



TANADASHIP TECHNIQUES ON ANXIETY LEVEL IN NON-INTUBATION COVID 19 PATIENTS AT WISMA ATLIT

Novia Wulansari*, Diana Irawati, Tria Astika Endah Permatasari

Master of Nursing Study Program Specializing in Medical Surgical Nursing Faculty of Nursing, Universitas Muhammadiyah Jakarta, Jl. K.H. Ahmad Dahlan, Cireundeu, Kec. Ciputat Tim., Kota Tangerang Selatan, Banten 15419, Indonesia

*noviawulansari@gmail.com

ABSTRACT

A new type of virus in humans that emerged in 2019 and caused the 6th pandemic event in world history since 1918 is the novel coronavirus or currently known as COVID-19. The increasing prevalence of confirmed cases of COVID-19 in Indonesia has been recorded until now there are 1,191,990 confirmed cases, and the average addition of cases per day is 18.1%. This research is about giving deep breathing, spiritual, and five-finger hypnosis (TANADASHIP) techniques to anxiety levels in COVID 19 patients at Wisma Atlet Jakarta Hospital. To find out the decrease in anxiety levels in covid 19 patients who received the deep breath, spiritual, and five-finger hypnosis (TANADASHIP) intervention. This study uses a quasi-experimental design. The sampling technique used purposive sampling. The population in this study amounted to 68 were confirmed COVID-19 patients who were treated in the COVID-19 isolation room at the Wisma Atlet Jakarta Hospital. Data analysis includes normality test, univariate analysis and bivariate analysis. This research has passed the ethical test with 0915/7.9-UMJ/VIII/2021. There is a significant difference between the level of anxiety in COVID-19 patients who were given deep breathing, spiritual, and five-finger hypnosis (TANADASHIP) techniques.

Keywords: covid 19 anxiety; deep breathing; five finger hypnosis (tanadaship); spirituality

INTRODUCTION

The massive spread and lack of preparation of all countries in the world for COVID-19 infection have caused the incidence of death and illness to increase rapidly. The World Health Organization (WHO) as of early February reported the number of cases as many as 105,394,301 with a daily increase of 433,323 people worldwide, with the Case Fatality Rate (CFR) varying from 0.00-1.56% (Ioannidis, 2020). Study from Guo et al., (2019) reported the incidence of psychological disorders, anxiety, sleep disorders in non-psychiatric hospitalized patients. This is reinforced by studies Dai et al., (2020) it was found that COVID-19 patients who were treated experienced anxiety (18.6%), depression (13.4) and poor sleep quality. Another study conducted at Huosenshan Hospital, Wuhan China noted that of 144 patients, 34.72% and 28.47% experienced anxiety and depression (Kong et al., 2020).

In addition to these two studies, there is a study which states that of the 66 COVID-19 patients, 42.4% experienced anxiety (Mai et al., 2020). It is linear with the result In a preliminary study conducted by researchers through observations and interviews at Wisma Atlit Jakarta on COVID-19 patients, 8 out of 10 confirmed COVID-19 patients said they were worried about their health condition, had difficulty sleeping and felt bored due to social restrictions and had to undergo isolation and receive antiinflammatory therapy. anxiety such as diazepam. Anxiety is an uncomfortable personal feeling that manifests as a non-adaptive physical and mental reaction when people have intrusive thoughts about an uncertain future. (Xi, 2020) There are several causes of anxiety problems in patients with COVID 19, including transmission routes

of distribution that require patients to be in isolation rooms so that they are in contact with the environment and family as well as minimal contact with medical personnel.(Epstein, Andrawis, Lipsky, et al, 2020).

One of the innovative relaxation techniques developed by Slametiningsih, Kurwiyah, Nuraenah, Yunitri, & Hadi, (2020) which combines various relaxation techniques such as deep breathing, distraction, spiritual and 5 (five) finger hypnosis (TANADASHIP) techniques. Several studies have explained that the TANADASHIP technique has an intervention effectiveness in reducing anxiety (Hidayat & Ekaputri, 2015). In addition to reducing anxiety, deep breathing relaxation techniques can train the diaphragm and lung muscles to increase oxygenation (Vilč et al., 2019) Both of these techniques can also increase the work of neurotransmitters so that they are the best technique in reducing stress and anxiety and are suitable for patients who are not using a breathing apparatus/non-intubated. However, this technique has not been widely used in an anxiety study related to the COVID-19 pandemic. In this study, researchers wanted to find out how the TANADASHIP technique affects the anxiety level of non-intubated COVID-19 patients treated at the hospital Jakarta Athlete.

