Patients' Anxiety and Resilience: A Study in the Puskesmas Kasihan 1 Bantul Area

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A B S T R A C T

Puskesmas Kasihan 1 Bantul is one of the health centers that provide care and hospitalization for COVID-19 patients, with over 2300 data confirmed positive for the virus. COVID-19 caused anxiety in up to 63% of Indonesians, as well as fear of death and difficulties in managing emotions and relaxing. Therefore, psychological intervention to improve mental health is necessary. The study's focus was to see if there was a relationship between anxiety and resilience in COVID-19 patients. Method of quantitative research using a cross-sectional approach. A total of 103 people were sampled using a simple random sampling method. The Hamilton Anxiety Rating Scale (HAM-A) and Connor Davidson Resilience Scale (CD-RISC) questionnaires were employed in the study. This study included both univariate and bivariate analyses. According to the findings, 54 respondents (52.4%) reported having no anxiety, while 62 people reported having low resilience (60.2%). The study revealed a relationship between anxiety and resilience in patients with COVID-19, with r = -0.226 is a negative (-) or opposite direction of correlation and a significance value of 0.022 (p0.05). In patients with COVID-19, there is a relationship between anxiety and resilience; the greater the resilience, the lower the respondents' anxiety. It is important to strengthen community resilience in the form of informational support, emotional support, and rehabilitation.

A B S T R A K

Puskemas Kasihan 1 Bantul merupakan salah satu puskesmas yang memberikan pelayanan dan rawat inap bagi pasien COVID-19, dalam satu tahun terakhir tercatat 2300 data terkonfirmasi positif COVID-19. Dampak COVID-19 di Indonesia menimbulkan ansietas sebanyak 63% disertai rasa khawatir akan kematian, sulit mengontrol emosi dan sulit rileks. Resiliensi sebagai intervensi psikologis yang bertujuan meningkatkan kesehatan mental. Tujuan Penelitian ini untuk mengetahui hubungan ansietas dengan resiliensi pada pasien riwayat COVID-19. Metode penelitian kuantitatif dengan desain cross sectional. Pengambilan sampel menggunakan simple random sampling sejumlah 103 responden. Instrumen penelitian menggunakan Kuesioner Hamilton Anxiety Rating Scale (HAM-A) dan Connor Davidson Resillience Scale (CD-RISC). Analisa penelitian menggunakan univariat dan bivariat. Hasil penelitian di dapatkan data ansietas baik sebanyak 54 responden (52,4%), resiliensi rendah sebanyak 62 responden (60,2%). Hasil analisis menunjukkan adanya hubungan antara ansietas dengan resiliensi pada pasien riwayat COVID-19 di wilayah Puskesmas Kasihan 1 Bantul, nilai signifikansi sebesar 0.022 (p<0.05), r = -0.226 dengan arah korelasi negatif (-) atau berlawanan. Terdapat hubungan antara ansietas dengan resiliensi pada pasien dengan COVID-19 yang berarti semakin tinggi resiliensi semakin rendah ansietas pada responden. Ansietas meningkat pada puncak COVID-19 dengan resiliensi masyarakat

cenderung pesimis perlu perhatian khusus sehingga di perlukan peningkatan resilensi masyarakat berupa dukungan informasional, dukungan emosional, dan keyakinan rehabilitasi.

INTRODUCTION

2019 saw the emergence of the novel coronavirus COVID-19, which had its origins in Wuhan, China. This illness claims the lives of tens of thousands of individuals worldwide. (World Health Organization, 2021). Because of the transmission and spread of the lung illness brought on by COVID-19, which has infected more than 118,000 individuals in 110 states, the WHO has declared that COVID-19 is linked to SARS-CoV-2 (World Health Organization, 2021).

