THE EFFECT OF PSYCHOLOGICAL APPROACH PHYSICAL DISTANCING

by Ni Ketut Mendri

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The Effect Psychological Approach Physical Distancing on Anxiety Levels New Normal Post Pandemic Covid 19

Atik Badi'ah[1*], Ni Ketut Mendri[2], Kurnia Putri Utami[3]
[1,2]Lecturer Poltekkes Kemenkes Yogyakarta
[3]Person Responsible Apotik Kurnia As-Syifa Borobudur
Corresponding Author: atik.cahyo@yahoo.com

ABSTRACT

Background : The first COVID-19 reported in Indonesia on March 2, 2020 was two cases. Data on March 31, 2020 showed that there were 1,528 confirmed cases and 136 deaths. The COVID-19 mortality rate in Indonesia is 8.9%, this figure is the highest in Southeast Asia. As of March 30, 2020, there were 693,224 cases and 33,106 deaths worldwide. Anxiety (anxiety) is an individual response to an unpleasant situation and is experienced by all living things in everyday life. The physiological response of comorbid patients to anxiety and stress is to activate the central nervous system to activate the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system, which is characterized by an increase in pulse rate and blood pressure. Research Objectives: It is known the influence of Psychological Approach Physical Distancing on Anxiety Levels New Normal post pandemic Covid 19. Methods: This type of research is Research and Development using a quasi-experimental design, "Pre test Post test with Control Group Design". In this design there was a comparison group (control), the observations were carried out twice. The first observation was to determine the level of anxiety of the New Normal Post-Covid 19 pandemic before being given Psychological Approach Physical Distancing and the second observation after being given Psychological Approach Physical Distancing with comorbid respondent criteria at the Puskesmas. Data were analyzed using pair t-test and Wilcoxon with a significant level of $p < 0.05$. Results and Discussion: The difference in the initial level of anxiety with the 1st month, 1st month and 2nd month and 2nd month and 3rd month there was a difference with p value = 0.000 (<0.05). Conclusion: There is the influence of Psychological Approach Physical Distancing on Anxiety Levels New Normal post pandemic Covid 19

Keywords: psychological approach physical distancing; anxiety levels; Covid 19

Background

In December 2019, the first mysterious case of pneumonia was reported in Wuhan, Hubei Province. The source of the transmission is still unknown, but the first case was linked to a fish market in Wuhan. From December 18 to December 29 2019, there were five patients who were treated with Acute Respiratory Distress Syndrome (ARDS). From December 31, 2019 to January 3, 2020, this case increased rapidly, marked by the reported 44 cases. In less than a month, the disease has spread to other provinces in China, Thailand, Japan and South Korea. The sample under study shows the etiology of the new coronavirus. Initially, this disease was temporarily named as 2019 novel coronavirus (2019-nCoV), then WHO announced a new name on February 11, 2020, namely Coronavirus Disease (COVID-19) caused by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) virus). The virus can be passed from person to person and has spread widely in China and more than 190 other countries and territories. On March 12, 2020, WHO declared COVID-19 a pandemic. As of

March 29, 2020, there were 634,835 cases and 33,106 deaths worldwide. Meanwhile in Indonesia, 1,528 cases have been confirmed positive for COVID-19 and 136 deaths. Since the first case in Wuhan, there has been an increase in COVID-19 cases in China every day and peaked between late January to early February 2020. Initially, most reports came from Hubei and surrounding provinces, then increased to other provinces and throughout China. As of January 30, 2020, there have been 7,736 confirmed cases of COVID-19 in China, and 86 other cases were reported from various countries such as Taiwan, Thailand, Vietnam, Malaysia, Nepal, Sri Lanka, Cambodia, Japan, Singapore, Saudi Arabia, South Korea, Philippines, India, Australia, Canada, Finland, France and Germany (Parwanto, 2020). The first COVID-19 reported in Indonesia on March 2, 2020 was two cases. Data on March 31, 2020 showed that there were 1,528 confirmed cases and 136 deaths.10 The mortality rate for COVID-19 in Indonesia is 8.9%, this figure is the highest in Southeast Asia. As of March 30, 2020, there were 693,224 cases and 33,106 deaths worldwide. Europe and North America have become the epicenter of the COVID-19 pandemic, with cases and deaths already surpassing
China. The United States ranks first with the most COVID-19 cases with the addition of 19,332 new cases on March 30, 2020, followed by Spain with 6,549 new cases. Italy has the highest mortality rate in the world, at 11.3%.

