of Working Mothers Toward Breastfeeding Self-Efficacy	PDF 50-
	10.20473/jn.v15i1Sp.18910	56
9	Sylvia Dwi Wahyuni, Budi Santoso, Mira Triharini, Novri Susan	
	Analysis of Implementation of Perioperative Care Instrument Based on Standards of Nursing Diagnosis, Intervention and Outcomes in Indonesia	PDF 57-
doi	10.20473/jn.v15i1Sp.18911	62
F	Haris Widodo, Nursalam Nursalam, Erna Dwi Wahyuni	
	Factors Related to the Utilization of the Integrated Health Services Center for the Elderly	PDF 63-
doi	10.20473/jn.v15i1Sp.18945	66
9	Gunik Cahyawati, Windarti Rumaolat, Nur Sayid Jalaludin Rumi, Wiwi Rumaolat	
	The Correlation of Spiritual Status and Anxiety Level in Patients with Pulmonary Tuberculosis	PDF 67- 71
	10.20473/jn.v15i1Sp.18946 Merina Widyastuti, Puji Hastuti, Sukma Ayu Candra Kirana, Nevinda Hervi Farendita	/1
	Improving the Fine Motor Skills with Embroidery among Children with an Intellectual Disability	PDF 72-
	10.20473/jn.v15i1Sp.19011 Syiddatul Budury, Khamida Khamida, Siti Nurjanah, Triana Jamaliah Jalaluddin	74
	Family Experience of Caring for a Diabetes Mellitus Patient: A Qualitative Study	D PDF
doi	10.20473/jn.v15i1Sp.19010	75- 81
1	Indah Wulandari, Kusnanto Kusnanto, Sony Wibisono, Titin Puspitasari	
	The Relationship between Internet Addiction and Insomnia in Student Class IX	PDF 82-
	10.20473/jn.v15i1Sp.18947	85
L	a Rakhmat Wabula, M. Taufan Umasugi, Wa Ode Nurlina, Angga Miftakhul Nizar, Restiyana Agus.	
	The Effectiveness of Religious Music and Digital Storytelling on the Level of Cooperativeness and Pain in Children During Invasive Treatment (Children's Room, Zalecha Local Hospital, Martapura)	PDF 86- 90
	10.20473/jn.v15i1Sp.18944 iis Pusparina, Insana Maria, Raihana Norfitri	
	Mental-Emotional Disorder among Post-Earthquake Responders in Ambon Maluku	D PDF
	10.20473/jn.v15i1Sp.18970 Cut Mutia Tatisina, Ahmad An Naufal, Hamdan Hariawan	91- 95
	The Correlation Between Stimulation, Nutritional Status and Child Development	PDF
	10.20473/jn.v15i1Sp.20596 Heri Saputro, Intan Fazrin, Eva Agustina Yalestyarini	96- 100
	Lived Experience of People Living with HIV/AIDS Undergoing Antiretroviral Therapy: A Qualitative Study	□ PDF



adolescent anxiety attitude behavior cancer cervical cancer children depression diabetes mellitus elderly family family support knowledge

support knowledge nurses nutritional status peer group support quality of life schizophrenia self-efficacy stress tuberculosis

USER	
Username	
Password	
$\ \square$ Remember me	
Login	

The Effect of Storytelling on Ability to Control Violence Behavior in Early Childhood



574-577

ASEAN CITATION INDEX

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Original Research

The Correlation of Spiritual Status and Anxiety Level in Patients with Pulmonary Tuberculosis

Merina Widyastuti, Puji Hastuti, Sukma Ayu Candra Kirana, and Nevinda Hervi Farendita

STIKES Hang Tuah Surabaya, Indonesia

ABSTRACT

Introduction: Pulmonary tuberculosis (TB) is an infectious disease caused by the mycobacterium tuberculosis. The increasing prevalence of tuberculosis and infectious disease overall is causing patients to experience anxiety. Someone who experiences anxiety will find support in their religious beliefs. The purpose of this research was to analyze the relationship between spirituality and the anxiety level of patients with pulmonary tuberculosis.

Methods: The study design was analytical observational research with a cross-sectional approach. The independent variable was spirituality and the dependent variable was anxiety. The population of this research was 55 people with pulmonary tuberculosis. The sample totaled 49 people. The retrieval of the data was conducted on 1-31 May 2018 using the Simple Sampling Random technique. The research instrument used the anxiety questionnaire DASS 21 and spiritual questionnaire DSES and the results were tested using Spearman Rho Correlations

Results: The statistical results with $\rho = 0.01$ with $\rho \le 0.05$. The results of this study show that the majority of the anxiety levels experienced are normal and that the spiritual outcomes for the majority are at a high level. This shows the relationship between the anxiety level and the spirituality of the patients with pulmonary tuberculosis at Puskesmas Perak Timur Surabaya.

