PROCEEDING INTERNATIONAL CONFERENCE OF NURSING, HEALTH AND EDUCATION (ICNHE)

PREPARE FOR UPGRADING SKILL FOR GLOBAL NEEDS

PROCEEDING OF

STIKES RS. Baptis Kediri
Kediri City- East Java, 23th Nov 2019

Organized by:
STIKES RS. Baptis Kediri

Support by:

PROCEEDING

Published by:
STIKES RS. Baptis Kediri

ISSN : 2548-9198

FOREWORD

Thanks to God Almighty for his abundance of grace so that the Proceedings Of Update Comprehensive Nursing Care For Diabetes Mellitus Patients With A Multidisciplinary Approach can be solved well. This Proceeding is a collection of research results that are expected to contribute in improving health status in the community. Research results can be a point of reference for developing other research for the welfare of Indonesian society. This Proceeding contains research papers and is created with the aim of providing knowledge to the general public regarding the latest research and scientific developments so that it is expected to increase knowledge, communication and further motivation for the filing of Intellectual Property Rights.

We would like to thank **Mrs. Selvia David Richard, S.Kep., Ns., M.Kep as Chief of STIKES RS. Baptis Kediri, Libest Asia Consultans, Social Welfare Corporation Prefectual Welfare Society, Asia Kyoei Jigyou Kyodokumiai, Kumiai/AO Japan, Seiyukai Foundation, Rakurakuen Foundation and Southeast Asia Ministers of Education Organization Regional Open Learning Center (SEAMEO SEAMOLEC)** in publishing the proceedings that we have held. We realize that this Proceeding certainly does not escape the deficiencies, for that all suggestions and criticism we expect for the improvement of proceedings in the next issue. Finally we would like to thank all t hose who have assisted in this activity, and we hope that this proceeding can be useful for researchers, academics and the development of science.

Kediri, 29th November 2019
Committe

TABLE OF CONTENTS

Anxiety Of Acute Coronary Syndrome Patients In Regional Public Hospital Of Dr.T.C.Hillersmaumere

Ode Irman, YosefinaNelista, Yosephina Maria HawaKeytimu
Lecturer at the Faculty of Health Sciences, Nusa Nipa University

Introduction: Acute Coronary Syndrome (ACS) is an emergency condition of Coronary Heart Disease (CHD). Changes due to ACS not only affect physical, physiological but also psychological aspects, namely anxiety. Anxiety in ACS patients after an attack is reported to be up to 60% and increases the risk of complications and mortality. The purpose of research is to explain anxiety of ACS Patients in Regional Public Hospital of dr.T.C.HillersMaumere.
Methods: This type of research is quantitative descriptive. Using consecutive sampling. The average number of ACS patient visits in one month is 35 patients, so the minimum number of samples is 32 patients. The research was carried out in the Intensive Care Unit of Regional Public Hospital of dr.T.C.HillersMaumere with the research time: May-August 2019. Measurement of anxiety using the State Trait Anxiety Inventory (STAI). This instrument divides anxiety into two parts, namely trait anxiety and state anxiety. Data analysis uses descriptive analysis
Results: The results showed the average trait anxiety was 41 with a standard deviation of 6.82 while the average state anxiety was 42.9 with a standard deviation of 7.56
Conclusion: All ACS patients experience anxiety with a state anxiety score greater than trait anxiety. Nurses must screening anxiety for all ACS patients in order to determine the right intervention so that quality of life can increased.

Keywords: Anxiety, ACS

INTRODUCTION

At present the biggest cause of death in developing countries as well as in developed countries has gone from infectious diseases to non-communicable diseases. Non-communicable diseases such as Acute Coronary Syndrome (ACS) is an emergency disease of Coronary Heart Disease (CHD) which contributes 1.8 million deaths in the world and increases every year (Bueno, 2018). American Heart Association (AHA) reports that 15.5 million people in the United States age> 20 years suffer from CHD and it is reported that every 42 seconds Americans suffer from ACS (Mozaffarain et al., 2016). British Heart Foundation (BHF) reports that 530 British citizens are hospitalized every day because of ACS (BHF, 2017). In Asia-Pacific countries, there are reported increases in ACS morbidity every year and more than 5% of ACS sufferers die while hospitalized (Chan et al., 2016). In Indonesia according to the 2013 Basic Health Research, the prevalence of CHD was 0.5%. The highest prevalence is in East Nusa Tenggara by 4.4%. In 2018 the prevalence of CHD will be 1.5% (KementerianKesehatan RI, 2018)

The impact of ACS is not only on the behavioral, physiological aspects but also on the psychological aspects.