Coronavirus is an RNA virus with a particle size of 120-160 nm. This virus mainly infects animals, including bats and camels. Before the COVID-19 outbreak, there were 6 types of coronavirus that could infect humans, namely alphacoronavirus 229E, alphacoronavirus NL63, betacoronavirus OC43, betacoronavirus HKU1, Severe Acute Respiratory Illness Coronavirus (SARS-CoV), and Middle East Respiratory Syndrome Coronavirus (MERS-CoV). (Susilo, 2020).

The coronavirus that causes COVID-19 is included in the betacoronavirus genus. The results of phylogenetic analysis show that this virus belongs to the same subgenus as the coronavirus that caused the Severe Acute Respiratory Illness (SARS) outbreak in 2002-2004, namely Sarbecovirus. On this basis, the International Committee on Taxonomy of Viruses proposed the name SARS-CoV-2. Currently, the spread of SARS-CoV-2 from human to human is the main source of transmission so that the spread becomes more aggressive. Transmission of SARS-CoV-2 from symptomatic patients occurs through droplets released when coughing or sneezing. In addition, it has been observed that SARS-CoV-2 is viable in aerosols (generated via a nebulizer) for at least 3 hours. WHO estimates the reproductive number (R0) for COVID-19 to be 1.4 to 2.5. However, other studies estimate an R0 of 3.28.

Anxiety (anxiety) is an individual response to an unpleasant situation and is experienced by all living things in everyday life. Anxiety is a vague and diffuse worry, which is related to feelings of uncertainty and helplessness and this emotional state does not have a specific object (Fadli et al, 2019). The patient's physiological response to anxiety and stress is to activate the central nervous system to activate the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system, which is characterized by an increase in pulse rate and blood pressure. This is very dangerous because high heart rate and blood pressure will burden the cardiovascular system and increase

oxygen demand and heart work so that it can increase the risk of complications. Patient responses take the form of various psychological responses including the emergence of anxiety, fear, tension and even depression (Rosfiati & Nurachmah, 2015).

Several case reports suggest that transmission from asymptomatic carriers is suspected, but the exact mechanism is unknown. Cases related to transmission from asymptomatic carriers generally have a history of close contact with COVID-19 patients. Several investigators have reported SARS-CoV-2 infection in neonates. However, vertical transmission from pregnant women to the fetus has not been proven to occur. If it can happen, the data shows that the chance of vertical transmission is relatively small. Virological examination of amniotic fluid, umbilical cord blood, and breast milk in mothers who were positive for COVID-19 were found to be negative (Leitte, 2020).

SARS-CoV-2 has been shown to infect the gastrointestinal tract based on the results of biopsies of gastric, duodenal, and rectal epithelial cells. The virus can be detected in the feces, in fact there are 23% of patients who reported that the virus was still detected in the feces even though it was not detected in respiratory samples. These two facts confirm the possibility of fecal-oral transmission. Viral and host factors play a role in SARS-CoV infection. The cytopathic effect of the virus and its ability to overpower the immune response determines the severity of infection.36 Dysregulation of the immune system then plays a role in tissue damage in SARS-CoV-2 infection.

Several other risk factors determined by the Centers for Disease Control and Prevention (CDC) are close contact, including living in the same house with a COVID-19 patient and a history of travel to infected areas. Being in the same environment but not in close contact (within a radius of 2 meters) is considered low risk. The clinical manifestations of COVID-19 patients have a broad spectrum, ranging from asymptomatic, mild symptoms, pneumonia, severe pneumonia, ARDS, sepsis, to septic shock. About 80% of cases were classified as mild or moderate, 13.8% had severe illness, and 6.1% of patients fell into a critical condition.

Mild symptoms were defined as a patient with an uncomplicated acute upper respiratory tract infection, which may be accompanied by fever, fatigue, cough (with or without sputum), anorexia, malaise, sore throat, nasal congestion, or headache. The patient does not need oxygen supplementation. In some cases patients also complain of diarrhea and vomiting as shown in table 3.3, 26 COVID-19 patients with severe pneumonia are characterized by fever, plus one of the following symptoms: (1) respiratory rate >30x/min (2) severe respiratory distress, or (3) oxygen saturation 93% without oxygen assistance. In geriatric patients, atypical symptoms may appear (Yuliana, 2020).