Europe reported more than 1.6 million new cases with a new death toll of more than 26,000. The Americas region was the second-highest region reporting more than 1.4 million new cases, but America's new death toll was higher than Europe, with more than 36,000 people (World Health Organization, 2020). The Southeast Asia region experienced a 63% increase in records reporting more than 965,000 new cases of COVID-19 (1). Indonesia became the first highest country in Southeast Asia to have 35,344 new cases of COVID-19, with a 1% decrease in COVID-19. Indonesia is also a country with a 37% increase in the percentage of deaths, the second largest in Asia, with a total of 1201 deaths (World Health Organization, 2020).

Indonesia experienced an increase in COVID-19 cases in June, July to early August, reaching 65%. However, from late August to early October, COVID-19 cases experienced a significant decline, with data reaching 1000 cases per day from 50,000 cases of COVID-19 data in July (Pusdatin Kementrian Kesehatan, 2021). The Yogyakarta Special Region Health Office updated the increase in COVID-19 and Bantul is one of the cities in Yogyakarta with 45,181 COVID-19 cases. The Puskesmas 1 Kasihan in the Bantul area is one of the health centers that provide health services for COVID-19 patients. In the past year, there were 2300 confirmed COVID-19 positive data.

Depression, anxiety, terror, and sleeplessness are all prevalent mental health problems in contemporary culture, and the proliferation of COVID-19 over the world exacerbates these conditions to varied degrees (Ran et al., 2020). Uncertain distribution causes mental health issues, such as extreme concern of dying from COVID-19, when coping with the epidemic (Handayani et al., 2020). Anxiety and depressive symptoms are more prevalent during the COVID-19 pandemic's peak phase. These results demonstrate that public health emergencies can result in poor mental health status in the broader community (Ran et al., 2020).

The findings of the study indicate a negative correlation between psychological resilience and the signs of sadness, anxiety, and somatization. As a result, persons with high levels of resilience seldom have emotional symptoms, whereas those with low levels of resilience are more likely to experience emotional symptoms. An important focus for mental health therapies may be psychological resilience (Ran et al., 2020).

Based on the findings of interviews with respondents, it can be determined that COVID-19 was confirmed at the beginning of the process, the average respondent experienced anxiety accompanied by fear and felt a little depressed. Most respondents feel anxiety due to several symptoms experienced, such as shortness of breath, dizziness and weakness, coupled with having to stop carrying out daily activities such as working, meeting neighbors and so on due to having to undergo independent isolation in their respective homes. In addition, the effect of news related to cases of death due to COVID-19, which is often updated on national television or social media, is also a bad impact on respondents. As long as the respondent goes through this situation, over time, the average respondent can accept and surrender. Respondents comply with the policies made by the local government and seek information regarding prevention and cure through the internet and local health workers. Not only that, the average respondent can get through this situation not apart from the support of the family that helps in meeting the needs of the respondent during isolation. Respondents also limited anxiety thoughts by diverting to activities that could be done when confirmed by COVID-19, such as sunbathing in the morning, planting vegetables in the yard of the house and so on.

Based on the preliminary study above, researchers are interested in researching the relationship between anxiety and resilience in patients of COVID-19 in the Puskesmas Kasihan 1 in Bantul. The focus of this research was to see if there was a relationship between anxiety and resilience in COVID-19 patients.

METHOD

This study had a cross-sectional design and utilized quantitative research techniques. The FKIK UMY ethics committee has approved this study, which has the approval number 299/EC-KEPK FKIK/XI/2021. Up to 1670 persons with confirmed patient status or COVID-19 were found in the Puskesmas 1 Kasihan, Bantul, Yogyakarta area where the population was sampled. 103 respondents were sampled using simple random sampling, and the sample size was calculated using the Slovin formula.

The Puskesmas 1 Kasihan region, which has a health care program and prevention against COVID-19, includes the villages of Bangunjiwo and Tamantirto, where this research was carried out. The gathering of data was place in January–February 2022. The purpose of this study was to examine the association between anxiety and resilience in COVID-19 patients.