METHOD

This study uses an Untreated control group design with dependent pretest and posttest samples. The sample in this study was confirmed COVID-19 patients who were being treated at the COVID-19 isolation at Wisma Atlit Jakarta. population patients in the isolation room of Wisma Atlit Jakarta. Based on the above formula, the sample required in this study was 68 respondents. This research will be carried out in an isolation room Jakarta Athlete House. This research was conducted from March to September 2021. This research has passed the ethical test with 0915/7.9-UMJ/VIII/2021.

RESULTS

Table 1.
Table of Frequency Distribution of Respondents Characteristics

Variable	Intervention		Control		Total
	f	%	f	%	
Gender					
Man	14	41.2	12	35.3	26
Woman	20	58.8	22	64.7	42
Age					
Young Adult	17	50	17	50	34
Mature	13	38.2	10	29.4	23
seniors	4	11.8	7	20.6	11
Marriage					
Yes	28	82.4	23	67.6	51
Not	6	17.6	11	32.4	17
Education					
SD	9	26.5	7	20.6	16
junior high school	6	17.6	5	14.7	11
senior High School	12	35.3	14	41.2	26
PT	7	20.6	8	23.5	15
Profession					
Work	28	82.4	25	73.5	32
Does not work	6	17.6	9	26.5	15
Comorbid					

Variable	Intervention		Control		Total
	f	%	f	%	
Exist	11	32.4	10	29.4	21
There is not any Therapy	23	67.6	24	70.6	47
Consumption	3	8.8	4	11.8	7
No Consumption	31	91.2	30	88.2	61

Table 1, it can be seen that from all respondents in this study as many as 68 people, most of them were women, namely 42 people. Of the two groups, the number of female respondents was more than that of men, namely 58.8% in the intervention group and 64.7% in the control group. Based on Table 1, it can be seen that from all respondents in this study as many as 68 people, most of them are young adults (aged 18-44 years). From the two groups, the number of respondents aged young adults was more than adults and the elderly, namely 50% in the intervention group and 50% in the control group. Based on Table 1, it can be seen that of all respondents in this study, as many as 68 people, most of them had married status. From the two groups, the number of respondents with married status was more than unmarried, namely 82.4% in the intervention group and 67.6% in the control group. Based on Table 1, it can be seen that from all respondents in this study as many as 68 people, most of them had a high school education level. From the two groups, the number of respondents with a high school education level was more than the elementary, junior high and university education levels, namely 35.3% in the intervention group and 41.2% in the control group. Based on Table 1, it can be seen that of all respondents in this study as many as 68 people, most of the respondents were already working. Of the two groups, the number of respondents with working status was more than those who had not worked, namely 41.2% in the intervention group and 26.5% in the control group.

Based on Table 1, it can be seen that of all respondents in this study as many as 68 people, most of the respondents did not have comorbidities. From the two groups, the number of respondents who did not have comorbidities was more than those who had comorbidities, namely 67.6% in the intervention group and 70.6% in the control group. Based on Table 1, it can be seen that of all respondents in this study as many as 68 people, most of the respondents did not take anxiety drugs. From the two groups, the number of respondents who did not consume anxiety drugs was more than the consumption of anxiety drugs, namely 91.2% in the intervention group and 88.2% in the control group. Based on Table 1, it can be seen that of all respondents in this study as many as 68 people, most of them had moderate levels of anxiety on the pretest results, namely 35 people. Meanwhile, in the posttest results of the two groups, most of them were in the not anxious category, namely 54 respondents.

Table 2.
Summary of Normality Test

Group	Sig	Conclusion
Experiment Pretest	0.350	Normal
Control Pretets	0.119	Normal

Table 2, it can be seen that the pre-test data for both the experimental class and the control class have a sig value > 0.05, so it can be concluded that the data group is normally distributed.