Most patients infected with SARS-CoV-2 show symptoms of the respiratory system such as fever, coughing, sneezing, and shortness of breath. The most common symptoms are fever, dry cough, and fatigue. Other symptoms that can be found are productive cough, shortness of breath, sore throat, headache, myalgia/arthralgia, chills, nausea/vomiting, nasal congestion, diarrhea, abdominal pain, hemoptysis, and conjunctival congestion. More than 40% of fevers in COVID-19 patients had peak temperatures between 38.1-39°C,

while 34% had fevers over 39°C. The course of the disease begins with an incubation period of about 3-14 days (median 5 days). In the next phase (early symptoms), the virus spreads through the bloodstream, presumably mainly in ACE2-expressing tissues such as the lungs, gastrointestinal tract and heart. Symptoms in this phase are generally mild. The second attack occurs four to seven days after the initial symptoms appear. At this time the patient was still feverish and began to have shortness of breath, the lesions in the lungs worsened, the lymphocytes decreased. Inflammatory markers begin to increase and hypercoagulability begins to occur. If not resolved, the next phase of inflammation becomes increasingly uncontrolled, a cytokine storm occurs which results in ARDS, sepsis and other complications (Sudarsa, 2020).

The rapid spread of the corona virus outbreak, beyond the ability of scientists to create effective vaccines and drugs, is indeed worrying. No wonder so many people experience anxiety. In a survey conducted by the American Psychiatric Association (APA) of more than 1000 adults in the United States, it was found that 48 percent of respondents were worried they might catch the coronavirus. Around 40 percent are worried that they will become seriously ill or die from Covid-19, and 62 percent are worried that their family or loved ones are infected. More than a third of respondents (36 percent) said the Covid-19 pandemic had a serious impact on their mental health, and 59 percent said the effect was quite severe on daily life. Respondents' biggest concern regarding this pandemic is the impact on finances, lack of food, medicine, and other necessities.

According to Schwartz (2020) the stress and anxiety caused by the pandemic can have an impact on physical and mental health. “During this time, it is very important to take care of yourself and manage stress. How to deal with stress at home or at work, especially health workers who directly handle Covi cases both in hospitals and in other health centers, including at the Puskesmas. Keeping stress from getting worse is very important, especially because of its effect on the immune system (immune system). There are many ways to reduce stress and anxiety during the Covid-19 pandemic, one way is by filtering information.

Based on a preliminary study at the Yogyakarta Special Region Health Center and the Borobudur Magelang Health Center, Central Java, there were 95 cases of corona virus (Covid 19) and 75% of them with comorbid disorders. Of the Covid 19 cases in the Special Region of Yogyakarta and in Borobudur Magelang, Central Java, 97% experienced an increase in anxiety levels and a decrease in immune resistance (body resistance).

Based on the description above, the researcher is interested in conducting research on the "Psychological Approach Physical Distancing Model on Anxiety Levels and New Normal Immune Resistance after the Covid 19 Pandemic". The intervention that will be carried out by researchers is to provide a Psychological Approach Physical Distancing to reduce Anxiety Levels and increase New Normal Immune Resistance after the Covid 19 Pandemic.

To focus more on the implementation of research, the Bachelor of Applied Nursing Study Program (STr.Kep) has determined research themes that will be used as material for a research development plan that is tailored to the direction and leading themes of national research and issues of science and technology

development and issues in the nursing and health fields that are developing. The Research Master Plan (RIP) is prepared not only to focus on mono-disciplinary fields, but also across and multi-disciplinary so as to be able to produce innovations and comprehensive solutions to overcome various nursing and health problems.

This research proposal is in accordance with the RIP (Research Master Plan) and the research Roadmap of the Applied Nursing Undergraduate Study Program (STr.Kep) as part of the health profession directing research with the Yogyakarta Ministry of Health Poltekkes Roadmap, which is based on the use of innovative health science and technology, where material on the "Psychological Approach Physical Distancing Model Against Anxiety Levels and New Normal Immune Resilience After the Covid 19 Pandemic" has been inserted into the Health Promotion Course in the third semester of STr.Kep Study Program which is applied to target individuals and special groups in the community.

