

The Relationship Between Psychological Adaptation and Anxiety Level In The New Normal Era At Central Lombok

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ABSTRACT

Covid-19 affects all aspects of life such as health, social, economy, education, politics and development that cause psychological distress and anxiety. The purpose of this study was to determine the relationship between psychological adaptation and community anxiety levels in the new normal era. This study uses analytic cross sectional design. The sampling technique in this study was simple Random Sampling of 54 respondents. Data analysis used the Chi Square test. The results: Obtained p value = 0.033, it can be concluded that there is a difference in the proportion of anxiety levels between mal-adaptive respondents with adaptive respondents, which means that there is a significant relationship between psychological adaptation and anxiety levels with OR=6,821.

Keywords: Anxiety, Covid-19, New Normal, Psychological Adaptation

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BACKGROUND

The Corona Virus Disease outbreak or better known as the corona virus or Covid-19 which was first detected appeared in China, to be precise in the Chinese City of Wuhan at the end of 2019, suddenly became a terrible terror for the world community, especially after claiming the lives of hundreds of people in a relatively short time (Eman Supriatna, 2020). According to data from the World Health Organization (WHO) As of 11 February 2020, that more than 43,000 confirmed cases have been identified in 28 countries or regions, with > 99% of cases detected in China. On January 30, 2020. Since the emergence of the 2019 novel coronavirus infection in Wuhan, China, in December 2019, this infection has spread rapidly throughout China and many other countries. The World Health Organization (WHO) announced a new name for the epidemic disease caused by 2019-nCoV to become the corona virus disease (Covid-19) on 11 February 2020 (Chih-Cheng Lai., et.al., 2020).

The Covid-19 outbreak in Indonesia has lasted for approximately four months. Various policies have been implemented by the government to deal with this pandemic, the application of social distancing starting from physical distancing, telling on the public to always use a mask when leaving the house, leaving school and work places off, and Large-scale social restrictions. Various impacts felt by the community in terms of health, social, economy, education, politics and development. This then creates psychological pressure on society. The government has launched the “New Normal” policy as an effort to restore the living conditions of the people after 3 months of implementing large-scale social restrictions. New normal is a scenario to accelerate the handling of the Covid-19 pandemic in health and socio-economic aspects. First, the evidence shows that Covid-19 transmission can be controlled. Second, the capacity of the public health and health system including hospitals is in place to identify, isolate, test, trace contacts and quarantine. Third, the risks of covid-19 are minimized in high-vulnerability settings, especially in nursing homes, mental health facilities, and people living in crowded places. Fourth, the precautionary measures in the workplace are established with physical distancing, hand washing facilities and respiratory hygiene. Fifth, the risks of imported cases can be managed, and the six people have a voice and are involved in the new normal.

The new government policy that implements the new normal policy makes people have to be able to adapt during the Covid-19 pandemic by continuing to be active in implementing health protocols. Not all communities can carry out this adaptation well, because there are still some residents who do not comply with the health protocol. Publicis required to be able to face the new order in normal habits both physically, mentally and socially, it needs to be done for the family, society and community (Kemenkes, 2020).

METHODS

The research is descriptive analytic with cross sectional design with a sample of 54 people. The sampling technique in this study is Simple Random Sampling, HARS questionnaire is instrument to measure the level of anxiety and the psychological adaptation is measured by sickness Impact Profile (SIP) questionnaire, while the data analysis used the Chi Square test.

RESULTS

Table 1. Distribution characteristics of respondents based on age

Characteristics of Respondents	Min	Max	Mean	SD	Median	SE
Age	18	55	31,5	10,231	30	1,392