Conclusion: The result of the correlation coefficient was 0.552. The implication that the research indicates is that high spiritual intelligence causes someone to reduce their anxiety. Expected health workers can provide more education about the treatment o further reduce the anxiety levels of pulmonary tuberculosis patients.

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anxiety; pulmonary tb; spiritual

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INTRODUCTION

Pulmonary tuberculosis (TB) is an infectious disease caused by Mycobacterium tuberculosis. Pulmonary tuberculosis is currently a major health problem globally(Sari, Mubasyiroh, & Supardi, 2017). The increasing prevalence of TB patients will have an impact on both the patients and their families. Some of the anxiety experienced by the family includes a decrease in the quality of life of the sufferers, the transmission of disease, the risk of complications and the risk of death. Anxiety reactions in families of TB

patients can reduce the ability of the families to care for the patients (Rohmi, Soeharto, & Lestari, 2015). Anxiety is a natural human attitude as a form of bodily response when facing threats (Luana NA, Sahala Panggabean, Joyce VM Lengkong, 2012). One effort to overcome anxiety is to get closer to one's religious beliefs. Thus the patient is expected to accept the condition of his illness even when there is a long healing process and uncertain results (Perdana & Niswah, 2011). According to Nuraeni et al (2015), spiritual needs are needed by the patients with a chronic disease. However, how the relationship

between anxiety levels and spirituality in tuberculosis patients still requires in-depth study.

According to the World Health Organization's Global Tuberculosis Report (2017), tuberculosis is one of the 10 diseases with the highest mortality worldwide. In 2017, Indonesia was third in the ranking on the most cases of TB. The East Java Province showed that the number of TB cases had reached 41,404 cases. Surabaya City has the most TB cases in East Java totaling 3990 (Kemenkes RI, 2018) followed by Jember Regency with 3334 cases (Ariyani, 2016). In the Perak Timur Health Center, the number of tuberculosis patients from March to June 2017 numbered 89 patients while in October 2017 to March 2018, there were 55 patients.

The complications of TB can have serious effects on other organs and parts of the body including the bones and brain (Suhaidah, 2013). Continuous anxiety will lead to depression with feelings of uncertainty and helplessness (Riskesdas, 2018). One effort to overcome anxiety is to increase the patient's spiritual beliefs. Spiritual intelligence is one solution that offers spiritual calm. Spiritual intelligence is the intelligence used to face and solve life problems. It is an intelligence that manifests in ways of behaving and living in a broader context of life (Husain, Dearman, Chaudry, Rizvi, & Waguas waheed, 2008). The development of a good spiritual aspect can make someone more able to interpret their life and have a level of self-acceptance of their condition so as to provide a positive response to changes in his health (Sadipun, Dwidiyanti, & Andriany, 2018).

Up until now, spirituality as a part of therapy is still on a limited basis. Nurses have not optimally provided the patient with a way to meet their spiritual needs. Most nurses still perceive that spiritual fulfillment can only be done in the form of religious worship facilities. Thus the results of this study are expected to provide an overview of the relationship between anxiety and the spiritual level of tuberculosis patients.

MATERIALS AND METHODS

This study used an observational analytic research design with a cross-sectional approach. This research was carried out in the period 1st-31st May 2018 at the Puskesmas Perak Timur Surabaya. The population was tuberculosis patients. The sample of this study was 49 tuberculosis patients in the Puskesmas Perak Timur Surabaya. The sampling technique used was simple random sampling. The inclusion criteria were tuberculosis patients who could communicate. Respondents were excluded if they were not in place when collecting the data and if they were younger than 18 years old. The spiritual instrument in this study was the DSES (Daily Spiritual Experience Scale) questionnaire and the anxiety instrument used was the DASS questionnaire consisting of 21 questions. All of the respondents in this study were given an explanation of the purpose and benefits of the study. The explanation was given both orally and in writing.

This research has been ethically approved by the Health Research Ethics Commission STIKES of Hang Tuah Surabaya number PE/07/V/2018/KEPK/SHT.