Methods

This type of research is a Research and Development (R&D) research. This research aims to make a certain product. According to Sugiyono (2010) Research and Development is a research method used to produce certain products and test the effectiveness of these products. According to Putra (2013) Research and Development has provided major innovations in the world of education. In this case, the researcher will develop a product in the form of a "Psychological Approach Physical Distancing Model on Anxiety Levels and New Normal Immune Resilience after the Covid 19 Pandemic". This research step modifies the development model of Borg and Gall in Sugiyono (2009), namely (1) Research and information collection (conducting initial research and collecting initial information included in this step, including literature studies related to the problems studied and preparation for formulating research framework), (2) Planning (doing planning including in this step formulating skills and expertise related to the problem, determining the goals to be achieved at each stage), (3) Develop preliminary form of product (developing the initial form of the product, namely developing the initial form of the product to be produced. Included in this step are the preparation of supporting components, preparing guidelines and manuals and evaluating the feasibility of supporting tools), (4) Preliminary field testing (initial field trials, namely conducting initial field trials in limited scale, involving subject. In this step data collection and analysis can be done by means of interviews, observations or questionnaires).

Preliminary research for tool validation. The reliability test with Cronbarch's Alpha > 0.6 is said to be reliable, meaning it has sufficient reliability. (5) Main product revision (revision of test results, namely making improvements to the initial product produced based on the results of the initial trial.

This improvement is very likely to be carried out more than once, according to the results shown in a limited trial, so that the main product draft (model) is obtained which is ready to be tested more widely), (6) Main field testing (main field testing involving enumerators), (7) Operational product revision (make improvements/improvements to the results of a wider trial, so that the product developed is already an operational model design that is ready to be validated), (8) Operational field

testing (field implementation test, namely the validation test step on the operational model that has been produced), (9) Final product revision (final product revision, namely making final improvements to the developed model to produce a final/final product), (10) Dissemination and implementation, which is a step to disseminate the developed product/model).

In stage (1) research and information collection (conducting preliminary studies or preliminary research and initial information collection), researchers conduct observations to obtain initial information that will be used as a basis and consideration in developing the book product "The Effect of Psychological Approach Physical Distancing on New Anxiety Levels Normal After the Covid 19 Pandemic. and the Covid 19 pandemic questionnaire. Researchers collected information through interviews with several subjects in the Sleman and Magelang districts as many as 12 people, asking about the covid 19 pandemic.

In stage (2) planning (doing planning), what the researchers did was design the development of the book "The Effect of Psychological Approach Physical Distancing on New Normal Anxiety Levels Post Covid 19 Pandemic" and the covid 19 pandemic questionnaire. The research team will develop tools to reduce anxiety levels in New Normal Normal Post Covid 19 Pandemic.

In stage (3) develop the preliminary form of product (develop the initial form of the product), develop the initial form of the book product "The Effect of Psychological Approach Physical Distancing on Anxiety Levels and New Normal Immune Resilience after the Covid 19 Pandemic" and develop tools to reduce New Normal anxiety levels Post Covid 19 Pandemic. At this stage, the things that are done are: (a) Preparation of components, (b) Design, (c) Finishing of products, (d) Validation of experts. At this expert validation stage, the initial form of the product will be validated to be given an assessment of the product material content from the book "The Effect of Psychological Approach Physical Distancing on New Normal Anxiety Levels Post Covid 19 Pandemic". Expert validation aims to test the feasibility of book products and tool development before being tested on users, namely comorbid respondents after the Covid 19 pandemic.

Stage (4) preliminary field testing (initial field testing). In the initial field trial stage, the researcher conducted a limited trial regarding the initial form of the book product and the development of the tool "The Effect of Psychological Approach Physical Distancing on New Normal Anxiety Levels Post Covid 19 Pandemic". Initial field trials were limited to 12 research subjects. Stage (5) main product revision (revision of trial results). Stage (6) main field testing (field testing involving enumerators). Field trials were applied to 92 respondents in the working area of the DIY Health Center and the working area of the Borobudur Magelang Health Center. In the sixth stage, the researcher uses a quasi-experimental research design, namely research that aims to explain the effect and test the influence between variables through hypothesis testing. The form of the research design is time series design, which is a time series design for repeated measurements, before and after the experiment or treatment. This research is a quasi-experimental study with a pre-test-post-test design with a control group

design. The research design can be described as follows:

Pre test	Intervention	Post test
O_1	X_1	O_2
O_3	X_2	O_4

Figure 2. Research Design

Description:
O1: New Normal Anxiety Levels After the Covid 19 Pandemic before Psychological Approach Physical Distancing was carried out in the treatment group
O2: New Normal Anxiety Levels After the Covid 19 Pandemic after Psychological Approach Physical Distancing was carried out in the treatment group
O3: New Normal Anxiety Levels After the Covid 19 Pandemic before the control group
O4: New Normal Anxiety Levels After the Covid 19 Pandemic after being in the control group
X: Giving Psychological Approach Physical Distancing using books and tools to reduce anxiety duration 60 minutes once a week for 4 months
X_2: Leaflet giving Psychological Approach Physical Distancing
Stage (7) operational product revision (make improvements or refinements to the results of a wider trial, so that the developed book products and tools are already operational model designs that are ready to be validated). The field test was conducted on 92 research respondents. Stage (9) final product revision, namely making final improvements to the developed model in order to produce a final product. Stage (10) dissemination and implementation, namely the step of disseminating books and tools on "The Effect of Psychological Approach Physical Distancing on Anxiety Levels New Normal Post Covid 19 Pandemic" and the covid 19 pandemic questionnaire. Independent variable: Effect of Psychological Approach Physical Distancing Bound variable: Anxiety level New Normal after Covid 19 Pandemic". Place: Work area of Puskesmas in DIY and working area of Puskesmas Borobudur Magelang, Jawa Tengah. Time: The study was conducted from March to October 2021 and continued from January to October 2022 (for 2 years). The population was all comorbid residents in the working area of the Yogyakarta Puskesmas and the working area of the Borobudur Magelang Jawa Tengah, with a total of 148 residents comorbid. The sample in this study were some of the comorbid residents who were taken by purposive sampling technique.

Inclusion Criteria: Comorbid residents in 3 working areas of in Puskesmas DIY and 1 working area of Borobudur, Magelang, Jawa Tengah. Exclusion Criteria: Comorbid residents with chronic disease in 3 working areas in Puskesmas DIY and 1 working area of Borobudur, Magelang, Jawa Tengah. The total population of 148 comorbid residents was divided into 74 comorbid residents in the experimental group and 74 comorbid residents in the control group. For samples of the experimental and control groups with a total population of 74 comorbid residents, the results obtained are: 46 comorbid residents in each group. The data from the examination will be analyzed descriptively and analytically with the help of the SPSS for windows version 16.0 program. The data analysis test was carried out by univariate, bivariate and multivariate tests. The bivariate test was started with a normality test using Shapiro-Wilk in the treatment and control groups between pre-test and post-test. If the normality test results are normal, the paired t-test parametric test

is used and if the normality test results is not normal, a non-parametric test derived from the paired t-test is used, namely Wilcoxon. Followed by the difference test between the treatment and control groups with the normality test and if the results were normal, an independent parametric t-test was carried out and if the results were not normal, the Mann-Whitney non-parametric test was used with a significant level of $p < 0.05$.

Results and Discussion

a. Research location and respondent characteristics

Table 1. The location of the study and the number of respondents in 3 Puskesmas in DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 Puskesmas Borobudur Magelang, Jawa Tengah

No	arch location esmas	Number Of Respondent			
		Experiment Group		Control Group	
		f	%	f	%
1	ping II	13	28,26	13	28,26
2	gulan	10	21,74	10	21,74
3		10	21,74	10	21,74
4	budur	13	28,26	13	28,26
		46	**100**	**46**	**100**

Table 2. Characteristics of respondents in the experimental group and in the control group at 3 in Puskesmas DIY (Puskesmas Gamping II Sleman, Puskesmas Nanggulan Kulon Progo and Puskesmas Jetis Yogyakarta) and 1 Puskesmas Borobudur Magelang Jawa Tengah

No	Characteristics of Respondents	Experiment Group		Control Group	
		f	%	f	%
1.	**Age (Years)**				
	20-30 years	5	10,9	9	19,6
	>30-40 years	12	26,1	12	26,1
	>40-50 years	13	28,3	9	19,6
	>50-60 years	9	19,6	10	21,7
	>60-70 years	7	15,2	6	13,0
2.	**Gender**				
	Man	20	43,5	28	60,9
	Woman	26	56,5	19	39,1
3.	**Education**				
	Primary School	1	2,2	3	6,5
	Junior High School	11	23,9	9	19,6
	Senior High School	24	52,2	27	58,7
	College	10	21,7	7	15,2
4.	**Profeccion**				
	Government employees	6	13,0	4	8,7
	Entrepreneur	21	45,7	24	52,2
	Housewife	19	41,3	18	39,1
5.	**Comorbid**				
	Diabetes Mellitus	17	37,0	18	39,1
	Hypertension	13	28,3	12	26,1
	Hearth	7	15,2	7	15,2
	Asthma	9	19,6	9	19,6

b. Univariate Analysis

Table 3. Initial Anxiety Levels, 1st month, 2nd month and 3rd month in the experimental group at 3 in Puskesmas DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 Puskesmas Borobudur Magelang Jawa Tengah