Table 2. Distribution characteristics of respondents

Characteristics of Respondents	N	%
Sex		
• Male	34	63%
• Female	20	37%
Total	54	100%
Education		
• Not completed in primary school	4	7,4%
• Junior high school	4	7,4%
• high school	19	35,2%
• College	27	50%
Total	54	100%
Marriage Status		
• Single	21	38,9%
• Married	31	57,4%
• Divorced / Widower / Widow	2	3,7%
Total	54	100%
Profession		
• Entrepreneur	1	1,9%
• Government Employees/Retired civil Servants	5	9,3%
• Teacher	5	9,3%
• Farmer	3	5,5%
• Housewife	9	16,6%
• Others	54	100%
Total		
Religion		
• Muslim	53	98,1%
• Non Muslim	1	1,9%
Total	54	100%
Psychological Adaptation		
• Mal adaptive	6	11,1%
• Adaptive	48	88,9%
Total	54	100%
Level of Anxiety		
• no anxiety	21	38,9%
• Mild anxiety	30	55,6%
• Moderate anxiety	3	5,5%
Total	54	100%

In table 1. From the data results, information is distribution of age respondents averaged 31.5 years and in table 2. The largest distribution of respondents is male as many as 34 respondents (63%), last education is college with 27 respondents (50%), married as many as 31 respondents (57.4%), with those who entrepreneurs as many as 31 respondents (57.4%), most of the respondents are Muslim as many as 53 respondents (89.1), respondents

who are adaptive as many as 48 respondents (88.9%) and have a mild level of anxiety as many as 30 respondents (55.6%).

Table 3. The Psychological Adaptation Relationship with Level of Anxiety in Central Lombok on 2020

Psychological Adaptation	Level of Anxiety						OR (95% CI)	P Value		
	No Anxiety		Mild Anxiety		Moderate Anxiety				Total	
	N	%	N	%	N	%			N	%
Mal Adaptive	0	0%	5	9,2 %	1	1,9%	6	11,1 %	6,821 – 0,49 – 0,58	0,033
Adaptive	2	38,9 %	2	46,4 %	2	3,6%	4	88,9 %		
Total	2	38,9 %	3	55,6 %	3	5,5%	5	100 %		

Based on table 3, the results of the analysis relationship between psychological adaptation and anxiety levels show that as many as 21 (38.9%) adaptive respondents had no anxiety and also there 25 (46.4%) adaptive respondents with mild anxiety, from the statistical test results obtained p value = 0.033, it can be concluded that there is a difference in the proportion of anxiety levels between mal-adaptive respondents with adaptive respondents, which means that there is a significant relationship between psychological adaptation and anxiety levels with OR=6,821, so adaptive respondents have a 6.82 times chance of experiencing mild anxiety.

DISCUSSION

1. characteristics of respondents

a. characteristics of respondents based on age

From the results of the data obtained information that the number of age distribution of respondents averaged 31.5 years. Age influences someone in behaving and acting. The more mature and mature a person is, the better prepared a person is to face a problem. When a person is still young and even still a child, someone will have difficulty adapting to environmental conditions. Supartini (2004) states that such as anxiety conditions undergoing hospital treatment are influenced by several factors, younger the age of a person, the more difficult it is to adapt with care environment.

According to Rumaiah (2003) in I KetutMaendra (2014), age is related to the maturity of individual thinking. With a more mature age, a person tends to be more mature in dealing with problems. Bahsoan (2013) states that generally older people are better at dealing with anxiety problems, a good coping mechanism will make it easier to overcome anxiety problems, so that a person's anxiety level can be lower. Mean while, according to the results of research by Haniba S.W (2018) there is a relationship between age and the level of anxiety of patients who will face surgery in the room.

b. Characteristics of Respondents Based on Gender

From the results of the data obtained information that the number of distribution of respondents based on gender, namely male as many as 34 respondents (63%). Women have more sensitive feelings than men, so that existing stressors will tend to make it easier for women to become anxious. Santoso (2009) in his research stated that men are

more relaxed than women in dealing with problems. Usually an adult man has a strong mentality to something that is considered threatening to him compared to women. because men interact more with the outside environment while most women only live at home and carry out their activities as households, so that the level of knowledge or information obtained is limited. According to the results of research Haniba S.W (2018) there is a relationship between sex with the level of anxiety of patients who will face surgery. Research conducted by Jaquelyn et al (2010) found that increasing female sex with women increases the risk of up to five times more anxiety compared to male sex, and according to the study Basofih (2016) There is no statistically significant relationship between sex with anxiety levels in patients with cataract surgery using Fisher's statistical test obtained p value is 1,000 means p value > 0.05.

