



The Relationship Between Family Social Support and Nurse Anxiety Level in the COVID-19 Isolation Room at Klungkung Regency Hospital

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ABSTRACT:

Background: Nurses are at the forefront of handling COVID-19 patients, who have a high risk of experiencing psychological pressure in the form of anxiety. Social support from family is considered as one of the protective factors that can reduce anxiety, but its effectiveness in the context of caring for COVID-19 patients still needs further research.

Aims: This study aims to determine the relationship between family social support and the anxiety level of nurses assigned to the COVID-19 isolation room at Klungkung Regency Hospital.

Methods: This study used a quantitative approach with a correlative descriptive design and cross-sectional design. The sampling technique used total sampling with a total of 62 respondents. Data were collected through two questionnaire instruments: family social support questionnaire (20 items) and Zung Self-Rating Anxiety Scale (SAS). Data analysis was conducted using the Spearman-rho test.

Result: Most respondents (90.3%) had a high level of family social support and did not experience anxiety (96.8%). However, the statistical test results showed that there was no significant relationship between family social support and nurses' anxiety level ($p = 0.123$).

Conclusion: This study concludes that family social support does not have a significant relationship with the anxiety level of nurses in the COVID-19 isolation room. Therefore, more attention is needed from institutions and the work environment in providing comprehensive psychological support for health workers.

Keywords: Family Social Support, Anxiety, Nurses, COVID-19, Isolation Room

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INTRODUCTION

Anxiety is one of the most common psychological disorders experienced by nurses, especially those serving in COVID-19 isolation rooms (Candrawati & Sukraandini, 2022; Nugraha, 2020; Suhendi & Supriadi, 2020; Vibriyanti, 2020) . The pandemic has brought additional psychological burdens in the form of work pressure, high risk of exposure to the virus, limited personal protective equipment, and stigma from the community. This condition is even more complex when support from the social environment and family is inadequate, thus threatening the mental health of nurses and impacting the quality of nursing services. Persistent anxiety, if not handled properly, can reduce endurance and cause bad consequences for both nurses and patients (Djikoren & Hermanto, 2022; Gumantan et al., 2020; Ilpaj & Nurwati, 2020; Iriyanto, 2024) .

Ideally, in nursing practice, emotional and social support is an important component that helps nurses carry out their duties optimally (Adnyaswari, n.d.; Ong, 2020; Pasaribu et al., 2021; Wiffida et al., 2022) . However, in reality there is still a gap between expectations and practices that occur in the field. Many nurses do not get enough support, both from family, work environment, and society. This causes anxiety to become a serious problem, especially for nurses who care intensively for COVID-19 patients.

Seeing this urgency, this research has a great opportunity to be carried out, especially in exploring the extent to which the role of family social support on nurse anxiety. Considering that the pandemic has lasted more than two years, but the psychological impact is still being felt today, it is important to conduct research that is not only descriptive but also correlative, so that the results can be used as a basis for policy interventions.

The novelty of this research lies in the focus area that is still rarely researched, namely Klungkung Regency Hospital in Bali Province. Most similar studies have been conducted in other regions or in disaster volunteer groups. By addressing this phenomenon in Bali, this study broadens the scope of our understanding of the psychological dynamics of health workers in various local contexts. In addition, the variable of family social support was chosen because family is the main support system believed to be able to strengthen the psychological resilience of individuals, especially in the midst of crisis situations such as the COVID-19 pandemic.

This study aims to analyze the relationship between family social support and the anxiety level of nurses in the COVID-19 isolation room. Through these findings, it is hoped that practical recommendations can be made that are useful for hospitals, nurses' families, and educational institutions to develop effective mentoring systems and psychosocial interventions (Hidayat et al., 2019; Novera et al., 2021; Setiyawati et al., 2022) . Theoretically, the results of this study will also enrich studies in the field of mental nursing and can be the basis for further research that highlights the importance of the mental well-being of health workers in public health emergency situations.



METHOD

Research Design

This research used a quantitative descriptive correlational design with a cross-sectional approach (Saro et al., 2023; Setyawati et al., 2020) . aiming to explore the relationship between family social support and the level of anxiety experienced by nurses in the COVID-19 isolation ward.

Participants

The participants in this study were **nurses assigned to the COVID-19 isolation room** at RSUD Klungkung Regency during the time of data collection. All participants met the inclusion criteria set by the researcher.

Population and the Methods of Sampling; Instrumentation

The population in this study was all nurses working in the isolation ward, with a total number of 62 nurses, who were also used as the total sample (total sampling technique).

The instrumentation consisted of two questionnaires:

- The Family Social Support Questionnaire (developed by the researcher based on Sarafino's theory), with 20 items using a 5-point Likert scale (1 = Never to 5 = Always), categorized into emotional, informational, instrumental, appraisal, and social network support.
- The Zung Self-Rating Anxiety Scale (SAS/SRAS), consisting of 20 items with four response choices (1=Never to 4=Almost always).

Validity and reliability:

The Family Social Support Questionnaire underwent a multi-stage validation process. First, face validity was assessed through expert judgment to ensure the clarity and appropriateness of the items. Then, content validity was evaluated by a panel of three mental health and nursing education experts, yielding a Content Validity Index (CVI) of 0.89, which indicates good content relevance. An exploratory factor analysis (EFA) was then conducted to assess construct validity. This analysis confirmed the five intended dimensions of support (emotional, informational, instrumental, appraisal, and social network) with acceptable factor loadings (>0.50). A reliability analysis using Cronbach's alpha yielded a value of 0.87, indicating good internal consistency.

Instrument

Family Social Support Questionnaire (developed by the researcher) and Zung Self-Rating Anxiety Scale (SAS/SRAS).