A survey performed online using Google Form serves as the study's data gathering tool. Three sections of the Google form are divided by the researcher. The respondent's willingness to complete the questionnaire is stated on the first page. The responder can complete the demographic information on the following page, and on the last page, they can complete the questionnaire that will be provided. Once the respondent has finished answering all of the questions on the questionnaire, data is collected. The process of gathering data is broken down into three steps: planning, carrying it out, and employing computer programs to analyze it.

The Connor Davidson Resilience Scale (CD-RISC) and Hamilton Anxiety Rating Scale (HAM-A) questionnaires were employed in the study instrument. Prior to data analysis, the data were subjected to a normality test, which yielded a significant value for the Kolmogorov-Smirnov parameter of 0.200. The frequency distribution of the univariate research was examined using analysis. In this study's bivariate analysis, Spearman's rank was used.

Table 1. Characteristics of respondents with COVID-19 in Puskesmas 1 Kasihan (n=103)

No	Variables	Frequencies (n)	Percentage (%)
1	**Age**		
	17-25 Years Old	64	62.1
	26-35 Years Old	16	15.5
	36-45 Years Old	7	6.8
	46-55 Years Old	15	14.6
	>55 Years Old	1	1.0
	Total	103	100.0
2	**Gender**		
	Men	42	40.8
	Women	61	59.2
	Total	103	100.0
3	**Education**		
	Elementary School	2	1.9
	Junior High School	3	2.9
	Senior High School	43	41.7
	University	51	49.5
	Not Attending School	4	3.9
	Total	103	100.0
4	**Job**		
	Students	20	19.4
	Housewives	10	9.7
	Unemployed	17	16.5
	Self-employed	9	8.7
	Private sector employee	25	24.3
	PNS TNI/POLRI	4	3.9
	Doctors	2	1.9
	Other	16	15.5
	Total	103	100.0
5	Confirmed Positive for COVID-19		
	< 1 Month	15	14.6
	1-3 Months	8	7.8
	3-6 Months	63	61.2
	> 6 Months	17	16.5
	Total	103	100.0

RESULTS

Characteristics of Respondents

Based on table 1 showed that most of the respondents were 17-25 years old or in the range of late adolescence, as many as 64 people (62.1%). The majority of respondents were female, 61 people (59.2%). More respondents have a higher education level with 51 people (49.5%). The job status of the majority of respondents is private employees with a total of 25 people (24.3%). Most respondents confirmed positive for COVID-19 at 3 to 6 months, as many as 63 people (61.2%).

Patient Anxiety Level of COVID-19

Table 2. Respondents' Anxiety (n=103)

Anxiety level	f	%
No Anxiety	54	52.4
Mild Anxiety	14	13.6
Moderate Anxiety	12	11.7
Severe Anxiety	19	18.4
Panic	4	3.9
Total	103	100.0

Source: Primary Data 2022

Based on table 2 shows that half of the respondents did not experience anxiety as many as 54 respondents (52.4%), mild anxiety as many as 14 respondents (13.6%), moderate anxiety as many as 12 respondents (11.7%), severe anxiety as many as 19 respondents (18.4%) and 4 respondents (3.9%) who experienced panic.

COVID-19 Patient Resilience Level

Table 3 Respondents' Resilience Levels (n=103)

Resilience level	f	%
Low	62	60.2
Moderate	28	27.2
High	7	6.8
Very High	6	5.8
Total	103	100.0

Source: Primary Data 2022

Table 3 shows that the highest level of resilience is found in respondents with low resilience, as many as 62 respondents (52.4%).

