EFFECT OF POSITIVE SELF-TALK ON ANXIETY AMONG PATIENTS WITH COVID-19

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Abstract

Introduction*: Coronavirus (COVID-19) is a problem that is being widely recognized and occurs in more than 200 countries in the world. The increase in cases has a negative impact on aspects of human life, which can cause anxiety. The purpose of this study was to analyze the effect of positive self-talk on the anxiety of COVID-19 patients.*

Methods: *The population in this study were all COVID-19 patients at Adam Malik Hospital Medan with a total sample of 70 people. The sampling technique is non-probability sampling with a purposive sampling with the inclusion criteria in this study of patients with COVID-19 who were hospitalized with moderate degrees, patients who were cooperative and able to follow the instructions of the researcher. The research design was quasi-experimental and the data analysis used was paired t-test and independent t-test with the p-value <0.05.*

Result: *The results showed that there was anxiety before and after the action was taken between the control group and the intervention group (p=0.000, <0.005). Based on the independent t-test, it showed that there was a positive effect of self-talk on the anxiety of COVID-19 patients before and before the action was taken (p = 0.000, <0.005).*

Conclusion: *Therefore, these results indicate that positive self-talk is effective in reducing anxiety levels in COVID-19 patients. This intervention can be used as an alternative in nursing services to help reduce anxiety levels*

Keywords: *Positive self-talk, anxiety, COVID-19 patients*

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INTRODUCTION

Coronavirus (COVID-19) is a worldwide problem and is happening in more than 200 countries in the world (WHO, 2020). COVID-19 is an infectious disease that attacks the human respiratory system and has been reported as a cause of moderate and severe respiratory infections at the age of 50 years (Fung & Liu, 2019). The WHO declared that COVID-19 was an emergency health problem in the international scope on January 31, 2020, and had spread throughout the world and caused many deaths with cases as many as 2 billion or more than 137,000 deaths (Bulut & Kato, 2020)

The increase in cases and the spread of the COVID-19 virus have a negative impact on aspects of human life. This situation can cause anxiety that affects health, especially in COVID-19 patients (Soemari et al., 2020). It cannot be underestimated, the spread of some news about the number of people with disease and the deaths of many positive Covid-19 patients has taken the patients' concern so that severe depression inevitably afflicts most of the COVID-19 patients (BNPB, 2020). The results of a study conducted by Ceylan (2020) and Mazza et al. (2020) in Italy showed 42% of the 402 COVID patients experienced anxiety. Another study by Moghanibashi-Mansourieh (2020) also showed that levels of anxiety were directly related to the high prevalence of COVID-19. Another study conducted by Soemari et al. (2020) also showed that patients experienced an anxiety syndrome during COVID-19. An additional observational study reported that out of 144 people, 28.7% of COVID-19 patients experienced anxiety (Soemari et al., 2020). In addition to medical treatment, COVID-19 patients also need treatment from a psychological aspect. It should be underlined that the caution of healthcare workers when conducting medical interventions is not considered trivial, because not all patients feel that they are experiencing anxiety (Thomaes et al., 2020). However, the patient's immune system is a major factor in the healing process (Yang et al., 2020). So the patient needs to feel relaxed to increase their immunity.

Patient relaxation is a priority that can be done in several ways, such as positive self-talk during the rehabilitation of COVID-19. This method is a process of saying words that are put into the mind which is an integral part of the thought process consciously and intentionally positively and beneficially and can provide strength and enthusiasm for them to do activities (Beretsky, 2011). Based on research conducted by Soemari et al. (2012), it shows that there is a positive effect of self-talk in reducing the anxiety of students who face exams. The results of other studies also show that there is a significant relationship between positive self-talk with increased motivation and decreased anxiety in swimmers (Arabmobeno, 2020). Researchers have not found a positive effect of self-talk on patients with infectious disease cases. In other cases there are positive affirmations. Positive affirmations are a way to help bring out some of that negative in the positive things we say to ourselves. but these two concepts have the same goal, which is how to make our thoughts positive

In addition to generating positive emotions with positive self-talk, a person can order himself to be constructive (Fadli, Safruddin, Ahmad, Sumbara, & Baharuddin, 2020). The point is to build his or her spirit to achieve the desired change (Wulandari, 2017). The more frequent and intense the positive self-talk, the better, healthier, and stronger an individual's mind will be. Positive thoughts will bring up a stronger immune system and shorten the healing process. So the purpose of this study was to analyze the effect of positive self-talk on the anxiety of COVID-19 patients at Adam Malik Hospital Medan. The pandemic period is a time of tension, especially for individuals infected with COVID-19. Based on some of the references above, it shows that the anxiety level of COVID-19 patients is high,

so intervention is needed to help reduce this, such as positive self-talk. so that a better psychological condition will speed up the healing process. The purpose of this study was to analyze the effect of positive self-talk on the anxiety of COVID-19 patients.