Table 3.
Homogeneity Test

Levene Statistic	df1	df2	Sig.
.374	1	66	0.543

Table 3 it can be seen that the significance value (p) 0.543 0.05 indicates that the data group comes from a population that has the same variance (homogeneous).

Results of Bivariate Analysis, The condition for using parametric testing is that when the data is normal, the explanation of the results of the paired t test in this study will be explained in the following table.

t-test Pre-Test and Post-Test Experiment Class

Table 4.
Pre-Test and Post-Test Experiment Class

	mean	Paired Differences		t	Sig. (2-tailed)
		95% Confidence Interval of the Difference			
		Lower	Upper		
Intervention Pre Test – Intervention Post Test	13,941	12,379	15,504	18,151	0.000

Table 4, it can be seen that the probability value or sig. (2-tailed) is 0.000. This means that there is a significant difference because the value of sig (2-tailed) 0.05 or 0.016 0.05.

t-test Pre-Test and Post-Test Control Class

Table 5.
Pre-Test and Post-Test Test for Control Class

	mean	Paired Differences		t	Sig. (2-tailed)
		95% Confidence Interval of the Difference			
		Lower	Upper		
Pair 2 Pre Test Control - Post Test Control	8.618	5.960	11.275	6.598	0.000

Table 5, the score before therapy or pretest in the control group is 21.59 and after therapy or post-test is 7.65. The difference between the pretest and posttest is 14.79 with a Sig value. (2-tailed) 0.05 or 0.000 0.05.

DISCUSSION

Characteristics of Non-Intubated COVID-19 Patients in the COVID-19 Isolation Room at Wisma Atlit Jakarta

In this study, stress in Covid-19 patients mostly occurred in women, namely as many as 22 respondents. Based on the results of previous studies and research, the researcher can conclude that women who are treated in isolation due to COVID-19 experience more anxiety than men because women use feelings more than logic in thinking. Based on the results of this study, it showed that there was a significant effect of Anti-Anxiety Therapies that were taken today to

reduce anxiety levels. This is in line with the research of Sheikhi et al., (2020) the results of the study show that CBD therapy has a role as an alternative therapy in the management of anxiety disorders. From the two groups, the number of respondents aged young adults was more than adults and the elderly, namely 50% in the intervention group and 50% in the control group. Adult age is a population that is susceptible to disease which is influenced by many things, including biological, physical and lifestyle factors. Liu et al stated that the mean age of patients with severe and critical grades was higher than that of moderate grades.

Anxiety Description of Non-Intubated COVID-19 patients in the COVID-19 Isolation Room at Wisma Atlit Jakarta

Anxiety is a condition of helplessness, feeling insecure or immature and unable to deal with environmental demands. Mental health means emotional and psychological health in which a person can use one's thinking and abilities, function in society, and fulfill daily needs. Mental disorders are caused by several traumatic events, such as excessive anxiety and fear, conflicts that disturb and complicate the individual's psyche. This can be caused by both biological and psychological factors. Neurotic sufferers are always overshadowed by feelings of horror and fear as an emotional response. Slamet (2020) shows the average difference in anxiety before and after therapy in the intervention and control groups is 4.08. This shows that although they both showed a decrease in anxiety, the patients who were given progressive muscle relaxation therapy and 5 finger hypnosis were more than those who were given health education with booklets. Anxiety can make individuals uncomfortable and afraid of the surrounding environment. A person's physical condition can indicate the level of anxiety he feels. Changes in respiratory rate, increased pulse rate and changes in blood pressure.

Differences in Anxiety Levels Before and After the TANADASHIP Technique was Performed on Non-Intubated COVID-19 Patients in the COVID-19 Isolation Room at Wisma Atlit Jakarta.

