

The Relationship between Family Support and Patient Anxiety when Undergoing Rapid Screening Tests COVID-19 in Hospitals

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ABSTRACT

The Covid-19 pandemic has made hospital screening more stringent. All patients undergo an antigen swab examination, and this examination can cause anxiety for the patient and family. This study aims to identify family support for the anxiety of patients undergoing Rapid Tests while in hospital. The independent variable in this study is family support, while the dependent variable is the anxiety of patients undergoing rapid COVID-19 screening tests. This study had 154 respondents using an accidental sampling technique. This research design uses a correlation type with a cross-sectional approach. Bivariate statistical tests use Kendall's Tau. The results of this study were that respondents had good family support of 71.4%, the anxiety of patients undergoing the COVID-19 rapid test screening was mild anxiety of 50.6%, and there was a relationship between family support and the anxiety of patients undergoing the COVID-19 rapid test screening in Hospital with $p\text{-value} = 0.000$ ($p < 0.05$). Family support has a positive impact in reducing patient anxiety when undergoing a rapid COVID-19 screening test. Therefore, interventions involving the family in the patient care process can be considered a strategy to improve the patient's psychological well-being. Further studies are recommended to explore specific mechanisms by which family support may influence patient anxiety in other medical contexts.

Keywords: COVID-19; family support; anxiety; rapid test

INTRODUCTION

The COVID-19 pandemic in late 2019 caused a significant global health crisis, affecting millions worldwide (Aulia et al., 2021). In Indonesia, the government has taken various steps to contain the spread of the virus, including implementing rapid screening tests in hospitals as one of the early detection methods for COVID-19. This screening is often a source of anxiety for many patients due to the uncertainty of test results, potential isolation, and serious health implications if infected (Simatupang et al., 2021; Afandi et al., 2023).

The anxiety experienced by patients when undergoing rapid screening tests can be influenced by various factors, including their physical and mental health condition, understanding of the disease, and the social support they receive (Nasus et al., 2021). As a form of social support, family support is important in providing sense of security and comfort to individuals facing stressful situations (Tamara & Wulandari, 2021; Anisa et al., 2023). This support can take the form of emotional support, such as encouragement and reassurance, as well as instrumental support, such as practical help in caring for daily needs (Surayya, 2021; Afandi et al., 2021).

In Indonesia, rapid screening tests for COVID-19 have been widely implemented in various hospitals as part of pandemic mitigation efforts. Thousands of patients undergo these tests every day, facing substantial psychological stress (Ardi & Ayuningtias, 2021). High levels of anxiety can negatively affect a patient's psychological well-being, reduce quality of life, and even affect the body's immune response to infections. Therefore, identifying factors that can reduce this anxiety is very important (Sholihah & Jannah, 2021; Putri et al., 2022).

Previous research shows that family support can influence patients' emotional responses in various medical contexts (Rosa et al., 2022). For example, a study by Astuti et al. (2021) found that cancer patients who received strong family support tended to have lower levels of anxiety and depression compared to those who did not receive enough support. However, specific research regarding the relationship between family support and patient anxiety in the context of COVID-19 rapid test screening is still limited.

Therefore, this study aims to explore the relationship between family support and patient anxiety when undergoing rapid COVID-19 screening tests in hospitals. Knowing how family support influences patient anxiety can provide important insights for health professionals in designing more comprehensive interventions and supporting patients' psychological well-being. In addition, the results of this research can become the basis for developing policies that involve families in the patient care process, especially in pandemic situations.

METHOD

This study used a quantitative design with a cross-sectional approach to explore the relationship between family support and patient anxiety when undergoing rapid COVID-19 screening tests in hospitals. The population in this study were patients who underwent rapid COVID-19 screening tests at hospitals in the Jember area during the research period. Samples were taken using an accidental sampling technique, where patients who met the inclusion and exclusion criteria were selected deliberately. The total sample of respondents who met the criteria was 154 patients. The research instruments used in this study were the family support questionnaire, which was adapted from the Family Support Scale (FSS) questionnaire, and the Anxiety Questionnaire, which was adapted from the Beck Anxiety Inventory (BAI) (Tselebis et al., 2011; Fydrih et al., 1992). These two measuring instruments have been tested for validity and reliability.