METHODS

Study Design

This type of research is a quantitative study using a time series approach aimed to determine the effect of positive self-talk on the anxiety of COVID-19 patients before and after the intervention. This study uses a quasi-experimental design with the control group and intervention group.

Population, Samples, and Sampling

Population on this study were all of the patients with COVID-19 in RSUP Haji Adam Malik Medan. Calculation of samples was done using the estimated formula of the proportion with sample calculation based on the formula as follows:

$$n = \frac{Z^2_{1-\propto/2} * p * (1-p)}{d^2}$$

Based on the formula above, the Z value used is 1.96, P (estimated score) is 0.1 and d (precision) is 0.5. The number of samples in this study was 70 people where as many as 35 people entered the control group and 35 people entered the intervention group. The sampling technique used was non-probability sampling with a purposive sampling approach with certain criteria previously set by the researcher (Nursalam, 2016). The inclusion criteria in this study were patients with COVID-19 who were hospitalized with a moderate sign, patients were cooperative, have vital signs normal and able to follow the instructions of the researcher. The exclusion criteria were COVID-19 patients who were in an emergency condition or the ICU, have Alzheimer's or mental disorders. In this study, the researcher divided the research respondents into two groups, namely the control group and the intervention group. the control group will be treated as usual and the intervention group will be given positive self-talk and treatment as usual. The researcher will make observations first to the control group for two weeks and after the number of respondents in the control group is met, the researcher will take samples according to the inclusion criteria and put them into the intervention group and intervene within two weeks

Procedure

The data collection process was carried out by 1) identifying the number of respondents at the Medan HAM Hospital and dividing them into two groups; 2) identifying COVID-19 patients who met the inclusion criteria; 3) measuring the patient's anxiety before being given an intervention; 4) providing an intervention *positive self-talk* in COVID-19 patients; 5) intervening within two weeks for three times/week with duration 10-15 min, 6) measuring the anxiety of COVID-19 patients after two weeks of intervention; 7) tabulating the results of research on anxiety in COVID-19 patients; 8) performing test statistic test *T-test* and *paired T-test* to determine the effect of the intervention; 9) make a final report. The research flow is provided at Figure 1.

The research instruments used were the SOP for implementing positive self-talk developed by Sirait (2020) and the anxiety questionnaire developed by Hanifa et al. (2020). This instrument does not require validity and reliability tests because it uses standard instruments. The anxiety questionnaire consists of 33 statements with the answer choices always with a score of 3, often with a score of 2, sometimes with a score of 1 and never with a score of 0. The level of anxiety is divided into four categories where mild anxiety has a score of 0-24, moderate anxiety with a score of 25-48, severe anxiety with a score of 49-72 and panic with a score of 73-99.