The psychological response during an acute attack is anxiety. Anxiety is a phenomenon that often occurs when hospitalized (Ruz et al., 2011). Anxiety is described as an unclear fear accompanied by uncertainty, worry, helplessness, discomfort and insecurity (Stuart, 2016). Anxiety is expressed directly through physiological and behavioral changes and indirectly through the emergence of coping mechanisms in an effort to fight anxiety (Hawari, 2011)

Anxiety ACS patients are caused by chest pain, death threats, helplessness and disrupted roles (Eken, et al, 2010). The incidence of post-ACS anxiety in developed countries is reported to be up to 60% (Xiao et al., 2019). Research conducted by Ciric-Zdravkovic et al (2014) in Serbia shows ACS patients experience anxiety by 81%. Research by Asyikeen et al (2017) in Iran shows ACS patients experience anxiety by 86.3%. The impact of anxiety is 5 times higher at complications (AbuRuz, 2018) and 50% of short-term mortality (Roest et al., 2013) Anxiety becomes a risk factor 1.2 times the cause of the extent of myocardial infarction (Celano et al., 2016). But in reality anxiety is rarely studied and received attention from nurses. The results showed that anxiety is often unknown to nurses and this psychological disorder can be experienced in a few months after the attack and even lasts for years. If this is left unchecked it will certainly be very bad for the patient's health. Research by Musey et al (2018) found that 58% of ACS patients experienced anxiety when visiting the emergency department, but were not diagnosed during treatment.

In 2008, the AHA recommended health workers to screen for depression and in 2014, the AHA explained that depression is a risk factor for clinical deterioration in patients, but to date an anxiety screening has not been recommended, AHA recommends that if a patient experiences depression it also implies experiencing anxiety (Maneghetti et al., 2017), even though the concepts of anxiety and depression are different. Numerous studies have proven that anxiety also influences treatment outcomes. As seen in the study of De Jager et al (2018), the results showed that anxiety and depression both had an effect on mortality within 10 years after Percutaneous Coroner Intervention. In line with research by Feng et al (2016), patients with ACS attacks experience anxiety during the first 2 years after the attack. Post-attack anxiety is associated with a higher risk for recurring attacks.

Based on preliminary studies conducted at Regional Public Hospital of dr.T.C.HillersMaumere, obtained so far nurses do not pay attention to patient anxiety, nurses focus their attention on the physical aspects. The results of a preliminary study of 10 patients, 7 patients said they were worried about the conditions experienced, fear of illness, difficulty sleeping, thinking of bad events such as death and feeling hopeless. Assessment and treatment of anxiety should be part of the treatment of ACS patients that aims to recover and reduce the risk of subsequent attacks (Moser, 2007) Based on the above problem, the researcher is interested in examining anxiety of Acute Coronary Syndrome patients in Regional Public Hospital of dr.T.C.HillersMaumere

METHODS

This type of research is quantitative descriptive. The population in this study was ACS sufferers who were treated at Regional Public Hospital of dr.T.C.HillersMaumere in 2019. The

sampling used was consecutive sampling. The average number of ACS patient visits in one month is 35 patients. The minimum number of samples based on the Slovin formula is 32 patients. Sample criteria are: inclusion criteria: 1) Patients who have been diagnosed by a doctor suffer from ACS. 2) Patients with the first attack, 3) Communicate well and be willing to be a respondent. The exclusion criteria were that the patient did not follow the research process until completion

The research was carried out in the Intensive Care Unit of Regional Public Hospital of dr.T.C.HillersMaumerewith the research time: May-August 2019. The instrument used to measure anxiety is the State Trait Anxiety Inventory (STAI). The STAI instrument was developed by Spielberger (1970), the STAI instrument is divided into 2 parts namely state anxiety and trait anxiety, each of which consists of 20 questions that are rated by the patient himself about how the patient feels in the situation being faced. Each anxiety section is scored 20-80 (Julian, 2011)

Anxiety measurement is done after ethics test and research permit are obtained. The researcher introduces himself to prospective respondents, explains the purpose of the study and gives informed consent. If the patient is willing, then an anxiety measurement is then performed. Data analysis uses descriptive analysis. This study was approved by the Health Research Ethics Commission of the Faculty of Medicine, University of Nusa Cendana, East Nusa Tenggara Province with number 22 / UN15.16 / KEPK / 2019

RESULTS

The results of the study are shown in table 1 and table 2.