RESULTS

Based on Table 1, out of the 49 respondents, 17% were aged 46-55 years while based on gender, 53.1% were male. As many as 40.8% of the respondents had a high school education level. Based on employment status, the majority of respondents were entrepreneurs (59.2%). For the treatment category of less than 6 months, 93.1% of the 49 study respondents fitted here. Based on marital status, the majority of the respondents were married at 71.4%.

Table 2 shows that of the 49 respondents, the majority at 30 respondents had a high spiritual level. From the 30 respondents with a high spiritual level, 16 people did not experience anxiety. Only 4 respondents experienced severe anxiety. Out of the 30 respondents who have a high spiritual level, 9 people are in the age range of 36-45 years old. For level of education and gender in the group of respondents with high spirituality, there was no significant difference. The results of the data show that of the 30 respondents with a high spiritual level, 22 respondents were married and 18 had been in the TB treatment category for less than 6 months.

The results in Table 2 show that out of the 49 respondents, there were 20 respondents who did not experience anxiety. Of the 20 respondents, 8 had an age distribution of 36-45 years and 12 were male. In addition, from the 20 respondents, there were 18 respondents in the treatment category of less than 6 months. Table 2 also shows that out of the 49 TB respondents, 20 respondents did not experience anxiety and 16 of them had high spiritual levels. The Spearman rho test analysis results obtained a ρ value = 0.01 with a significance level $<\alpha$ = 0.05. Thus the results show that there is a relationship between spiritual level and anxiety level. The correlation coefficient is -0.708 which means that the higher the spiritual level, the lower the anxiety level.

DISCUSSION

This study aims to analyze the relationship between spiritual level and anxiety in pulmonary TB patients in Puskesmas Perak Timur Surabaya. Based on the results of this study, it showed that there was a relationship between spiritual level and anxiety level. The negative correlation coefficient indicates that the higher the spiritual level, the lower the anxiety level.

Tuberculosis is a contagious disease that most often occurs in the lungs (Tosepu, 2016). TB is chronic and the cure takes a long time. The healing of pulmonary TB is influenced by the adherence to taking medication and the immune system. The complaints due to pulmonary TB such as shortness of breath, chest pain and decreased appetite will increase the level of anxiety felt. This is in line with

Table 1. Characteristics of the Respondents Based on their Sociodemographic Details (n=49)

	Characteristic	Frequency	(%)
Age	17-25	6	12,2
	26-35	9	18,4
	36-45	11	22,4
	46-55	17	34,7
	56-65	4	8,2
	66-70	2	4,1
Gender	Male	26	53,1
	Female	23	46,9
Education	No school	2	4,1
	Primary school	13	26,5
	Junior high school	10	20,4
	Senior high school	20	40,8
	Bachelor	4	8,2
Occupation	Housewife	17	34,7
-	Unemployed	3	6,1
	Entrepreneur	29	59,2
Treatment term category	Category 1 (<6 month)	36	93,9
0 1	Category 2 (>6 month)	3	6,1
	Single	11	22,4
Manital status	Married	35	71,4
Marital status	Widower	2	4,1
	Widow	1	2,0

Table 2. Anxiety Level and Spiritual Level of the Pulmonary Tuberculosis Patients in Puskesmas Perak Surabaya (n = 49)

Anviety level	Spiritual		
Anxiety level ————	Low (n=6)	Moderate (n=13)	High (n=30)
Normal	0	4 (8,2%)	16(32,7%)
Mild anxiety	0	0	5(10,2%)
Medium anxiety	0	0	2 (6,7%)
Serious anxiety	0	1 (2%)	3 (6,1%)
Very severe anxiety	6 (12,2%)	8 (16,3%)	4 (8,2%)
Total	6	13	30
The Spearman rho test $\rho = 0.01$	r correlation = -0.708		

the results of the research conducted in Pakistan on 108 pulmonary TB patients who showed symptoms of anxiety and depression associated with the symptoms and complaints experienced (Husain et al., 2008). Anxiety and depression will cause the TB patients to experience a decrease in motivation, a reduction in compliance with medication and a worsening of their condition. Severe anxiety will affect the hypothalamus. The anterior pituitary gland will be prompted to produce ACTH. ACTH will produce cortisol. Cortisol will reduce the body's immune system so then the patients with TB will experience subsequent complications(Santos, Lazzari, & Silva, 2017). Anxiety indicates uncertain feelings, panic, fear and the inability of to understand the source of their fear. Anxiety arises because of several situations that threaten their integrity as a social being. In this case, pulmonary TB patients sometimes get a negative stigma from the community because it can be contagious, so the patients will increasingly feel helpless and this will increase their anxiety.