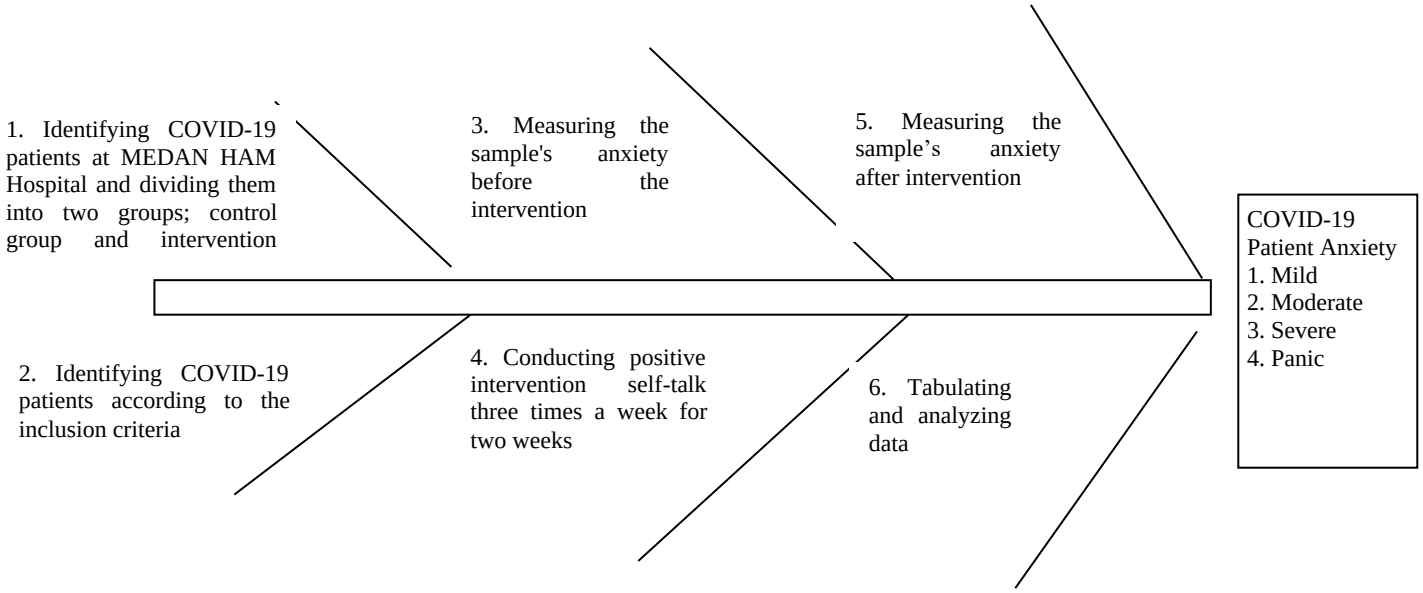


Figure 1. Research flow

Data Analysis

The data were analyzed to identify the differences in anxiety in pre- and post-intervention between the control group and the intervention group. Further, the data will be analyze*d using paired t-test* and presented in the form of a t-test table. If the value is <.05, it means there is a difference in anxiety between the control group and intervention group, and the difference between pre- and post-intervention was implemented between groups. Before further analysis is carried out, the instrument will be tested with normality and homogeneity tests. The normality indicates the data distribution ($p = 0.200$, $\alpha > 0.005$) while the result of homogeneity indicates that the homogeneity of the data ($p = 0.047$, $\alpha > 0.005$). Therefore, parametric analysis was implemented in the current study.

Ethical Clearance

This study has considered the ethic clearance by health research ethics committee STIKes Santa Elisabet Medan with ethics number 0192/KEPK-SE/PE-DT/V/2021. Research Flow can be seen in the scheme below;

RESULT

Characteristic of Respondents Respondents involved in this study amounted to 70 people who were divided into two groups, namely 35 people in the intervention group and 35 people in the control group. The majority of respondents in the intervention group (31.4%) were early elderly with an average age of 45 years (SD = 15.29) and in the control group the majority were early elderly (31.4%) with an average age of 48 years (SD=14.09). Gender in the majority intervention group was female (68.6%) and in the control group the majority was female (54.3%). The education level of the respondents in the intervention group was majority high school (71.4%) and the control group was also the majority high school (68.6%). In the intervention group, the majority worked as self-employed (34.3%) and housewives/not working (34.3%), in the control group the majority of respondents worked as also self-employed (31.4%) and IRT/not working (31, 4%). The majority of respondents in the intervention group were

Batak (74.3%) and in the control group the majority were also Batak (68.6%). The frequency distribution of the demographic characteristics of the respondents can be seen in the following table.

Table 1. Frequency Distribution Of Respondents' Demographic Characteristics

Data	Intervention group		Control group	
	f	%	f	%
Age				
Late Teen	5	14.3	2	5.7
Early Adult	8	22.9	6	17.1
Late Adult	3	8.6	5	14.3
Early Elderly	11	31.4	11	31.4
Late Elderly	4	11.4	6	17.1
seniors	4	11.14	5	14.3
Mean±SD	44,74±15,29		48,11±14,09	
Gender				
Male	11	31.4	16	44.4
Female	24	68.6	19	54.3
Education				
Primary school	1	2.9	1	2.9
Junior high school	3	8.6	6	17.1
Senior high school	25	71.4	24	68.6
University	6	17.1	4	11.4
Profession				
Farmer	3	8.6	4	11.4
Self-employed	12	34.3	11	31.4
PNS/POLRI	4	11.4	3	8.6
IRT/Not Working	12	34.3	11	31.4
Private employees	3	8.6	6	17.1
College student	1	2.9	-	-
Ethnic group				
Batak	26	74.3	24	68.6
Java	6	17.1	7	20.0
Melayu	2	5.7	1	2.9
Nias	1	2.9	2	5.7
padang	-	-	1	2.9

The anxiety of COVID-19 Patients Before and After Intervention

The results showed that, in the anxiety of COVID-19 patients in the intervention group before the action was taken, the majority of respondents experienced moderate anxiety (62.9%) with an average anxiety value of 46.35 (SD = 11.29) while after the intervention the majority of COVID-19 patients who were anxious was 19 and was mild (82.9) with a mean of 19.46 (SD=6.24). Anxiety in the control group in the initial (pre) measurement based on the results of the study showed that the majority

of COVID-19 patients experienced moderate anxiety (82.9%) with average anxiety of 37.66 (SD=9.0). Meanwhile, the majority of COVID-19 patients' anxiety at the final (post) measurement was also moderate (82.9%) with average anxiety of 38.97 (SD=8.9). The distribution of the anxiety data of COVID-19 patients can be seen in Table 1 below:

