

## RESEARCH ARTICLE

## Relationship between anxiety and spiritual well-being of the elderly with hypertension during the COVID-19 pandemic

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### Abstract

**Objective:** To study the relationship between anxiety and the spiritual wellbeing of hypertensive elderly patients during the corona virus disease-2019 pandemic.

**Method:** The cross-sectional, correlational, analytical study was conducted from March to May 2022 in Lamongan Regency, East Java, Indonesia, after approval from the Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia, and comprised elderly hypertensive subjects aged >45 years who had good cognitive skills. Data was collected using the Geriatric Anxiety Scale and the Spiritual Wellbeing Scale. Anxiety was the independent variable, while spiritual wellbeing was the dependent variable. Data was analysed using univariate and bivariate analyses.

**Results:** Of the 200 subjects, 107(53.5%) were females and 93(46.5%) were males. Overall, 97(48.5%) were aged 45-49 years, 81(40.5%) had completed primary school, 96(48%) were farmers, 121(60.5%) had moderate anxiety and 80(40%) had moderate spiritual wellbeing. There was a significant relationship between anxiety and spiritual wellbeing ( $p<0.05$ ). Age, education and occupation of the subjects had significant association with both anxiety and spiritual wellbeing ( $p<0.05$ ).

**Conclusion:** The coronavirus disease-2019 led to decreased anxiety and increased spiritual wellbeing among the hypertensive elderly.

**Keywords:** COVID-19, Anxiety, Hypertension, Cognition, Prognosis. (JPMA 73: S-46 [Suppl. 2]; 2023)

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### Introduction

Anxiety among the elderly has an impact on their psychological and spiritual wellbeing. Psychological wellbeing includes fulfillment, stress and mental state, self-esteem, status, and respect that affect religious beliefs, sexuality and spiritual wellbeing. The elderly individuals experience changes in terms of physical, cognitive and psychosocial life. The stability of psychological wellbeing is one of the factors that play a role in increasing spiritual wellbeing. Psychological factors are important factors for individuals to exercise control over all the events they experience in life.<sup>1</sup>

During the active phase of coronavirus disease-2019 (COVID-19) pandemic, the elderly tended to feel excessive anxiety because their age group had a high risk of acquiring the disease, especially those with hypertension (HTN) The World Health Organisation (WHO) had declared in 2014 that HTN was the leading cause of death in the world; the older a person gets, the higher gets the risk of developing HTN.<sup>2</sup> The number of hypertensive people is almost 1 billion in the world.

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Around 333 million (34.2%) are in the developing, countries including Indonesia. HTN is the cause of death of 63 million, which is 6.7% of the hypertensive population of all ages in Indonesia. Around 972 million people (26.4%) suffer from HTN, and the figure is likely to increase to 29.2% by 2025. In East Java, HTN sufferers number 1.8 million (2.43%).<sup>3</sup>

Hypertension is usually diagnosed incidentally when the Blood Pressure is checked, it is therefore termed a Silent Killer. Hypertensive elderly experience anxiety which has a negative impact on spiritual wellbeing.<sup>4</sup>

By the end of March 2022, over 200 countries had been gripped by COVID-19, with millions of positive cases of over 6 million deaths.<sup>5</sup> In Indonesia alone, there were around 6 million confirmed cases and over 155,000 COVID-19 deaths.<sup>6</sup> The spread and variety of information coming through the media made people even more restless, anxious and frightened to the extent that there were fears about the outbreak of an obsessive compulsive disorder (OCD) wave.<sup>7</sup> The psychological impact of fear of COVID-19 was more dangerous than the disease in many ways, especially for the elderly. The elderly who were confirmed positive for COVID-19 infection felt the psychological impact in the shape of depression, stress and anxiety.<sup>8</sup>

Anxiety disorders are the most common mental disorders. A total of around 14 million people (6%) in

Indonesia aged 15 years and above suffer from emotional and mental disorders.<sup>9</sup>

During the active phase of the pandemic, hypertensive elderly experienced physical and psychological anxiety. The Spiritual Technique of Emotional Freedom (SEFT) can reduce anxiety and improve psychological wellbeing.<sup>10</sup> Psychological factors are important factors for individuals to exercise control over life events<sup>1</sup>, which in turn is expected to improve the quality of life (QOL).<sup>11</sup>