Procedures and Time Frame

The study was conducted in February-March 2021. Data collection involved:

- Obtaining permission from RSUD Klungkung Regency.
- Distributing consent forms and questionnaires directly to the participants.
- Participants were given time to complete the questionnaires independently while maintaining health protocols.
- Completed questionnaires were collected and processed for data entry.

Analysis Plan

Data were analyzed using descriptive statistics (frequency, percentage, mean) and inferential statistics using the Spearman-rho correlation test to examine the relationship between family social support and anxiety levels. A p-value <0.05 was considered statistically significant.

RESULTS AND DISCUSSION

Result

1. Respondent Characteristics

A total of 62 nurses were respondents in this study. Most were female (67.7%), and the majority were aged 26-35 years (50%). Most of the respondents served in the COVID-19 ICU (74.2%).

Table 1. Gender Distribution of Respondents

Gender	Frequency	Percentage
Male	20	32,3%
Female	42	67,7%
Total	62	100%

Table 2: Age Distribution of Respondents

Age	Frequency	Percentage
17-25 years old	21	33,9%
26-35 years	31	50,0%
36-45 years old	7	11,3%
46-55 years old	3	4,8%
Total	62	100%

2. Level of Family Social Support

Table 3. Family Social Support Categories

Category	Frequency	Percentage
High Social Support	56	90,3%
Moderate Social Support	6	9,7%
Total	62	100%

3. Nurse Anxiety Level

Table 4. Categories of Nurse Anxiety Level

Category	Frequency	Percentage
Not Anxious	60	96,8%
Mild Anxiety	2	3,2%
Total	62	100%

4. Statistical Test Results

Before the correlation test was conducted, the Kolmogorov-Smirnov normality test showed that the data was not normally distributed ($p < 0.05$), so the Spearman-rho test was used.

Table 5. Kolmogorov-Smirnov Normality Test

Variable	Sig. (p-value)
Family Social Support	0,041
Anxiety Level	0,018

Table 6. Spearman-rho Test Results

Variable	Correlation Coefficient	Sig. (p-value)
Social Support vs Anxiety	-0,198	0,123

The results of the analysis showed that there was no significant relationship between family social support and nurse anxiety level ($p = 0.123 > 0.05$).

Discussion

The research findings show that most nurses working in the COVID-19 isolation room at Klungkung Regency Hospital have high family social support and do not experience anxiety. However, the results of statistical analysis using the Spearman-rho test showed that there was no significant relationship between family social support and anxiety levels ($p = 0.123$).

These results suggest that family social support alone may not be the deciding factor in determining nurses' psychological resilience during a pandemic. (Fahrully et al., 2024; Musyaddat, 2017; Rahmawati & Irwana, 2020). One possible explanation is that nurses have developed individual coping strategies over time through training, past experiences, or personal reflection. These strategies, such as mindfulness, emotional regulation, and problem-solving, could act as buffers that reduce anxiety regardless of the level of family support (Siregar, 2024; Sudirman, 2024; Syafii et al., 2024).

An important contribution of this study is to provide an empirical picture of the psychological conditions of nurses in areas that have previously been less explored in similar studies, especially in Bali. In addition, this study enriches the literature on the effectiveness of family social support in dealing with psychological stress due to the pandemic. With results that do not show a significant relationship, this study also provides a foundation for future researchers to re-evaluate the assumption that family social support always has a protective effect on health workers' anxiety. Instead, the professional context, work experience, and support system from the institution may be more decisive factors and need to be researched further (Suradi, 2017; Tunliu et al., 2019; Zahro et al., 2021).

Nevertheless, this study has several limitations. First, the number of respondents was relatively small and limited to one hospital, so the generalizability of the results is limited. Second, the cross-sectional research design cannot capture the dynamics of anxiety that can change over time. Third, the social support measurement instrument was self-developed by the researcher and only tested through face validity, which allows for perception bias from respondents in assessing the support they receive.

Another potential moderating factor is personality traits. For instance, individuals who are highly conscientious or emotionally stable may be better able to independently manage anxiety-inducing situations. Nurses with a strong internal locus of control may rely more on self-efficacy and less on external support systems, including family. Therefore, the absence of a significant statistical relationship in this study does not diminish the potential relevance of social support; rather, it highlights the complexity of psychological responses in healthcare workers. Future studies should examine a broader set of variables, such as coping styles, personality traits, and workplace support mechanisms, to develop a more thorough understanding of anxiety among nurses during health emergencies.

CONCLUSION

Based on the results of research conducted on 62 nurses in the COVID-19 isolation room at Klungkung Regency Hospital, it is known that the majority of nurses get high family social support and most do not experience anxiety. However, the results of statistical tests show that there is no significant relationship between family social support and nurses' anxiety levels ($p = 0.123$). This suggests that while family social support is important, it does not directly influence nurses' anxiety levels in the context of the COVID-19 pandemic. In other words, it is possible that nurses' anxiety is influenced by other factors such as work experience, work environment conditions, and support from institutions or peers.

Although no significant relationship was found, this finding still makes an important contribution to efforts to improve the psychological well-being of health workers. This study emphasizes that the support approach for nurses should be comprehensive and not only rely on the role of family. Hospitals and related institutions need to provide adequate internal psychological support facilities, such as counseling services, stress coping training, and appreciation of nurses' work. In addition, this finding is also an initial step for further research to explore other factors that are more dominant in influencing nurses' anxiety levels, especially in situations of global health crises such as the COVID-19 pandemic.

AUTHOR CONTRIBUTION STATEMENT

NM as the lead author played a role in problem formulation, data collection, and manuscript writing. KN contributed to methodology validation, data analysis, and content editing. MR provided direction in the preparation of the theoretical framework and supervised the entire research process until the finalization of the report.

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