Table 1. The anxiety of COVID-19 patients in the intervention group and the control group

Variable	Intervention Group				Control Group			
	Pre		Post		Pre		Post	
	f	%	f	%	f	%	f	%
Mild	-	-	29	82.9	2	5.7	1	2.9
Moderate	22	62.9	6	17.1	29	82.9	29	82.9
Severe	12	34.3	-	-	4	11.4	5	14.3
Panic	1	2.9	-	-	-	-	-	-
Mean±SD	46.354±11.29		19.46±6.24		37.66±9.0		38.97±8.9	

Differences in Anxiety of COVID-19 Patients in the Intervention and Control Groups Before and After Positive Self-Talk Actions

The results showed that there was no difference in anxiety in the control group at the initial measurement (pre) with the final measurement (post) (p = 0.120, <0.005) while in the intervention group it showed that there was a difference in anxiety before and after the action (P-value< .001), <0.005). The distribution of data can be seen in Table 2 below

Table 2. Distribution of data on the difference in the anxiety of COVID-19 patients

Group	Mean	Correlation	T-value	P-value
Control-control	1.314	0.94	2.66	0.120
Intervention-intervention	26.886	0.54	16.76	0.000

DISCUSSION

Anxiety in COVID-19 patients requires treatment to overcome feelings of uncomfortable, worry and being a burden that continuously occur, which influences the individual's psychological condition. Anxiety in the control group in the initial (pre) measurement based on the results of the study showed that the majority of COVID-19 patients experienced moderate anxiety (82.9%) with average anxiety of 37.66 (SD=9.0). Meanwhile, the majority of COVID-19 patients' anxiety at the final (post) measurement was also moderate (82.9%) with average anxiety of 38.97 (SD=8.9). The results yielded the anxiety experienced by the control group in the initial and final measurements was moderate and in the intervention group before the positive self-talk action was applied was moderate anxiety while after the intervention, the respondents' anxiety was mild.

Research conducted by Guan et al. (2021) found that COVID-19 patients experienced moderate and severe anxiety. Another study conducted by Akhtarul Islam et al.)2020) also found that respondents had moderate and severe levels of anxiety. Anxiety is something that cannot be avoided during this pandemic. Further, research conducted by Jannah et al. (2020) found that two factors influence anxiety, namely the

patient's biological condition such as coughing, hyperthermia, shortness of breath, and other physical discomforts. The second factor usually arises due to environmental and social changes. It is undeniable that the spread of news about COVID-19 through mass media can overshadow the patient's mind and it can exacerbate the patient's level of anxiety (Muyasaroh, 2020).

The results of the study based on the paired t-test showed that there was no difference in the anxiety of COVID-19 patients in the control group, while in the intervention group there was no difference. The development of the coronavirus is a massive condition with an increase of cases that need the awareness of the unpredictable situation. Hence, it will affect the mental condition of each individual, which can eventually cause anxiety. A suggested intervention that can be applied is to do a positive self-talk technique. Based on several studies related to self-talk, it is explained that there are teenagers who can overcome stress after doing self-talk (Dwi Ananda & Apsari, 2020), self-talk can increase self-confidence (Ersyafiani, 2018), and self-acceptance in persons with disabilities (Yang et al., 2020).

This study yielded a positive effect of self-talk on the anxiety of COVID-19 patients because some of the benefits that we can get when we do this technique are that it is easy to make peace with difficult situations that we cannot control, such as the current pandemic situation, can save ourselves from stress due to the COVID-19 disease that is being experienced, it helps ourselves in reducing anxiety and regulates our thoughts, actions, and feelings. Self-talk is the way we have a dialogue with ourselves when facing various kinds of situations and which can help us become more aware in thinking, feeling, and acting (Ersyafiani, 2018). Positive words spoken by a person will affect his psyche and mindset and have an impact on a person's emotional state (Arabmomeni, 2021) . If positive emotions are conveyed, positive emotions will appear (Beretsky, 2011). This is what will be experienced by COVID-19 patients who experience anxiety (Raony et al., 2020). When positive things enter our minds, endorphins will come out whereby these hormones function to improve mood, increase self-confidence, reduce stress, depression, and anxiety, and boost the immune system. When you invite yourself to always think positively, the anxiety you experience will continuously decrease.

CONCLUSION

The anxiety of COVID-19 patients in the intervention group and control group was moderate and there was a significant difference in the anxiety of COVID-19 patients in the intervention group; however, there was no significant difference was found in the control group. Based on the result, it can be concluded that positive self-talk can reduce anxiety so that the results of this study can be used in nursing services to help reduce anxiety levels.

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