When feeling sadness, fear and anxiety, spirituality gives people a grip on life and religious practice becomes an activity of daily life (ADL).<sup>12</sup> Spiritual wellbeing is the attainment of satisfaction and happiness through one's relationship with God.<sup>13</sup> This takes one a step closer to God and has an impact on the meaning of the experience of pain.<sup>14</sup> Spiritual wellbeing is one of the factors in which the elderly can face problems and stress in life.<sup>15</sup>

Spiritual wellbeing provides direction and purpose to physical, mental and social wellbeing and is involved in developing one's spiritual aspects.<sup>16</sup> Anxiety during the active phase of COVID-19 interfered with the spiritual activities of the elderly due to restrictions imposed on people's movement outdoors.<sup>17</sup> Religious activities can positively affect mental and psychological health, and with the activities disturbed, the elderly felt irritated.<sup>18</sup>

Nursing interventions in the form of spiritual education for people with HTN can help the elderly in such phases. The current study was planned to assess the relationship between anxiety and the spiritual wellbeing of hypertensive elderly during the COVID-19 pandemic.

## Subjects and Methods

The cross-sectional, correlational, analytical study was conducted from March to May 2022 in Lamongan Regency, East Java, Indonesia. After approval from the Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia, the sample size was determined using Slovin's formula.<sup>19</sup> The sample was raised using purposive sampling technique. Those included were elderly hypertensive subjects aged >45 years who were conscious, had good cognitive skills, and were able to communicate. Informed consent was obtained from all the subjects, and those not willing were excluded.

Data was collected using the Geriatric Anxiety Scale (GAS) and the Spiritual Wellbeing Scale (SWBS). The GAS questionnaire has 30 questions,<sup>20</sup> assessing cardiovascular symptoms, feelings of anxiety, respiratory (breathing) symptoms, gastrointestinal (digestive) symptoms, tension, fear, muscle, and sensory somatic symptoms. The SWBS questionnaire consists of Religious

Wellbeing (RWB) and Existential Wellbeing (EWB).<sup>21</sup>

The collected data was coded, processed and analysed using univariate and bivariate analysis through chi-square test. Anxiety was the independent variable, while spiritual wellbeing was the dependent variable. The level of significance was kept at  $p < 0.05$ .

## Results

Of the 200 subjects, 107(53.5%) were females and 93(46.5%) were males. Overall, 97(48.5%) were aged 45-49 years, 81(40.5%) had completed primary school, 96(48%) were farmers, 121(60.5%) had moderate anxiety and 80(40%) had moderate spiritual wellbeing (Table 1).

**Table-1:** Characteristics of the study subjects (n=200).

| Demographics                 | n (%)      |
|------------------------------|------------|
| <b>Gender</b>                |            |
| Man                          | 93 (46.5)  |
| Woman                        | 107 (53.5) |
| <b>Age</b>                   |            |
| 45 – 59 years                | 97 (48.5)  |
| 60 – 74 years                | 80 (40)    |
| 75 – 90 years                | 19 (9.5)   |
| >90 years                    | 4 (2)      |
| <b>Education</b>             |            |
| No school                    | 22 (11)    |
| Primary school               | 81 (40.5)  |
| Junior high school           | 42 (21)    |
| Senior high school           | 34 (17)    |
| Diploma                      | 3 (1.5)    |
| Bachelor                     | 18 (9)     |
| <b>Occupation</b>            |            |
| Farmer                       | 96 (48)    |
| Self-employed                | 25 (12.6)  |
| Civil servant/Police/Soldier | 13 (6.5)   |
| Private sector employee      | 10 (5)     |
| Teacher                      | 7 (3.5)    |
| Doesn't work                 | 49 (24.5)  |
| <b>Anxiety</b>               |            |
| Light                        | 36 (18)    |
| Moderate                     | 121 (60.5) |
| Heavy                        | 43 (21.5)  |
| <b>Spiritual well-being</b>  |            |
| Low                          | 73 (36.5)  |
| Moderate                     | 80 (40.0)  |
| High                         | 47 (23.5)  |

**Table-2:** The relationship between anxiety and spiritual wellbeing (n=200).

| Anxiety  | Spiritual Wellbeing |              |           | Total n %  | Sig.    |
|----------|---------------------|--------------|-----------|------------|---------|
|          | Low n %             | Moderate n % | High n %  |            |         |
| Light    | 25 (69.4)           | 8 (22.2)     | 3 (8.3)   | 36 (18)    | (0.000) |
| Moderate | 48 (39.7)           | 61 (50.4)    | 12 (9.9)  | 121 (60.5) |         |
| Heavy    | 0 (0.0)             | 11 (25.6)    | 32 (74.4) | 43 (21.5)  |         |

