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THE CORRELATION OF SPIRITUAL AND ANXIETY LEVEL OF PATIENTS WITH PULMONARY TB

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Abstract

Introduction: Tuberculosis (tb) pulmonary is an infectious disease caused by mycrobacterium tuberculosis. The increasing prevalence of tuberculosis and infectious disease is causing the patients experienced anxiety. Someone who experiences anxiety will be found support from his religious belief. The purpose of this research was to analyze relations of spiritual and anxiety level of patients with pulmonary tuberculosis Method: Design of Analytical Observational Research with Cross Sectional Approach .The independent variable was spiritual and the dependent variable was anxiety. The population of research was 55 people with pulmonary tuberculosis, the samples were 49 people . Retrieval of the data on 1-31 May 2018 using the Simple Sampling Random technique. The research instrument used an anxiety questionnaire DASS 21 and spiritual DSES, tested using Spearman Rho Correlations. Result : Statistical results with the Spearman Rho Correlations test obtained $\rho = 0.01$ with $\rho \leq$ 0.05 The results of this study, the majority of anxiety levels are normal and the spiritual outcomes of the majority have a high spirit. This shows the relationship of anxiety level with the spiritual patient of pulmonary tuberculosis at Puskesmas Perak Timur Surabaya. The result of correlation coefficient - 0.552. Conclusion: Implication the research indicated that high spiritual intelligence causes someone to reduce anxiety for patients. Expected health workers can give more education about treatment how to reduce anxiety levels of Patient pulmonary tuberculosis.

Keyword: Anxiety, Pulmonary Tb, Spiritual

BackGround

Pulmonary tuberculosis (TB) is an infectious disease caused by *Mycrobacterium tuberculosis*. Pulmonary tuberculosis is currently still a major health problem and globally in all countries [1] The increasing prevalence of TB patients will have an impact on both patients and families. Some of the anxiety experienced by the family include a decrease in the quality of life of sufferers, transmission of disease, the risk of complications and the risk of death. Anxiety reactions in families of TB patients can reduce the ability of families to care for patients [2] Anxiety is a natural human attitude as a form of body response when facing threats [3] 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 with a long healing process and uncertain results [4] According to Nuraeni et al (2015) that spiritual needs are really needed by patients with chronic diseases. However, how the relationship of anxiety levels with spiritual tuberculosis patients still requires in-depth study.

According to the World Health Organization's Global Tuberculosis Report (2017) Tuberculosis is one of the 10 largest diseases with the highest mortality worldwide. In 2017 Indonesia was at the third level with the most TB. East Java Province showed TB cases reaching 41,404 cases. Surabaya City has the most TB cases in East Java, 3990 [5] followed by Jember

Regency with 3334 cases [6]. In the Perak Timur Health Center, the number of tuberculosis patients in March to June 2017 numbered 89 patients, while in October 2017 to March 2018 there were 55 patients.

Complications of TB can have serious effects on other organs including bones and brain [7]. Continuous anxiety will lead to depression with feelings of uncertainty and helplessness [8] One effort to overcome anxiety is to increase his spiritual beliefs. Spiritual intelligence is one solution that offers spiritual calm. Spiritual intelligence is the intelligence to face and solve life problems that are intelligence for ways of behaving and living in a broader context of life [9] The development of a good spiritual aspect can make someone more able to interpret life and have self-acceptance of his condition so as to provide a positive response to changes in his health [10]

Until now, the activities of spirituality as part of therapy are still very limited. Nurses have not optimally provided the patient with spiritual needs. Most nurses still perceive that spiritual fulfillment is only done in the form of religious worship facilities. Thus the results of this study are expected to provide an overview of the relationship of anxiety with the spiritual in tuberculosis patients.

Research methods

This study used an Observational Analytic research design with Cross Sectional approach. This research was carried out in the period 1-31 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. Inclusion criteria were tuberculosis patients, can communicate. Exclusion criteria were patients refuse to be respondents and were not in place when collecting data. The Spiritual Instrument in this study used the DSES (Daily Spiritual Experience Scale) questionnaire and the Anxiety Instrument in this study used the DASS questionnaire consisting of 21 questions.

Results

Table 1. Characteristic of respondents based sosiodemographic (n=49)

Characteristic		(%) n 49	
Age	17-25	6	
	26-35	9	
	36-45	11	
	46-55	17	
	56-65	4	
	66-70	2	
Gender	Male	53,1	
	Female	46,9	
Education	No School	4,1	
	primary school	26,5	
	Junior high school	20,4	
	Senior High School	40,8	
	Bachelor	8,2	

Occupation		Housewife	34,7
		Unemployment	6,1
		Entrepreneur	59,2
treatment	term	Category 1 (<6 month)	93,9
category		Category 2 (>6 month)	6,1
		Single	22,4
Marital atatus		Married	71,4
Marital status		Widower	4,1
		Widow	2,0

Based on table 1, out of 49 respondents, 17% of respondents were aged 46-55 years while based on gender, 53.1% were male. And as many as 40.8% of respondents with a high school education level. Based on the employment status the majority of respondents were entrepreneurs (59.2%). For the treatment category for less than 6 months, there were 93.1% of the 49 study respondents. Then based on marital status, the majority of respondents married as much as 71.4%.