In the table above, it is known that the significance is 0.000 in the experimental group, because the significance is smaller than 0.05, H_0 is rejected and H_1 is accepted, meaning that there are differences in anxiety levels before and after the TANADASHIP technique was performed on non-intubated COVID-19 patients in the COVID-19 isolation room. at the Athlete's House. It can be understood that there was a decrease in the anxiety level of non-intubated COVID-19 patients in the COVID-19 Isolation Room after the TANADASHIP Technique for 3 days. The duration of deep breathing relaxation therapy for 20 minutes which has an effect on decreasing anxiety levels in non-intubated COVID-19 patients in the COVID-19 Isolation Room because when doing TANADASHIP therapy there is an increase in concentration and makes it easier to regulate breathing, increases oxygen in the blood, decreases adrenaline, stimulates endorphins and enkephalins so as to provide a sense of calm, reduce heart rate and lower blood pressure so as to reduce anxiety levels in the elderly. According to Wang et al (2020), this could be due to SARS-CoV-2 infection in patients with diabetes triggering a higher stress state, with a greater release of hyperglycemic hormones, for example, glucocorticoids and catecholamines, leading to increased blood glucose and variability. abnormal glucose. Huang et al found that 36.5% of COVID-19 patients with hypertension and hypertensive patients with COVID-19 tended to show a higher mortality rate.

The effectiveness of the TANADASHIP technique is to compare the level of anxiety in non-intubated COVID-19 patients in the COVID-19 Isolation Room who were given the TANADASHIP technique (intervention) with patients who were not given the TANADASHIP technique (control) at Wisma Atlit Jakarta

Anxiety assessment in non-intubated COVID-19 patients was carried out in the control group and the experimental group using observation. This assessment aims to determine the level of anxiety during the experimental process. Based on the data obtained on the anxiety level of the patients in the control class and the experimental class, it is known that the average anxiety level in non-intubated COVID-19 patients experienced a decrease in the anxiety level of the experimental group, which was greater than the value of the control group, which was 22 samples.

The difference in the results of the assessment on anxiety in non-intubated control class COVID-19 patients who were not given any intervention and experimental class patients using the TANADASHIP technique can also be seen through the results of the t test. The hypothesis test to be carried out must meet the prerequisites of the analysis, namely by conducting a normality test and a homogeneity test. Based on the table above, the results of the Mann-Whitney test produce a probability value (sig) <0.05 so it can be said that there is not enough evidence to reject H_0 . While the results of the Mann-Whitney test on the post-test, show a probability value (sig) $>0,05$ which means that in general there are differences in anxiety levels in non-intubated COVID-19 patients in the COVID-19 Isolation Room who were given the TANADASHIP technique (intervention) with patients who were not given the TANADASHIP technique (control) at Wisma Atlit Jakarta. Tanadaship is a combination technique that combines the five techniques and was developed by Slametiningsih et al (2020) from the University of Muhammadiyah Jakarta as a real response to active participation to help deal with the anxiety caused by the COVID-19 pandemic.

Innovative relaxation technique developed by Slametiningsih, Kurwiyah, Nuraenah, Yunitri, & Hadi, (2020) which combines various relaxation techniques such as deep breathing, distraction, spiritual and 5 (five) finger hypnosis (TANADASHIP) techniques. Several studies have explained that the TANADASHIP technique has an intervention effectiveness in reducing anxiety (Hidayat & Ekaputri, 2015). In addition to reducing anxiety, deep breathing relaxation techniques can train the diaphragm and lung muscles to increase oxygenation (Vilč et al., 2019) Both of these techniques can also increase the work of neurotransmitters so that they are the best technique in reducing stress and anxiety and are suitable for patients who are not using a breathing apparatus/non-intubated. However, this technique has not been widely used in a study of anxiety related to the COVID-19 pandemic.

CONCLUSION

Most of them are women, namely 42 people, young adults (aged 18-44 years), married status, high school education level, already working, have no comorbidities and do not consume anxiety drugs. There is a significant difference between the level of anxiety before and after the TANADASHIP technique in non-intubated COVID-19 patients in the COVID-19 isolation room at Wisma Atlit. There is a significant difference between the level of anxiety in non-intubated COVID-19 patients in the COVID-19 Isolation Room who were given the TANADASHIP technique (intervention) and patients who were not given the TANADASHIP technique (control) at Wisma Atlit Jakarta.

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