c. Characteristics of Respondents Based on Education

The result shows that the distribution of respondents based on education is college as many as 27 respondents (50%). Education is something that can shape a person's personality, character or attitude. Adequate an education will make someone have broad thoughts and insights into something, so that they can take positive attitudes or decisions in dealing with problems. The level of anxiety is closely related to a person's education level where a person will be able to seek information or receive information well so that they will quickly understand the condition and severity of the disease, and in a situation like this will cause an increase in anxiety in the person (Hawari, 2012).

According to Stuart and Sundeen (2007) a person's low level of education will cause that person to experience anxiety easily, due to a person's lack of knowledge. According to research by Haniba (2018) there is a relationship between education and the level anxiety of patients who will face surgery. The higher education can be achieved, the greater the desire to take advantage of knowledge and skills, that education plays a role in shaping attitudes and behavior in reacting with the environment. Because the results of education help shape one's thinking patterns, perceptual patterns and decision-making attitudes.

A person's increased education teaches individuals to take the best decision attitude for themselves. Educated people are able to understand the meaning of life, able to live life purposefully. Problems that arise in him can be managed with a more rational thinking. From the results of this study, it can be seen that patients with higher education have relatively lower levels of anxiety.

d. Characteristics of Respondents Based on Marriage Status

From the available data, it is found that the total distribution of respondents based on marital status is 31 respondents (57.4%) who are married. Research conducted by Scott et al in Tauqir M.Z (2012), in this study, it was stated that there was a level of anxiety about marital status and marital status is the first onset for most levels of anxiety in both sexes, both men and women. Meanwhile, according to the study of Basofih (2016), there is no statistically significant relationship between marital status and anxiety levels in cataract surgery patients By using Fisher's test, the p value is 2,000 which means the p value is > 0.05.

e. Characteristics of Respondents Based on Profession

From the available data, it is found that the distribution of respondents who work as entrepreneurs is 31 respondents (57.4%). Research conducted by Al-Saffar and Saeed in Tauqir M.Z (2012) states there is a relationship between work status and anxiety disorders, In that study, most of the work status was not working because it was a result of the difficulties faced by people who do not work in their daily lives and their families.

Meanwhile, according to the research of Basofih (2016), there is no statistically significant relationship between work and anxiety levels in cataract surgery patients using the Fisher's test, the p value is 0.27, which means the p value is > 0.05.

f. Characteristics of Respondents Based on religion

From the research results, it was found that the distribution of respondents was mostly Muslim, namely as many as 53 respondents (89.1). Research by Maisyaroh and Falah (2011) states that there is a very significant negative relationship between religiosity and anxiety in the sense that the higher the religiosity, will make anxiety even lower. Furthermore, according to Muchtar in Ukhtia, Fitri et al (2016), religiosity is the attitude or understanding believer of doctrines, beliefs, teachings of God, doctrines that are relative, and certainly their truth is relative. Furthermore, according to Djamaluddin Ancok and Fuad Nashori Suroso in Ukhtia, Fitri et al (2016), the dimensions of religiosity are divided into 5 parts, namely the dimensions of faith, sharia, morals, religious knowledge, and dimensions of appreciation.

g. Characteristics of Respondents Based on Psychological Adaptation

The results obtained from this study, the number of adaptive distribution of respondents was 48 respondents (88.9%). Kozier (1991) say that the level of human adaptation is influenced by the individual's internal and external stimuli that will be undertaken and requires a continuous behavioral response. The adaptation process often stimulates individuals to get help from sources in any environment. Nurses are resources available in the hospital environment who have the knowledge and skills to help patients restore or achieve balance in adapting to the new environment. This study is in line with Kozier's suggestion that a person's adaptation to the environment can help reduce patient anxiety during treatment. This study proved that patients with poor adaptation levels had high levels of anxiety. Patients with poor adaptation rates of 50 percent experience severe anxiety.