No	Anxiety Level	Beginning		1st month		2nd month		3rd month	
		f	%	f	%	f	%	f	%
1.	No Anxiety	0	0	0	0	0	0	0	0
2.	Mild Aniety	1	2,2	3	6,5	5	10,9	7	15,2
3.	Moderate Anxie	3	6,5	5	10,9	8	17,4	36	78,3
4.	Seriously Anxiet	24	52,2	35	76,1	33	71,7	3	6,5
3.	Very Worried	18	39,1	3	6,5	0	0	0	0
	Total	46	100	46	100	46	100	46	100

Source: Primary data analysis (2021)

Tabel 4. Initial Anxiety Levels, 1st month, 2nd month and 3rd month in the control group at 3 in Puskesmas DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 Puskesmas Borobudur Magelang Jawa Tengah

No	Anxiety Level	Beginning		1st month		2nd month		3rd month	
		f	%	f	%	f	%	f	%
1.	No Anxiety	0	0	0	0	0	0	0	0
2.	Mild Aniety	0	0	0	0	1	2,1	6	13,0
3.	Moderate Anxiet	6	13,0	6	13,0	5	10,9	0	0
4.	Seriously Anxiet	28	60,9	31	67,4	38	82,6	39	84,8
3.	Very Worried	12	26,1	9	19,6	2	4,3	1	2,2
	Total		100		100		100		100

Table 5. The normality test of the experimental group's level of anxiety on respondents in 3 Puskesmas DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 Puskesmas Borobudur Magelang, Jawa Tengah

Variable	Parameter	p	Description
Anxiety Level	Beginning	0,417	Normal
	1st month	0,728	Normal
	2nd month	0,378	Normal
	3rd month	0,001	Abnormal

Table 6. The normality test for the control group on the level of anxiety in respondents in 3 Puskesmas DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 Puskesmas Borobudur Magelang, Jawa Tengah

Variabel	Parameter	p	Description
Anxiety Level	Beginning	0,044	Abnormal
	1st month	0,119	Normal
	2nd month	0,080	Normal
	3rd month	0,052	Normal

c. Bivariate Analysis

Table 7. Analysis of the data using t-test the difference in the level of anxiety at the beginning, month 1, month 2 and month 3 in the experimental group at 3 Puskesmas in Puskesmas DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 puskesmas Borobudur Magelang Jawa Tengah

Variable	Significans		
	Beginning-1st month	1st month-2nd month	2nd month – 3nd month
Anxiety Level	0,000	0,000	0,000

Table 8. Analysis of the data using t-test the difference in the level of anxiety at the beginning, month 1, month 2 and month 3 in the control group in 3 in Puskesmas DIY (Gamping II Sleman, Nanggulan Kulon Progo and Jetis Yogyakarta) and 1 puskesmas Borobudur Magelang Jawa Tengah

Variable	Significans		
	Beginning-1st month	1st month-2nd month	2nd month – 3nd month
Level Anxiety	0,000	0,000	0,000

d. Discussion

1) Differences in anxiety levels before the New Normal Psychological Approach Physical Distancing model wasa carried out after the Covid 19 Pandemic.

In Table 3 above, it can be seen in the experimental group that the initial anxiety level was mostly severe anxiety levels as many as 24 respondents (52.2 %). In Table 4 above, it can be seen in the control group that the initial anxiety level was mostly severe anxiety levels as many as 28 respondents (60.9%). Residents of Comorbit during the Covid-19 pandemic, especially those in isolation and those experiencing cognitive decline/dementia, can become increasingly restless, angry, depressed, anxious, closed, and overly suspicious during the COVID-19 pandemic while in quarantine. Providing emotional support through informal networks (family) and health workers in this case nurses, doctors, psychologists and other health workers who treat patients with comorbid.