Table 1. Distribution of respondent demographic characteristics (n= 32)

Characteristics of respondents	F	%
Age		
Mean ± SD	58.4±5.57	
Sex		
Male	23	63.9
Female	9	28.1
Education		
Primary school	9	28.1
Junior high school	13	40.6
Senior high school	8	25
Higher education	2	6.3
Occupation		
Housewife	9	28.1
Farmer	12	37.5

Civil servants	4	12.5
Retired	1	3.1
Fisherman	2	6.3
Entrepreneur	4	12.5
Type of ACS		
STEMI	9	28.1
NSTEMI	18	56.3
UAP	5	15.6

Based on table 1. The average age of patients is 58 years. Most of the sex patients were male as many as 23 patients(63.9%). Most education is junior high school as many as 13 patients (40.6). The most occupation are farmers as many as 12 patients (37.5%). The highest type of ACS is NSTEMI with 18 patients (56.3%).

Table 2. Respondents distribution based on anxiety (n=32)

Anxiety	Mean	SD
Trait	41.0	6.82
State	42.9	7.56

Based on table 2. The average trait anxiety is 41 with a standard deviation of 6.82 while the average state anxiety is 42.9 with a standard deviation of 7.56

DISCUSSION

The results showed all respondents experienced anxiety with an average trait anxiety score of 41 with a standard deviation of 6.82 while the average state anxiety was 42.9 with a standard deviation of 7.56. Anxiety is an emotional state that interferes with physiological functions, causing unpleasant feelings of tension, worries, feelings of uncertainty and helplessness (Kessler et al., 2012). Anxiety is the most common form of psychiatric disorder and is associated with a high disease burden (Chisholm et al., 2016).

Anxiety can be caused by many things, among others, due to environmental problems, health, social relations, past experiences and irrational thoughts. From the physical side of anxiety makes patients feel nervous and restless, palpitation, dizzy, dyspnea, the body feels weak and nauseous. From the behavior side of the patient will experience helplessness and dependence on others, while from the cognitive side, patients will feel worried, wrong beliefs and feel threatened. Anxiety that occurs in ACS patients is caused by severe chest pain sensations, death threats, helplessness and disrupted roles (Eken, et al, 2010). The peak anxiety for ACS patients is 12 hours after symptom onset (Jia et al., 2012). Research by O'Keefe-McCarthy et al (2015) shows ACS patients experience anxiety that persists 8 hours after an ischemic attack.

Judging from the score of trait anxiety and state anxiety is different, where the score of state anxiety is higher than trait anxiety (42.9 ± 7.56 vs 41 ± 6.82). According to Spilberger (2010), anxiety is divided into 2 forms, namely trait anxiety and state anxiety. Both forms of anxiety have a positive correlation. Trait anxiety is described as being worried and threatened with a condition that is not actually dangerous. Trait anxiety refers to a personality that does have anxiety potential compared to other individuals. State anxiety is an emotional condition and a temporary condition in an individual with a feeling of tension and worry that is felt consciously and is subjective. State anxiety can increase or decrease because the situation approaching the patient is also different, whereas trait anxiety tends to persist because it refers to a person's nature. The more severe the trait anxiety will make the state anxiety worse. As seen in a study conducted by Ciric-Zdravkovic et al (2014) showing higher state anxiety than trait anxiety, both forms of anxiety are caused by the course of SKA. Similar studies conducted by Batista et al (2018) show different state anxiety scores before and after cardiac catheterization (40.2 ± 10.4 vs 37.2 ± 11.2) and relatively fixed trait anxiety scores.

Anxiety may occur before the attack by factors that are not from the symptoms of ACS, when the patient experiences anxiety before the attack will worsen blood flow. Likewise, during attacks and after attacks, circulatory disorders get worse. Because any cause of anxiety is very bad for the patient's quality of life. Anxiety during and after the attack will only be more complex. If left untreated, the cause of ACS by plaque blockage factors will increase because anxiety increases platelet reactivity (Zafar et al., 2010). Therefore nurses must screening for anxiety, although in the initial stages the patient does not show anxiety, because anxiety can occur unnoticed by the patient himself.

