

## FACTORS THAT AFFECT ANXIETY LEVEL OF PULMONARY TB PATIENTS IN RA 3 ROOM OF HAJI ADAM MALIK HOSPITAL

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### ABSTRACT

**Background:** In addition to attacking the lungs and other organs such as the lymph gland, skin, intestines, and the lining of the brain, pulmonary TB disease may also rise an anxiety in sufferers from this disease that can causes the death of about 150 thousand people every year in Indonesia.

**Objective:** To determine the Factors That Affect Anxiety Level of pulmonary TB patients in RA 3 room of Haji Adam Malik Hospital.

**Methodology:** This is a descriptive study design and data collection is done by using a questionnaire with cross sectional approach. The sample used in the study were patients suffering from tuberculosis, amounting to 37 people with a total sampling technique.

**Results:** This study found that patients with pulmonary TB aged 46-50 years had a severe anxiety level were 7 of 13 (35.1%), aged 36-45 years of severe anxiety 6 out of 10 people (27.0%), and age 26-35 years and 50 years respectively have severe anxiety 5 of 7 people (18.9%). By sex found men experience severe anxiety 12 of 21 (56.8%) and women with severe anxiety level 11 of the 16 people (43.2%). By level of education was found that the high school level has severe anxiety 8 of 13 (35.1%), severe anxiety Academy with 7 of 11 (29.7%), Junior high school (SMP) and First Scholar(S1) with severe anxiety respectively 4 out of 5 people ( 13.5%) and 7 (18.9%). Elementary education is only one person (2.7%) but have high levels of anxiety panic.

**Conclusions and Recommendations:** Patients with pulmonary TB showed a tendency to have severe anxiety level in terms of age, gender, and education level. Expected to health workers in order to provide education on how to reduce anxiety in patients.

**Keywords:** Anxiety, pulmonary TB.

### INTRODUCTION

TB disease has been known since time immemorial .This disease is caused by germs / bacteria mycobacterium tuberculosis . These germs usually attack the lungs , such as the lymph gland , skin , gut / digestive tract , lining of the brain and so on.

In Indonesia an estimated 150 thousand people each year die from tuberculosis ( TB ) . That is, every day there are about 300 people who died of tuberculosis in our country. It is estimated that the number of people in Indonesia around 10 % of the number of tuberculosis patients in the world. World Health Organization ( WHO ) in Annual Report on Global Tuberculosis Control 2005 states there are 22 countries categorized as hing - burden countries for tuberculosis. Indonesia is ranked third after India and China

accounted for tuberculosis in the world ( WHO 2004) .

Based Household Health Survey (SKRT) 2007 morbidityprevalence in Indonesia at 8/1000 population based on symptoms without laboratory tests. Based on the results of the Household Health Survey (Survey) in 2007, tuberculosis ranks third as a cause of death (9.4 of total deaths) after diseases of the circulatory system and the respiratory system. The survey prevalence of tuberculosis Bacillus acid (BTA) nationally positive 110 / 100,000 population.

If someone is suffering from tuberculosis, there is one important thing that must be considered and done, the regularity of taking TB medicine until declared cured. In general, the treatment of tuberculosis disease be completed within a period of 6 months, the first 2 months of daily (intensive phase)

proceed 3 times a week for 4 months advanced stage. It is economically related to the income of the family, especially to low-income families. Where in the treatment of tuberculosis is an impact that many people with TB who is tired of the old treatment and perceived treatment is expensive. In addition to physical factors affecting the economic situation, health, and education. Which if factor was good enough it will reduce the burden of physiological and psychological.

Factors that affect the patient's anxiety may come from internal and external factors. Internal factors which include age, gender, occupation, education level, socioeconomic level and personality type. While external factors such as the threat to the biological integrity and the threat to the concept of self.

It is estimated that of the adult population in Indonesia reached 150 million people, about 11.6 percent or 17.4 million people experiencing emotional or mental disorder such as anxiety disorders. Anxiety disorders can occur at any age, more frequent and more mature age in women. Most anxiety occurs at age 21-45 years (Http://kesehatan.kompasiana.com).

Anxiety occurs as a result of threats to self-esteem or self-identity that are fundamental to the existence of the individual. Anxiety communicated interpersonally and is part of everyday life, generates a warning is valuable and important for efforts to maintain the balance of self and protect ourselves.

Judging from the socio-cultural factors, especially in terms of jobs. Where in general people who work prone to anxiety because it has a busy life, so as to facilitate lead to complaints from the symptoms of tuberculosis. And they will be afraid of losing their jobs as a result of their disease. It also scared or anxious interact with others. Besides the economic and socio-cultural factors, the causes of anxiety can be important in anxiety arises.