It is necessary to convey simple facts about the current state of the covid 19 pandemic and clear information on how to reduce the risk of transmission of covid 19 by physical distancing to comorbid residents using language that is easy to understand and understand by co-morbid residents with or without cognitive impairment. Information from health workers is very much needed for comorbit residents in the community during the covid 19 pandemic. Health workers need to ensure that there are security measures to prevent infection with each other and the spread of worry or excessive panic (such as in the work area of the puskesmas or in the hospital).). Family support also needs to be provided for Comorbit residents who are in self-isolation for a long time with other residents and cannot gather with their families. Elderly co-morbidities are more susceptible to co-morbidities or co-morbidities during the Covid 19 pandemic. Very limited sources of information from health workers will result in weaker immune systems and higher COVID-19 mortality rates among vulnerable elderly groups and need special attention, such as elderly living alone/without close family from low socioeconomic status or people with other diseases such as cognitive decline/dementia. Comorbid elderly with mild cognitive impairment or early-stage dementia need to be explained what happened according to their capacity and supported to relieve worries and pressures so that the anxiety level of comorbid residents can be minimized. The medical needs and daily activities of moderate and severe comorbid residents need special attention, especially for comorbid residents who are in self-isolation. The medical needs of the elderly with or without Covid-19 need special attention during the COVID-19 pandemic, including access to essential medicines in comorbid cases (Diabetes Mellitus, cancer, heart disease, hypertension and asthma). Telemedicine or online medical services can be used to provide health services and important information about risk factors and the possibility of recovery during the Covid 19 pandemic. During self-isolation, health services are adjusted to the conditions of a nursing home (respite care service) or home care. to use technology (WeChat and WhatsApp) to provide training/counseling for health workers who care for comorbid residents in the family, in quarantine homes including first aid to overcome psychological trauma that has an effect on anxiety. Information must be easily accessible (clear and simple language,

large fonts) and from reliable (media) sources (mass media, social media and trusted health workers) to prevent irrational behavior such as hoarding ineffective herbal medicine that will result in fatality to death. . The best way to contact the citizens of the comorbit is by landline or regular visits (if possible). Encourage family or friends to call family members using video calling. Guidelines for the use of protective equipment need to be conveyed clearly, concisely, politely and patiently by using online services such as online shopping for daily supplies, consultation/assistance or health services. Provide education with detailed instructions on how to get practical help if needed, such as hailing a taxi or delivering food supplies (Go Food). Distribution of goods and services such as transmission prevention equipment (masks, gloves and disinfectants), sufficient grocery items and access to emergency transportation can reduce anxiety in comorbid residents. Advise comorbid residents to do simple physical exercises at home to stay active and reduce boredom.

2) Differences in anxiety levels after the New Normal Psychological Approach Physical Distancing model was carried out after the Covid 19 Pandemic.

Differences in anxiety levels after the New Normal Psychological Approach Physical Distancing model was carried out after the Covid 19 Pandemic. In Table 3 above, it can be seen in the experimental group that the anxiety level in the first month was mostly severe anxiety levels as many as 35 respondents (76.1 %), in the second month the majority of severe anxiety levels were 33 respondents (71.7%) and in the 3rd month most of the moderate anxiety levels were 36 respondents (78.3%). In Table 4 above, it can be seen in the control group that the level of anxiety in the first month was mostly severe anxiety levels as many as 31 respondents (67.4%), in the second month most severe anxiety levels were 38 respondents (82.6%). and in the 3rd month most of the severe anxiety levels were 39 respondents (84.8 %). The best way to reduce anxiety levels is to increase coping mechanisms to engage in positive activities and avoid negative activities. Coping mechanisms are intended to make senseless actions make sense, but need a defense, so that they look reasonable. This defense is not intended to persuade or deceive others, but to persuade himself, so that the unacceptable act is still within the limits desired by him.

3) The Effect of Psychological Approach Physical Distancing on New Normal Anxiety Levels After the Covid 19 Pandemic.

In Table 7 above, it can be seen that the difference in the level of initial anxiety at month 1, month 1 and month 2 and month 2 and month 3 there is a difference with p value = 0.000 (<0.05). In Table 8 above, it can be seen that the difference in the initial level of anxiety with the 1st month, 1st month and 2nd month and 2nd month and 3rd month there is a difference with p value = 0.000 (<0.05). In the ongoing Covid-19 pandemic, in addition to maintaining a healthy lifestyle, comorbid patients are expected to carry out useful daily activities so as to reduce anxiety levels. Psychological Approach Physical Distancing has an effective influence in reducing anxiety, with explanations of information about the handling of Covid 19 will help reduce stress, bad perceptions about covid 19 so that comorbid patients can understand the actions that will be taken to them.