Adaptation of a person is needed to prepare for the physical and psychological conditions when the patient is undergoing treatment. The adaptation process stimulates the individual to get help from the resources in his/her environment and the nurse is a resource available in the hospital environment who has the knowledge and skills to help patients return or achieve a balance adapting with the new environment. Adaptation is a change that accompanies an individual in responding to changes in the environment and in itself, also can affect the integrity of the body both physiologically and psychologically which will result in constructive behavior. Adaptation is an attempt to maintain optimal function that involves reflexes, automatic mechanisms for protection, coping, and ideally leading to adjustment or control of situations as well as a psychological adjustment to share changing circumstances in order to maintain normal functions (Potter, P, 2009). Adaptation is a central component in nursing models, in this case humans are described as an adaptive system. The environment is described as a state that exists inside and outside humans. The environment is an input for humans as an adaptive system. Based on Roy's adaptation theory, nurses must be able to improve the patient's adaptive response in a healthy or sick situation. The nurse can take action to manipulate focal stimuli, contextual and residual by doing the analysis so that the stimuli are in the adaptive range. Nurses must be able to prepare patients for change through strengthening regulators, cognators and coping mechanisms (Margono, 2012 in Purqoti, 2017). Adaptation can provide energy freedom from maladaptive coping efforts and allow individuals to respond an other stimuli this condition can affect healing and health. Physiological adaptation is the process of adjusting the body

naturally or physiologically to maintain balance and various factors that cause or influence the situation to be imbalanced, for example the entry of germs, then physiologically the body tries to defend either from the entrance of germs or has entered the body. Psychological adaptation is a process of psychological adjustment due to existing stressors, by providing a self-defense mechanism in the hope of protecting or defending from attack or something unpleasant. In psychological adaptation, there are two ways to defend yourself from various stressors, namely by doing coping and task oriented which is known as problem solving strategies and ego oriented or self-defense mechanisms. Stuart & Sundeen (2006) stated that maladaptive coping is an obstacle to the function of integration, divides growth, decreases autonomy, and controls the environment and destructive. To avoid maladaptive behavior, the supporting factor is identifying sources of coping that can help individuals adapt with existing stressors. One source of coping that can help individuals avoid maladaptive behavior is increasing social support. Social support is the most important supporting factor in establishing adaptive coping mechanisms. Adaptation is always related to stress. Because the adaptation occurs is a response caused by the stress that occurs. Adaptation is a healthy response to stress which has been defined as a homeostatic improvement to the internal environmental system. These include responses to internal biological stabilizing processes and psychological nurturing of identity and self-worth. Effective coping produces permanent adaptations which are new habits and improvements from old situations, whilst ineffective coping ends with maladaptive behavior, namely behavior that deviates from normative desires and can harm oneself, others or the environment (Rasmun, 2004).

h. Characteristics of Respondents Based on Anxiety Level

From the data results, it was obtained that the distribution of respondents had a mild level of anxiety as many as 30 respondents (55.6%). According to Gail W. Stuart (2006), the level of anxiety can be categorized into several levels, namely First: mild anxiety. Relating to tensions in daily life,

this anxiety makes the individual alert and increases the field of perception. Anxiety can motivate learning and generate growth and creativity. Second: moderate anxiety. Allows the individual to focus on what is important and put others aside. This anxiety narrows the field of individual perception. Thus, the individual experiences selective inattention but can focus on more areas if directed to do so. Third: Severe anxiety. Greatly reduces the field of individual perception. Individuals tend to focus on something detailed and specific and don't think about anything else.

All behaviors are aimed at reducing tension. The individual needs a lot of direction to focus on other areas. Fourth: The level of panic, which is related to astonishment, fear, and terror. The details are split out of proportion because lose control. The panicked individual is unable to do something even with directions. Panic is includes personality disorganization and leads to increased motor skills, decreased ability to relate with other peoples, distorted perceptions, and loss of rational thinking.