**Table-3:** The relationship of anxiety and spiritual wellbeing with gender, age, education and occupation of the study subjects (n=200).

| Demographics                 | Sig.<br>n % | Anxiety | Spiritual Wellbeing |
|------------------------------|-------------|---------|---------------------|
| <b>Gender</b>                |             |         |                     |
| Man                          | 93 (46.5)   | 0.039   | 0,339               |
| Woman                        | 107 (53.5)  |         |                     |
| <b>Age</b>                   |             |         |                     |
| 45 – 59 years                | 97 (48.5)   |         |                     |
| 60 – 74 years                | 80 (40)     | 0.000   | 0,000               |
| 75 – 90 years                | 19 (9.5)    |         |                     |
| >90 years                    | 4 (2)       |         |                     |
| <b>Education</b>             |             |         |                     |
| No school                    | 22 (11)     |         |                     |
| Primary school               | 81 (40.5)   |         |                     |
| Junior high school           | 42 (21)     | 0.000   | 0,000               |
| Senior high school           | 35 (17.5)   |         |                     |
| Diploma                      | 3 (1.5)     |         |                     |
| Bachelor                     | 17 (8.5)    |         |                     |
| <b>Occupation</b>            |             |         |                     |
| Farmer                       | 96 (48)     |         |                     |
| Self-employed                | 25 (12.5)   |         |                     |
| Civil servant/Police/Soldier | 13 (6.5)    | 0.000   | 0,000               |
| Private sector employee      | 10 (5)      |         |                     |
| Teacher                      | 7 (3.5)     |         |                     |
| Doesn't work                 | 49 (24.5)   |         |                     |

There was a significant relationship between anxiety and spiritual wellbeing ( $p < 0.05$ ) (Table 2). Age, education and occupation of the subjects had significant association with both anxiety and spiritual wellbeing ( $p < 0.05$ ), while gender had no significant association ( $p = 0.339$ ) (Table 3).

## Discussion

The study showed a significant relationship between anxiety and spiritual wellbeing. Anxiety is a vague, diffused doubt associated with thoughts and feelings of uncertainty and helplessness, and the emotional state has no clear purpose. In the study most females, anxiety occurred more in women. Women have high levels of anxiety as a result of excessive autonomic nervous reaction with an increase in the sympathetic system, an increase in norepinephrine, an increase in the release of catecholamine, and an abnormal disturbance of teratogenic regulation. Hormones has a serious influence on a person's psychological condition, including anxiety.<sup>22</sup> In dealing with problems, women are more stressed, causing anxiety. Studies have reported that women have more severe psychological pressures than men.<sup>23</sup>

Anxiety is felt more when the elderly reach the age of 60 years. The elderly with higher education will have better access to information about health, and therefore will experience low anxiety.<sup>24</sup> In line with the current study, indicators of elderly welfare have been identified as

demographic, social environment, health services, physical wellbeing, psychological wellbeing, social welfare and spiritual wellbeing.<sup>25</sup>

There is a significant relationship of spiritual wellbeing, sociodemography, economy, religion and health with QOL of the elderly.<sup>26</sup>

The elderly become more religious, and their spiritual level gets high. Anxiety decreases as the level of spirituality goes higher.<sup>10</sup> A person who can attain spiritual comfort or spiritual wellbeing will gain peace of mind which can reduce stress levels.<sup>15</sup>

In the current study, a significant relationship of age, education and occupation was found with the spiritual wellbeing of the elderly. Spiritual beliefs help individuals create emotional bonds that can increase marital satisfaction as spirituality helps identify oneself, develop positive emotions and be satisfied with the life as it is.<sup>27</sup> Families can help facilitate physical activities of the elderly in order to improve their health status, especially of the elderly with HTN<sup>28</sup> because increased range of motion (ROM), lowers blood pressure.<sup>29</sup>

Further studies using a larger sample and qualitative design with in-depth interviews are recommended.

## Conclusion

The COVID-19 pandemic led to decreased anxiety and increased spiritual wellbeing among the hypertensive elderly. There was a significant relationship between anxiety and spiritual wellbeing, and both were influenced by age, education and occupation of the subjects.

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