In addition it also can affect the life pattern of anxiety in patients with tuberculosis. Patterns of smoking and alcohol consumption are very clearly associated with tuberculosis. However, in the treatment of tuberculosis, one important element is to change the pattern of life by modifying lifestyle as repair nutrition, exercise and relieve stress and anxiety that arise.

Not only that, TB patients feel anxiety and misgivings about the confidence of local communities. Local beliefs about tuberculosis and the exact cause different in different countries, different regions, different cultures, and even in groups of different communities living in the same area. Religion, caste, tribe, or education level can influence public opinion. In some areas there are people who believe that tuberculosis is caused by evil spirits entering the patient. Although there are patients who know that TB is contagious disease, but others argue that a particular person can be in contact with the disease as in witchcraft. Most area of ordinary people think that people can be exposed to TB from pieces of wood used to clean teeth. In other places, these symptoms often related with sin, as a result of adultery (Sulianti 2007).

Tuberculosis mostly attack the productive age between 15 and 45 years so that besides increasing morbidity and mortality, the disease also lowers the productivity of society. An increase in cases of HIV /AIDS infection is also correlated with an increase in tuberculosis cases. Data showed that 3 percent of new cases of tuberculosis occurred in patients with HIV-positive. In fact, some areas have high HIV incidence, such as in Papua, West Kalimantan, Bali, North Sumatra and Jakarta.

Picture of tuberculosis in HIV sometimes not typical, especially when HIV was already advanced, so it may go undiagnosed and impact on treatment delays. In addition, administration of anti-TB drugs in conjunction with antiviral drugs (ARVs) to address their HIV could increase side effects. That is why the death of HIV patients more quickly because the tuberculosis infection (Compass 2011).

Data patients with TB that was obtained from Haji Adam Malik hospital in 2011-2012 showed that there were as many as 372 TB patients and all the people are in the care of tuberculosis patients treated in 3 RA room of Haji Adam Malik Hospital.

Public awareness of the prevention and eradication of tuberculosis (TB) in Indonesia, is still very low. Though the victim died of tuberculosis in Indonesia are very fantastic, around 175,000 per year, or about 500 people per day.

## RESEARCH METHODS

In this study, researchers used a descriptive method by Cross Sectional design which is a method which is the observation at the same time (one time) which aims to determine the factors that influence the level of anxiety in patients with pulmonary tuberculosis in RA 3 room of Haji Adam Malik hospital 2013. The research was done at Haji Adam Malik Hospital in February-July 2013. the population in this study is as much as 372 TB patients who are in care in RA 3 room of Haji Adam Malik Hospital in 2011-2012. The sample in this study amounted to 372 people. The way to obtain the minimum sample according Arikunto (2006) is when a population of more than 100, the sampling of about 10-15% and 20-25% of the total population, where population totaling 372 people, and the researchers took 10% of the total population. Data used in this study are primary data by questionnaire contains the question according to the variables studied. While other data (secondary data) obtained from Haji Adam Malik Medan hospital. Before filling the questionnaire, respondents are asked their willingness to express approval of the respondents in this study, which is attached along with the questionnaire by the family as well as researchers and investigators ask the things that are less understood. After that all the questions are answered, the researchers collected back sheet of respondents, and thank them for their willingness to be a respondent.

## RESULTS AND DISCUSSION

### Research Result

#### 1. Univariate Analysis

From the observations obtained by the age of respondents aged 26-35 years of the seven respondents (18.9%), respondents aged 36-45 years as many as 10 respondents (27.0%), respondents aged 46-50 years as many as 13 respondents (35.1%), and respondents aged 50 and over as many (18.9%). Male respondents as many as 21 people (56.8%), and respondents were female as many as 16 people (43.2%). Respondents with elementary education level by 1 person (2.7%), Junior high school (SMP) many as 5 people (13.5%), high school (SMA) as many as 13 people (35.15), Academyas many as 11 people (29.7

%), and respondents with S1 as many as 7 people (18.9%).