The data collection mechanism in this research begins with a licensing process from both the institution and the hospital and an ethical compliance process. Next, researchers distributed questionnaires to respondents who met the criteria and were hospital patients. The process of filling out the questionnaire was carried out independently by the respondent and accompanied by the researcher. Data analysis was carried out using univariate and bivariate analysis. Univariate analysis was carried out on demographic data, and bivariate analysis was carried out on data on family support and patient anxiety. Bivariate tests were carried out using the Kendal Tau statistical test.

RESULT

The research results are presented in table form to make it easier to interpret the data. The results presented consist of data on respondents' gender, age, education, and occupation characteristics, as well as data on family support and anxiety.

Table 1. Characteristics of Respondents Frequency Distribution of Age, Length of Service, and Employment Status of Independent Practice Midwives (n=100)

Characteristics of Respondents	Frequency	Percentage
Gender		
Man	68	44.2
Woman	86	55.8
Age		
17 - 25 years old	58	37.7
26 - 45 years old	76	49.3
>45 years	20	13
Education		
Elementary school	8	5.2
Junior High School	40	26
Senior High School	76	49.3
College	30	19.5
Work		
State Civil Apparatus	8	5.2
Private Job	62	40.3
Self-employed	72	46.7
Student/not working	12	7.8

In Table 1 above, the results show that most respondents' gender is female; the largest age range is 26-45 years. Regarding the education level of respondents, the data obtained shows that most of them are high school graduates, and the most common type of work is self-employment.

Table 2. Data on Family Support for Patients

Family Support	Frequency	Percentage
Good	110	71.4
Enough	38	24.7
Not enough	6	3.9
Total	154	100

In Table 2, the results show that most respondents have good family support. This means the family has carried out its main duties correctly. However, there are still those who have sufficient or even less support.

Table 3. Patient Emergency Data

Anxiety Level	Frequency	Percentage
No anxiety	68	44.2
Mild Anxiety	78	50.6
Moderately anxious	8	5.2
Total	154	100

In Table 3, the results show that most respondents have mild anxiety. There were no respondents who had severe anxiety.

Table 4. Cross-tabulation between Family Support and Patient Anxiety

Variable	Patient anxiety			Total	p-value
	No Anxiety	Mild anxiety	Moderately anxious		
Good family support	60	48	2	110	0.000
Family support is sufficient	8	30	0	38	
Lack of family support	0	0	6	6	
Total	68	78	8	154	

In Table 4, it was found that 60 respondents who had good family support had normal or non-anxious levels of anxiety. Meanwhile, respondents with family support had sufficient levels of anxiety for patients undergoing screening rapid tests for COVID-19, which slightly worried 30 respondents.

DISCUSSION

Based on characteristic data, most genders are women. In line with research by Afandi et al. (2023), most hospital visits are made by women. Other research also found that most hospital patients who visited the polyclinic or the emergency room were women. In general, men have a stronger mentality or thoughts about things that are considered to threaten them compared to women. Men have more experience than women; it has been proven that men interact more with the external environment than women (Amimam et al., 2019).

Most respondents have an age range of 26-45 years; this is by research conducted by Lestari & Suhenda (2021), where most patients who visit hospitals are aged 36-55 years. The research is in line with research by Azis (2018) regarding the description of patient visits to the ER based on age at Santa Elisabeth Hospital in Medan in 2016, which was conducted on 162 people and found that most patients aged 30-55 years came to the ER. The older a person gets, the more mature their thinking becomes. Older patients will have a better mental response (Putri & Afandi, 2022). This response will influence decision-making and will tend to have a lower level of anxiety than younger patients because they are still unstable.

Most respondents' education was at the high school level. Research conducted by Nurbaeti et al. (2020) shows that most patients who go to the hospital have a high school/vocational education level. A person's level of education will influence their response to something that comes from both within and outside. People with higher education will respond more rationally than those without (Oktarini & Prima, 2021). Anxiety is a reaction from within a person that can be studied both in theory and intervention so that a person's level of education is a factor in the occurrence of anxiety. The lower a person's education level, the higher a person's anxiety level (Wahyuni, 2019).