2. The Psychological Adaptation Relationship With Level Of Anxiety

The COVID-19 pandemic has had a significant impact on us, such as restrictions on doing activities and everything from home. In addition, many other problems that make us sometimes unable or difficult to adapt to do activities from home, such as boredom, less entry, lack of productivity, and so on. But this pandemic reminds us to always maintain cleanliness, both personal and environmental hygiene. We can help the

government reduce the spread of COVID-19 by always maintaining cleanliness and familiarizing themselves with the health protocols which has been set by the government. From this statement, it is known that many activities can be done at home. Based on the results of the research obtained analysis relationship between psychological adaptation and anxiety levels show that as many as 21 (38.9%) adaptive respondents had no anxiety and also there 25 (46.4%) adaptive respondents with mild anxiety, from the statistical test results obtained p value = 0.033, it can be concluded that there is a difference in the proportion of anxiety levels between mal-adaptive respondents with adaptive respondents, which means that there is a significant relationship between psychological adaptation and anxiety levels with $OR=6,821$, so adaptive respondents have a 6.82 times chance of experiencing mild anxiety. Psychological development is a dynamic process, in the process the nature of the individual and the environment determine the behavior that will be actual and materialized, where in the process each individual needs adaptation.

Pieter (2011) says that, adaptation is a process of adaptation of a person that takes place continuously to meet all his needs while maintaining a harmonious relationship in the environmental situation[19]. Stages of adaptation include: First: Adaptive. Humans as living beings have the ability to adapt actively and passively. Basically a person actively makes adjustments when his balance is disturbed. Humans will respond from unbalanced to unbalanced. Such imbalances cause frustration and conflict. Second: Frustration. In achieving the goal, a person sometimes actually encounters obstacles so that the goal fails to be achieved. It causes disappointment or frustration. This means that frustration arises because blocking from behavior is due to problems facing it. Third: Conflict. One source of frustration is the conflict between several motives within the individual concerned. The motives cannot be compromised with one another, but must choose from a variety of motives. This situation can cause conflict within the individual concerned. Fourth: mal adaptive. The frustration and conflict that occurs in individuals is a source or cause of psychological stress. So that, the individual must adapt by using the Ego Sustaining Mechanism. The defense mechanism of the ego consists of rationalization (rational thinking), withdrawal, identification, regression, compensation, repression and explaining. The psychological adaptation is a process of psychological adjustment due to stressors, by providing self-defense mechanisms in the hope of protecting and defending from unpleasant attacks. There are two ways to be able to defend yourself from various stressors, namely First: *Ask Oriented Reaction*, This reaction is coping that is used to solve problems that are oriented towards problem solving processes, including affective, cognitive, and psychomotor.

For example the reaction that can be done is talking to other people, looking for information about the situation being experienced, do exercises that reduce stress, and can create alternative solutions to problems. Second: *Ego Oriented Reaction* which consists of several aspects, namely rationalization: psychological problems do not provide rational reasons, so that the problem can be resolved. *Displacement*: an attempt is made to overcome psychological problems by transferring behavior to other objects, for example if someone is bothered by crowded conditions, then friends are to blame. Compensation: Attempts to solve problems by seeking satisfaction in other situations like someone who has a memory loss problem, it will highlight his abilities. Projection: is a self-defense mechanism by positioning one's own inner nature into the inner nature of others, like when you hate other people and then tell people that other people hate them. Repression: An attempt is made to solve the problem by eliminating bad thoughts

from the past by forgetting and being deliberately forgotten. Suppression: is efforts made to solve the problem by suppressing problems that are not accepted consciously and the individual does not want to think about unpleasant things, And Denial: self-defense efforts by rejecting the problem at hand or not accepting the reality it faces.

CONCLUSION

There are 21 (38.9%) respondents who are adaptive and do not have anxiety

There were also 25 (46.4%) adaptive respondents with mild anxiety

The results of statistical tests obtained p value = 0.033, it can be concluded that there is a difference in the proportion of anxiety levels between mal adaptive and adaptive respondents. This means that there is a significant relationship between psychological adaptation and anxiety level with an OR = 6.821 where adaptive respondents have a 6.82 times chance of experiencing mild anxiety.

Psychological development is a dynamic process, this process is natural from individual and the nature of the environment determine what behavior will become in the actual and mature process each individual requires adaptation.

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