#### 1. Bivariate analysis

**Table 1.**  
**Frequency Distribution According To Respondents Age With Anxiety Level At RA 3 Room Of Haji Adam Malik Hospital Medan 2013**

No	Age	Anxiety Level				Total	
		Mild	Moderate	Severe	Panic	F	%
1	26-35 years	1	1	5	-	7	18,9%
2	36-45 years	0	1	6	3	10	27,0%
3	46-50 years	1	3	7	2	13	35,1%
4	>50 year	1	1	5	0	7	18,9%
	Total	3	6	23	5	37	100%

From Table 1 above it can be seen that based on the age of the respondents who have high levels of anxiety against pulmonary TB disease known to the majority of respondents aged 46-50 years had a severe anxiety level were 7 respondents out of 13 respondents (35.1%), followed by the age of 36-

45 years the majority of respondents with severe anxiety levels as much as 6 respondents out of 10 respondents (27.0%), as well as the age of 26-35 years and 50 years respectively have 5 levels of anxiety majority of respondents from 7 respondents (18.9%).

**Table 2.**  
**Frequency Distribution According To Respondents Gender With Anxiety Level At RA 3 Room Of Haji Adam Malik Hospital Medan 2013**

No	Gender	Anxiety Level				Total	
		Mild	Moderate	Severe	Panic	F	%
1	Man	2	3	12	4	21	56,8%
2	Woman	1	3	11	1	16	43,2%
	Total	3	6	23	5	37	100%

From table 2 above can be seen that by gender of respondents who have high levels of anxiety against pulmonary TB disease the majority of men have severe anxiety level as many as 12 people out of 21 respondents ( 56.8 % ) , and the minority of women with severe anxiety level by 11 respondents from 16 people (43.2 %)

**Table 3.**  
**Frequency Distribution According To Respondent's education level With Anxiety Level At RA 3 Room Of Haji Adam Malik Hospital Medan 2013**

No	Education Level	Anxiety Level				Total	
		Mild	Moderate	Severe	Panic	F	%
1	Elementary (SD)	0	0	0	1	1	2,7 %
2	Secondary (SMP)	1	0	4	0	5	13,5 %
3	Senior High School (SMA)	1	3	8	1	13	35,1 %
4	Academy	1	1	7	2	11	29,7 %
5	Scholar (S1)	0	2	4	1	7	18,9 %
	Total	3	6	23	5	37	100 %

From aboveTable 3, it can be seen that by education level of respondents who have high levels of anxiety against pulmonary TB disease the majority of high school education level with the level of anxiety weighing as much as 8 respondents out of 13 respondents (35.1%) followed by the Academy educational severe anxiety level were 7 respondents from 11 people (29.7%), secondary education and S1 with severe anxiety level of each 4 respondents out of five (13.5%) and 7 respondents (18.9%), while respondents with elementary education only 1 ( 2.7%) of respondents have high levels of anxiety and panic.

## 2. Discussion

Based on the research that has been conducted on 37 respondents who have high levels of anxiety against pulmonary TB disease of Table 1 it can be seen that by the age of the respondents who have high levels of anxiety against pulmonary TB disease known to the majority of respondents aged 46-50 years had

a severe anxiety level were 7 respondents from 13 respondents (35.1%).

Age is one of the internal factors that contribute to the onset of anxiety in older people, even some have argued that young age factor is more prone to anxiety than old age, but there is also a contrary opinion (Kaplan &Sadock).

From table 2 it can be seen that the sex of the respondents who have high levels of anxiety against pulmonary TB disease the majority of men have severe anxiety level as many as 12 people out of 21 respondents (56.8%).

Men are more likely to experience anxiety than women, this is because men felt to be more sensitive to the problem, so that the coping mechanisms of men are less well than women. This is confirmed in the results of this study show that men are more positions than women's anxiety levels.

From Table 3 above it can be seen that by education level of respondents who have high levels of anxiety against pulmonary TB disease the majority of high school education level with the level of anxiety weighing as much as 8 respondents out of 13 respondents (35.1%).

The higher one's education more easily receive information so that the more knowledge. Conversely less education would hinder the development of a person's attitude towards the values of the newly introduced status of education and low economic status on a person causing the person is experiencing stress compared with those educational status and high economic status.

## CONCLUSIONS AND SUGGESTIONS

### Conclusion

Based on the results of a study of 37 respondents showed that respondents tend to have severe anxiety . It can be shown that out of 13 respondents (35.1 %) aged 46-50 years by seven respondents had a severe anxiety level, of 16 respondents (43.2 %) with male sex as much as 11 respondents had a severe anxiety level, and of 13 respondents (35.1 %) with a high school education level as much as 8 respondents had severe anxiety level .

### Suggestion

For families who have enough knowledge , is expected to further increase the knowledge to reduce patient anxiety. For nursing education needs to be improved in order to measure the level of knowledge of the patient's anxiety , so

that patients feel calm again. For health workers, it is expected that health workers in order to provide education on how to reduce anxiety in patients.

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