The most common type of work of respondents is working as an entrepreneur. In line with Yuliana's (2024) research, it was found that most respondents' work was self-employed. Someone with a job will have more relationships and interactions with others. The more people interact with others at work, the less anxious they will feel about something. Because the mentality you get is good, and you have often overcome problems (Muslim, 2020).

The results obtained from family support were good. In line with research conducted by Sembiring (2019), most patients' family support before surgery at the hospital is good. The family plays an important role in patient care. Family support is an attitude, an act of family acceptance towards family members, in the form of informational, assessment, instrumental, and emotional support (Friedman et al., 2018). The family can provide information by suggesting doctors, providing good therapy for themselves, and recommending specific actions for the individual to deal with stressors. Individuals who experience depression can get out of their problems and solve their problems with support from the family by providing feedback. In this information support, the family acts as a gatherer of information and provides information. (Andriani, 2021). In a pandemic situation like this, family support in undergoing an examination is very important. Apart from being the closest people, the family also has blood ties and knows the character of each family member. The more the family plays a role in providing treatment, the better it is for the patient to recover. Communication and motivation from the family have a very positive impact (Al Fatih et al., 2023).

Regarding patient anxiety, most respondents experienced mild anxiety. Research conducted by Budiaji & Jadmiko (2016) found the results of patient anxiety levels in the emergency room at Dr. Moewardi Surakarta who experienced moderate anxiety were 31 (31%) respondents, and 11 (12%) respondents experienced severe anxiety. According to researchers, the patient's condition (illness), not being used to an uncomfortable environment, and waiting too long are causes of patient anxiety. Anxiety is a mood state characterized by negative effects and symptoms of physical tension where a person anticipates the possibility of danger or misfortune in the future with feelings of worry. Anxiety may involve feelings of behavior and physiological responses (Asrori & Hasanat, 2015). Anxiety is an emotional response experienced by patients or families in the form of fear followed by feelings of tension, anxiety, and alertness (Pasongli & Malinti, 2021). Anxiety can occur in all conditions and life situations, such as illness, danger, and threat, thus allowing someone to act to overcome anxiety (Wahyuni, 2019). Patients' anxiety about undergoing an antigen swab examination is fear that the results will be positive. With the number of COVID-19 cases having fallen and public awareness of vaccination, patients who do not experience symptoms of COVID-19 will be better prepared to carry out an antigen swab examination.

In the relationship test, it was found that there was a relationship between family support and patient anxiety. According to research by Santoso et al. (2021), family and nurse support is necessary in the treatment process. A nurse who provides care to a patient can position himself to support the patient. Family support is very important because being treated in a hospital can make patients anxious and stressed. The results of this research align with research conducted by Lestari & Arafah (2020), which states that family support positively influences anxiety levels. Family support is related to a person's anxiety, where the family role is something that is normatively expected from a person in a certain situation to fulfill expectations. Anxiety occurs if there is conflict in the family (Sholichah, 2016). Someone who is sick, seeking treatment, and attending an examination will be calmer when the family accompanies them. Apart from that, the family will also help with more communication with the patient before the examination. In a situation still in a pandemic, examinations related to establishing a pandemic diagnosis require family support to be better prepared to carry out examinations to protect the patient, family, and environment (Hidayat et al., 2021).

These findings have important implications for clinical practice and patient management in hospitals. Health professionals can integrate family support into patient care to improve their psychological well-being. For example, hospitals can provide facilities that allow family members to accompany patients during the screening process while still observing applicable health protocols. In addition, education and counseling programs can be provided for families so they are better prepared and able to support patients effectively. Overall, this study emphasizes the importance of family support in reducing anxiety in patients undergoing rapid COVID-19 screening tests in hospitals. By understanding and optimally utilizing family support, healthcare professionals can improve patients' experiences and psychological well-being, contributing to better health outcomes.

CONCLUSION

This research showed that family support is very important in helping patients face treatment while in the hospital, including the COVID-19 rapid test screening process. Hospitals are recommended to facilitate family involvement in the patient care process, such as providing clear information, safe assistance, and education and counseling programs for families. Further research is recommended to explore specific mechanisms of how family support influences patient anxiety and consider longitudinal designs to understand causal relationships. Additionally, future research could pay attention to

other factors that may moderate the relationship between family support and anxiety, such as the patient's baseline mental state and demographic variables.

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