The Relationship between Anxiety and Resilience in COVID-19 Patients at Puskesmas 1 Kasihan

1. Normality Test

Table 4 Normality Test Results

Variable	Significance Values	
Anxiety Level	0.200	Normal
Resilience Level		

Source: Primary Data 2022

Table 5 Correlation Test Results of Anxiety Levels with Resilience Levels

Variable	Resilience level				Total	r	P
Anxiety Level	Low	Moderat	High	Very High			
	f	f	f	f			
No Anxiety	54				54		
Mild Anxiety	8	6			14		
Moderate Anxiety		12			12	0,226	0,022
Severe Anxiety		10	7	2	19		
Panic				4	4		
Total	62	28	7	6	103		

Sources: Primary data in 2022

2. Bivariate Test

Based on the result of table 5, shows that the largest number of respondents were in the category of no anxiety with low resilience, as many as 54 people (52.4%). The findings of the statistical test analysis using Spearman showed a p-value of 0.022, indicating a significance level of 0.05. Then H0 is rejected and H1 is accepted, indicating that there is a relationship between anxiety and resilience. These results show a correlation coefficient of r = -0.226, meaning that this correlation shows a negative direction where the higher the anxiety variable, the lower the resilience variable and vice versa. With the level of correlation strength, the relationship is very weak. The lower a person's resilience, the higher the anxiety experienced and vice versa. The higher a person's resilience, the lower the anxiety experienced.

DISCUSSION

Characteristics of Respondents

a. Age

According to research findings on respondents' ages, COVID-19 is most prevalent in those between the ages of 17 and 25, which the Indonesian Ministry of Health describes as late adolescence. A total of 64 respondents, or 62.1%, are of working age. These findings are in accordance with studies that suggests that people who are between the ages of 17 and 25 are more likely to suffer anxiety due to a lack of experience and mental preparation for anxiety management. (Hanifah & Hasan, 2020).

Other studies have also stated that there is a greater likelihood of contracting COVID-19 at a productive age. This happens because the activities and social interactions carried out by people of productive age are relatively more (Elviani et al., 2021). Based on the results above, the researcher concludes that the age of late adolescence, the age range of 17-25 years, is the age most affected by COVID-19 because this age is a relatively productive age to do many activities and interact socially with many people. In addition, at this productive age, there is a risk of developing anxiety because they have not had much experience and have not yet formed mental readiness to deal with anxiety.

b. Gender

The research's findings on the respondents' gender revealed that 61 people, or 59.2% of the total, were women, while 42 people, or 40.8%, were males. This finding is in line with other studies that indicated gender also plays a role in anxiety, with women more likely to feel high levels of anxiety as a result of psychological stress. (Kong et al., 2020).

Other studies also show that men and women during the pandemic both have anxiety, but men have a lower risk of anxiety than women. This happens because men deal with anxiety using logic, while women are more likely to use feelings so the risk of anxiety experienced by women will be much higher than men. The study's findings showed that there were differences in stressors between men and women, where women were more sensitive than men in expressing their feelings (Ramadhan et al., 2019).

Another study states that there is a relationship between gender and being infected with COVID-19, where men have a greater risk than women. In this case, men and women have different chromosomes and hormones, women have the hormone progesterone to increase immunity while men do not, plus a lot of men's activities are spent outside the home (Hidayati et al., 2019). Based on the results above, the researchers concluded that the female gender did not differ much between men and women in dealing with anxiety during the pandemic. This difference occurs because men and women have different coping. Men experience less anxiety during the COVID-19 pandemic than women do, despite the fact that women are at a reduced risk of getting the virus.

Based on table 4, that the significance value of the variables of anxiety level and resilience level in COVID-19 patients is 0.200>0.05. This illustrates that the variables of anxiety and resilience levels are normally distributed.

c. Education Level

The study's findings about the respondents' educational backgrounds revealed that 51 respondents, or 49.5 percent, had higher education as their main educational status. The level of education has a linking with the anxiety level and community resilience. This is similar to a study done by Yoga and Sri (2020), which states that During COVID-19, there was a possible connection between anxiety and public education, but it was distorted in the opposite direction: the higher the level of public education, the lower the anxiety, and vice versa (Arifin, 2021).

The knowledge and comprehension of COVID-19 are influenced by education level. People with a solid education may easily grasp the abundance of COVID-19 media material that is currently readily available, digest it, and make decisions with it in order to reduce the danger of anxiety during the COVID-19 pandemic (Arifin, 2021). This is consistent with research showing that attaining a wide and realistic mentality is influenced by one's educational background. People who have received adequate knowledge will be able to regulate the stimulus by understanding and recognizing it both from the outside and from within (Sadock, 2010).