The fact that occurs as conveyed by Bandelow et al (2017) states the patient's anxiety is not realized by nurses and treatment is given if the patient has entered a severe stage or suffer complications. According Tiller (2013) nurses' unconsciousness in assessing anxiety due to anxiety symptoms is less specific and patients only report physical complaints from the disease. While anxiety affects the sympathetic nervous system resulting in an increase in the frequency of the heart's work, an increase in vital signs. Anxiety also has an impact on increasing blood clotting, if not treated properly, it will accelerate the death of heart muscle, increase analgesic use and the need for greater sedation (Craven et al., 2013 &Ciric-Zdravkovic et al., 2014).

Anxiety can occur at any time and the severity of symptoms can vary from time to time due to various reasons and situations. In the long run anxiety is an important determinant of the risk of complications and death, because any cause of anxiety can worsen the patient's condition. A good understanding from nurses will greatly help patients overcome anxiety. In addition nurses must be aware of the anxiety experienced by patients and nurses must screen for anxiety.

CONCLUSION

All SKA patients experience anxiety with a state anxiety score greater than trait anxiety. Nurses must screening anxiety for all SKA patients in order to determine the right intervention so that quality of life can increased.

REFERENCES

AbuRuz M. E. (2018). Persistent anxiety and in-hospital complications after acute coronary syndrome. International journal of health sciences, 12(2), 50–56.

Asyikeen,W.A.W.N.,Azrin,A.H,S.,Sulong,Z.R&Fauzi,M.H(2017)AssociatedFactors ofAnxietyamongAcuteCoronary SyndromePatientsinKelantanand Terengganu. Iranian Journal of Health Sciences 2017; 5(4):1-9

Bandelow, B., Michaelis, S., &Wedekind, D. (2017). Treatment of anxiety disorders. Dialogues in clinical neuroscience, 19(2), 93–107.

Batista LC, Calache AL & Butcher RC (2018) Anxiety and clinical outcomes in coronary patients undergoing unplanned catheterization. Acta Paul Enferm. 2018;31(6):593-9.

British Heart Foundation. CVD statistics – BHF UK factsheet. London: BHF, 2017. Available from:https://www.bhf.org.uk/research/heart-statistics

Bueno, H (2018). Epidemiology of acute coronary syndromes. ESC CardioMed - Oxford Medicine. DOI:10.1093/med/9780198784906.003.0305

Chan, M. Y., Du, X., Eccleston, D., Ma, C., Mohanan, P. P., Ogita, M., …Jeong, Y.-H. (2016). Acute coronary syndrome in the Asia-Pacific region. International Journal of Cardiology, 202, 861–869.doi:10.1016/j.ijcard.2015.04.073

Chisholm D., Sweeny K., Sheehan P., et al Scaling-up treatment of depression and anxiety: a global return on investment analysis. *Lancet Psychiatry.* 2016;3(5):415–424

Ciric-Zdravkovic, S. V., Zikic, O. V., Stanojevic, D. M., Sci, M., &Petrovic-Nagorni, S. M. (2014). Anxiety in patients with acute coronary syndromes. The European Journal of Psychiatry, 28(3), 165–171. doi:10.4321/s0213-61632014000300004

Craven P, Cinar O, Madsen T. Patient anxiety may influence the efficacy of ED pain management. Am J Emerg Med. 2013; 31(2): 313–318

De Jager, T. A. J., Dulfer, K., Radhoe, S., Bergmann, M. J., Daemen, J., van Domburg, R. T.,…Utens, E. M. W. J. (2018). Predictive value of depression and anxiety for long-term mortality: differences in outcome between acute coronary syndrome and stable angina pectoris. International Journal of Cardiology, 250, 43–48. doi:10.1016/j.ijcard.2017.10.005

Eken, C., Oktay, C., Bacanli, A., Gulen, B., Koparan, C., Ugras, S. S., &Cete, Y. (2010). Anxiety and Depressive Disorders in Patients Presenting with Chest Pain to the Emergency Department: A Comparison Between Cardiac and Non-Cardiac Origin. The Journal of Emergency Medicine, 39(2), 144–150.doi:10.1016/j.jemermed.2007.11.087

Feng, H. P., Chien, W. C., Cheng, W. T., Chung, C. H., Cheng, S. M., &Tzeng, W. C. (2016). Risk of anxiety and depressive disorders in patients with myocardial infarction: A nationwide population-based cohort study. Medicine, 95(34), e4464.