Indirectly, at the time of the research, some comorbid respondents were very enthusiastic to ask about covid 19. Projection is imposing something that is felt inside of him to others, especially actions, thoughts or urges that do not make sense so that they can be accepted. Identification is the opposite of projection, where people will share some of the actions or success achieved by others. If someone sees someone else succeeding in his business, he will be happy as if that person is successful and if he sees someone disappointed, he will feel sad too. The loss of relationship (disassociation) should be the actions, thoughts and feelings of people who are related to each other. If the person feels that someone has intentionally offended him, he will get angry and deal with it with the same retribution. In this case, they are harmoniously related to each other. However, harmony may be lost due to the bitter experiences of childhood. Repression is pressure to forget certain things and desires that are not approved by his conscience. A kind of effort to maintain oneself so as not to feel the impulses that are not in accordance with his heart and the process occurs unconsciously. Substitution is the best way of self-defense among the unconscious ways of dealing with adversity. In substitution people do something, because good goals that are completely different from the original goals are easily acceptable.

e. Research Limitations

At the time the research took place at the same time as the Corona Virus 19 Pandemic Outbreak, so that comorbid cases visiting the puskesmas experienced a decline so that the research implementation that should have been carried out in the puskesmas building was continued by home visits to the homes of comorbid residents.

Conclusions

1) The difference in anxiety levels before the Psychological Approach Physical Distancing New Normal model was carried out after the Covid 19 pandemic in the experimental and control groups was mostly severe anxiety levels.
2) Differences in anxiety levels after the Psychological Approach Physical Distancing New Normal model after the Covid-19 pandemic was carried out in the experimental group, some had moderate levels of anxiety and most of the control group had severe anxiety levels.
3) There are differences in the Psychological Approach Physical Distancing model to the New Normal Anxiety Level after the Covid 19 Pandemic

Sugestion

1) For family. Can be used as a family guide in reducing the New Normal Anxiety Level after the Covid 19 Pandemic.
2) For respondents. Can be used as an implementation and replication with the Psychological Approach Physical Distancing model to reduce the New Normal Anxiety Level after the Covid 19 Pandemic.

References

Amalia L, Irwwan, Hiola F. 2020. Analisis Gejala Klinis dan Peningkatan Kekebalan Tubuh Untuk Mencegah Covid 19. Jaumbora Journal. Journal Of Health Science And Riset.

Arikunto, S. 2006. Prosedur Penelitian Suatu Pendekatan Praktek Edisi Revisi VI. Jakarta: PT Asdi Mahasatya.

Dharma, K.K.2011. Metodologi Penelitian Keperawatan. Jakarta :CV.Trans Info Media.

Hawari, D. 2010. Manajemen Stres dan Depresi. Jakarta: FKUI.

Kumara A. 2020. Peranan Sistem Kekebalan Tubuh Terhadap Serangan Virus Corona SARS-CoV2 Pada Manusia. Pendidikan Fisika Universitas Negeri Jakarta.

Leite. 2020. Flattening The Infection Curve Understanding The Role Of Telehealth In Imaging Covid 19. Leadership in Health Service Journal Volume 33 Nomor 2, 2020

Notoatmodjo, 2010. Metodologi Penelitian Kesehatan Ed. Rev. Jakarta:Rineka Cipta

Parwanto. 2020. Virus Corona 2019-nCov Penyebab Covid 19, Jurnal Biomedik dan Kesehatan Vol 3, Nomor 1 Maret 2020. FK Universitas Trisakti Indonesia

Semiun. 2006, Kesehatan Mental 1, Yogyakarta, Kanisius

Stuart, G. & Sundeen. 2005. Principles and Practice of Psychiatic Nursing. 5th Edition. Missiouri: Mosby years Book.

Stuart, 2006. Keperawatan Jiwa. Alih Bahasa Indonesia. Jakarta : EGC

Sudarsa. 2020. Pembedahan Kanker di Masa Pandemi Covid 19. Jurnal Bedah Nasional 2020. Departemen Ilmu Bedah. FK Universitas Udayana.

Sugiyono. 2007. Statistik Untuk Penelitian Cetakan Ke 9. Bandung: Alfabeta

Susilo dkk. 2020. Corona Virus Disease 2019: Tinjauan Literatur. Jurnal Penyakit Dalam Indonesia Vomule 7 Nomor 1 Maret 2020

Townsend, M.C. 2009. Buku Saku Diagnosis Keperawatan Psikiatri: rencana Asuhan dan Medikasi Psikotropik (Nursing Diagnoses in Psychiatric Nursing: Care Plans and Psychotropic Medications). Jakarta: EGC.

Yuliana. 2020. Corona Virus Disease (Covid 19) Sebuah Tinjauan Literatur. Jurnal Wellness And Healthy Magazine Volume 2 Nomor 1, Februari 2020

World Health Organization. 2020. Global surveillance for COVID-19 disease caused by human infection with the 2019 novel coronavirus.

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