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

anvietu 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%)

Table 2 shows that of the 49 respondents, the majority were 30 respondents with a high spiritual level. From 30 respondents with high spiritual level, 16 people did not experience anxiety. Only 4 respondents experienced severe anxiety.

From 30 respondents who have high spiritual level, 9 people are in the age of 36-45 years old. For the level of education, gender in the group of respondents with high spiritual, there is no significant difference. The results of the data also show that of 30 respondents with high spiritual level, 22 respondents were married and 18 were in the TB treatment category for less than 6 months

The results in table 2 show that of the 49 respondents there were 20 respondents who did not experience anxiety. Of the 20 respondents 8 people with age distribution 36-45 years, 12 people were male. In addition, from 20 respondents, there were 18 respondents in the treatment category for less than 6 months. Table 2 also shows that 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 value $\rho = 0.01$ with a significance level $<\alpha = 0.05$. Thus the results show 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 the study 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 [11]. TB is chronic and the cure takes a long time. Healing in pulmonary TB is influenced by adherence to taking medication and body immunity. Besides complaints due to pulmonary TB such as shortness of breath, chest pain and decreased appetite will increase anxiety. This is in line with the results of research conducted in Pakistan on 108 pulmonary TB patients who showed symptoms of anxiety and depression associated with symptoms and complaints experienced [9]. Anxiety and depression will cause TB patients to experience a decrease in motivation, reduce compliance with medication and worsen their condition. Severe anxiety will affect the hypothalamus and then the anterior pituitary to produce ACTH. ACTH will produce cortisol. Cortisol will reduce the body's immunity so that patients with TB will easily experience worsening and subsequent complications [12]. Anxiety indicates uncertain feelings, panic, fear and the inability of individuals to understand the source of fear. Anxiety arises because of several situations that threaten its integrity as a social being. In this case, pulmonary TB patients sometimes get negative stigma from the community because it can be contagious, so patients will increasingly feel helpless and will increase anxiety

Suhaidah (2013) revealed that the factors that influence anxiety are age, cultural value, spiritual, education, physical condition, coping responses, social support, stages of development, past experience and knowledge. Age greatly affects one's psychology, the higher the age the better the level of emotional maturity of a person and the ability to deal with various problems. Anxiety is connected by feelings of helplessness and uncertainty. Based on the results of the study, the majority of respondents were aged 46-60 years. This is consistent with previous research which states that TB is often experienced by patients in the age range of 46-60 years where age is vulnerable due to the aging process which decreases body immunity [10]. Hope is related to uncertainty in life and 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 more likely to get sick.

The results of this study indicate that the majority of respondents did not experience anxiety and correlated with a high spiritual level. High spiritual level can reduce anxiety in patients with pulmonary TB. Individuals with high spiritual level can build good coping mechanisms in dealing with anxiety. Factors that influence coping mechanisms include hope, age, and social support. Good coping mechanisms can be obtained with a spiritual approach to meditation and show improved emotional control in TB patients [10]. This result is consistent with research [13] which shows that the spiritual level also affects emotional control in TB patients. In addition, spiritual beliefs have a strong effect on psychological functioning. Religious spiritual activities show physiological activities to reduce stress, not be afraid of death and be more resilient in the face of the disease process (Marsinova Bakara et al.,2013).

Spiritual therapy will improve the quality of life in TB patients [15]. This is needed to cure TB patients. Anxiety will reduce one's thinking power so as to further reduce the body's resistance through the effects of increased cortisol. Spiritual intelligence is the foundation needed to enable individuals to function intellectual and emotional intelligence [16].

The results of this study indicate that the anxiety is very severe experienced by the majority of women. Anxiety in women is caused by taking care of the household as well as being the backbone of the family [17]. Anxiety experienced by menopausal women can be reduced by SEFT spiritual therapy for 3 weeks. Although the study did not examine anxiety in TB patients, the similarities showed that anxiety was experienced by many women and showed that spirituality can reduce anxiety levels. These results are also consistent with the results of research conducted by Marsinova Bakara et al (2013.) on 23 respondents with SKA showing that spiritual therapy can reduce levels of anxiety, stress and depression.

Culture and spirituality influence individual way of thinking. Individuals who have high spiritual intelligence have confidence that they can utilize the conditions they experience as a gift from God and will take wisdom. This makes individuals with high spiritual will always think positive, trying in the healing process so as to accelerate and support healing. spiritual intelligence in thinking will lead individuals to a quality life [18]. The power that arises in the individual will help in realizing the meaning and purpose of life. This will make the individual view his life experience as a positive experience, optimism about the future and life goals becomes clearer. The feeling of knowing the meaning of life, which is sometimes identified with feelings 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 reduce anxiety as well as the environment can affect one's thinking area. However, in this study, the researcher did not see 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 anxiety other than the existence of a spiritual level. The sample size is small. however one of the strengths of this study is that we used validated and recognized measures.

Conclusion

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

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PAGE 4	
PAGE 5	
PAGE 6	
PAGE 7	