Suhaidah (2013) revealed that the factors that influence anxiety are age, cultural values, spirituality, education, physical condition, coping responses, social support, stages of development, past experience and knowledge. Age greatly affects one's

psychology. The older someone is, the better their level of emotional maturity and the better their ability to deal with various problems. Anxiety is connected to feelings of helplessness and uncertainty. Based on the results of this study, the majority of respondents were aged 46-60 years. This is consistent with the previous research which states that TB is often experienced by patients in the age range of 46-60 years. This age group is vulnerable due to the aging process as it decreases the body's immunity (Sadipun et al., 2018). Hope is related to uncertainty in life and it is an interpersonal process that is built through trusting relationships with others, including with God. Hope is very important for individuals to maintain life. Without hope many people become depressed and they are more likely to get sick.

The results of this study indicate that the majority of the respondents did not experience anxiety and that this was correlated with a high spirituality level. A high spiritual level can reduce the anxiety in patients with pulmonary TB. Individuals with a high spiritual level can build good coping mechanisms to deal with their anxiety. The factors that influence the coping mechanisms used include hope, age, and social support. Good coping mechanisms can be obtained through a spiritual approach such as meditation and this shows the improved emotional control of the TB patients (Sadipun et al., 2018). This result is consistent with the research (Karomah, 2015) which shows that the spiritual level also affects the emotional control of the TB patients. In addition, spiritual beliefs have a strong effect on psychological functioning. Religious spiritual activities paired with physiological activities reduce stress, result in the participant not being afraid of death and becoming more resilient in the face of the disease process (Marsinova Bakara et al., 2013).

Spiritual therapy will improve the quality of life of TB patients (Kusnanto, Pradanie, & Alifi Karima, 2016). This is needed to cure the TB patients. Anxiety will reduce one's thinking power so as to further reduce the body's resistance through the effect of increased cortisol. Spiritual intelligence is the foundation needed to enable individuals to function with intellectual and emotional intelligence (Lesmana, 2014).

The results of this study indicate that the anxiety is severely experienced by the majority of the women. Anxiety in women is caused by taking care of the household as well as being the backbone of the family (Yuliani & Purwanti, 2013). The anxiety experienced by menopausal women can be reduced by SEFT spiritual therapy for 3 weeks. Although the study did not examine the anxiety felt by TB patients, the similarities showed that anxiety was experienced by many women and it also showed that spirituality can reduce the respondent's anxiety level. These results are also consistent with the results of the research conducted by Marsinova Bakara et al (2013). Out of the 23 respondents with SKA, it was demonstrated that spiritual therapy can reduce the levels of anxiety, stress and depression.

Culture and spirituality influence the way that an individual thinks. Individuals who have high spiritual intelligence have the confidence that they can utilize the conditions that they experience as a gift from God. They will take wisdom from their situation. This makes the individuals with high spirituality always think positively. They try to optimize the healing process so as to accelerate and support their healing. Spiritual intelligence when thinking will lead individuals to a better quality life (Kusnanto, Haryanto, Sukartini, Ulfiana, & Putra, 2018). The power that arises in the individual will help them to realize the meaning and purpose of life. This will make the individual view his life experience as a positive experience, in addition to them gaining optimism about the future where their life goals become clearer. The feeling of knowing the meaning of life, which is sometimes identified with feeling close to God, will be a positive experience

Social and environmental support can also be a source of coping. Husain et al (2008) believes that the presence of other people can help someone to reduce their anxiety. The environment can also affect one's thinking. However in this study, the researcher did not examine the role of the PMO in the respondent so it is not known exactly how the social support

obtained by the respondent is also related to their anxiety other than the existence of a spiritual level. The role of the nurse is also very important when handling pulmonary TB patients, especially in psychological terms. Developing guidelines and training the health workers in TB clinics is useful to screen and treat the depression and anxiety present among TB patients(Duko, Gebeyehu, & Ayano, 2015). This can be considered in subsequent studies. The sample size is small. However, one of the strengths of this study is that we used validated and recognized measures.

CONCLUSION

Based on the research conducted on 49 respondents with pulmonary TB, it can be concluded that their level of spirituality is related to their level of anxiety. The implication is that nurses can direct the patients to increase their spirituality level in an effort to reduce their anxiety and support the patient's recovery.

CONFLICT OF INTEREST

No potential conflicts of interest relevant to this article have been reported.

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