doi:10.1097/MD.0000000000004464

Hawari, H.D (2011) Manajemen stress, cemasdandepresi. FakultasKedokteranUniversitas Indonesia

Meneghetti, C. C., Guidolin, B. L., Zimmermann, P. R., &Sfoggia, A. (2017).Screening for symptoms of anxiety and depression in patients admitted to a university hospital with acute coronary syndrome. Trends in Psychiatry and Psychotherapy, 39(1), 12–18.doi:10.1590/2237-6089-2016-0004

Jia, E.-Z., Xu, Z.-X., Cai, H.-Z., Guo, C. Y., Li, L., Zhu, T.-B., . . . Yang, Z.-J. (2012). Time distribution of the onset of chest pain in subjects with acute ST - elevation myocardialinfarction:aneight-year,single-centerstudyinChina.PLoSONE,7(3), e32478

Julian L. J. (2011). Measures of anxiety: State-Trait Anxiety Inventory (STAI), Beck Anxiety Inventory (BAI), and Hospital Anxiety and Depression Scale-Anxiety (HADS-A). Arthritis care & research, 63 Suppl 11(0 11), S467–S472. doi:10.1002/acr.20561

KementerianKesehatan RI (2018) RisetKesehatanDasar. BadanPenelitiandanPengembanganKesehatan. Jakarta

Kessler RC., Petukhova M., Sampson NA., Zaslavsky AM., Wittchen HU (2012) Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *Int J Methods Psychiatr Res.* 2012;21(3):169–184.

Mozaffarian D, Benjamin EJ, Go, A.S., Arnett, D.K., Blaha, M.J., Chusman, M., Das, R.S.,…Turner, M.B (2016). Executive Summary: Heart Disease andStroke Statistics--2016 Update: A Report From the American Heart Association. Circulation 2016;133:447-54

Moser, D.K. (2007). The rust of life: Impact of anxiety on cardiac patients. Am J Crit Care, 16, 361–369

Musey, P. I., Lee, J. A., Hall, C. A., & Kline, J. A. (2018). Anxiety about anxiety: a survey of emergency department provider beliefs and practices regarding anxiety-associated low risk chest pain. BMC Emergency Medicine, 18(1). doi:10.1186/s12873-018-0161-x Musey, P. I., Lee, J. A., Hall, C. A., & Kline, J. A. (2018). Anxiety about anxiety: a survey of emergency department provider beliefs and practices regarding anxiety-associated low risk chest pain. BMC Emergency Medicine, 18(1). doi:10.1186/s12873-018-0161-x

O'Keefe-McCarthy, S., McGillion, M., Clarke, S. P., &McFetridge-Durdle, J. (2015). Pain and Anxiety in Rural Acute Coronary Syndrome Patients Awaiting Diagnostic Cardiac Catheterization. The Journal of Cardiovascular Nursing, 30(6), 546–557. doi:10.1097/jcn.0000000000000203

RoestA,HeideveldA,MartensE,deJongeP,DenolletJ(2013).Symptomdimensionsof anxiety following myocardial infarction and the association with recurrent

myocardial infarction and mortality. Journal of psychosomatic research. 2013; 74:556–7.

Ruz ME, Lennie TA, Moser DK. Effects of ß-blockers and anxiety on complication rates after acute myocardial infarction. Am J Crit Care. 2011;20:67–73

Stuart, G. (2016). Prinsip Dan PraktikKeperawatanKesehatanJiwa. Jakarta: EGC

Tiller. J.W.G (2013) Depression and anxiety. Med J Aust 2013; 199 (6): S28-S31.doi: 10.5694/mja12.1

Xiao Y, Li W, Zhou J, et al Impact of depression and/or anxiety on patients with percutaneous coronary interventions after acute coronary syndrome: a protocol for a real-world prospective cohort study BMJ Open 2019;9:e027964. doi: 10.1136/bmjopen-2018-027964

Zafar, M. U., Paz-Yepes, M., Shimbo, D., Vilahur, G., Burg, M. M., Chaplin, W., …Badimon, J. J. (2010). Anxiety is a better predictor of platelet reactivity in coronary artery disease patients than depression. European Heart Journal, 31(13), 1573–1582. doi:10.1093/eurheartj/ehp602