Anxiety and resilience during COVID-19 can be influenced by educational status, according to the data above. When coping with mental health issues and looking for the right information during the COVID-19 pandemic, the knowledge gaps between respondents with high educational status and those with lower educational levels are a significant role.

d. Employment Status

The study's findings regarding the respondents' job status revealed that private employees were the most common employment category, with up to 25 respondents or (24.3%). Jobs for private employees are those that call for more frequent interaction outside the house. This is consistent with studies that claim there is a higher risk of developing COVID-19 due to comparatively more activities and social contacts (Elviani et al., 2021). Because they must interact with numerous individuals outside the house, those in job status are at risk of contracting COVID-19, according to the data above. It is anticipated that throughout the COVID-19 pandemic, everyone will continue to be aware of the risks associated with carrying the virus while working outside the house.

e. COVID-19 confirmed time

The results of the study related to the confirmed time of the respondent showed that the most confirmed positive time for COVID-19 was 3-6 months ago in June-November 2021, as many as 63 people or 61.2%. This is in line with research that explains the existence of a new variant of COVID-19 mutation, the delta variant in October 2020 in India and this variant appearing in Indonesia in May 2021. Possibly, there will be a positive spike in COVID-19 at the beginning of the month (Joyosemito & Nasir, 2021).

According to WHO (2021), the Delta variant is one of the variants included in the Variant of Concern (VoC) class which has a higher speed than the Alpha variant, which is around 43-90% (Callaway, 2021). Other research also states that there is a prediction of a positive spike in COVID-19 from May to July 2021 because at that time, it coincided with national holidays and Eid al-Fitr, plus people who began to ignore health protocols during the COVID-19 pandemic, to overcome this problem. The need for constant implementation of vaccination programs in every corner of Indonesia until December 2021. These results show that there is a positive difference in COVID-19 from September to December 2021 (Joyosemito & Nasir, 2021).

Based on the analysis above, it can be concluded that an increase in COVID-19 from May to December was caused by a new variant of the COVID-19 mutation, the Delta variant, which has a higher speed of spread than the previous variant, plus it coincides with national holidays and Eid al-Fitr where people will do a lot of activities outside the home so that there will be a positive COVID-19 explosion that month, even though it has decreased significantly.

COVID-19 Patient Anxiety Level

The findings revealed that 54 participants, or 52.4 percent, of the 103 respondents with COVID-19 did not report experiencing anxiety. However, the COVID-19 pandemic situation continues to have an impact on public anxiety, as evidenced by the fact that 49 out of 103 respondents (47.6%) fall into the anxiety category (14 respondents (13.6%), 12 respondents (11.7%), 19 respondents (18.4%) and 4 respondents (4 respondents) reported mild, moderate, or severe anxiety (3.9 percent). This condition demonstrates that different people cope with COVID-19 in different ways. Some people experience anxiety, while others do not. This occurs as a result of the community's ongoing efforts to control anxiety brought on by the COVID-19 pandemic, as well as the fact that individuals are trying to live with COVID-19 as they become weary and bored with the disease. This is consistent with the WHO's assertion that COVID-19's rapid growth requires humans to cohabit (World Health Organization, 2021).

This is consistent with another research that found that 58.6% of the general population felt anxious during the COVID-19 pandemic as a result of the ongoing COVID-19 cases, necessitating the enforcement of social restrictions. Many people's activities, and even job, must come to an end. In society, this increases the likelihood of anxiety, despair, and stress. Additionally, the local economy experiences anxiety. Many people are forced to quit their jobs, which lowers family income. Many people worry about their financial situation as a result of this (Rusman et al., 2021). According to previous research, there is a fear of getting COVID-19. Other reasons that generate anxiety include the fear of dying and the fear of losing (Ismail & Istiqamah, 2021).

As a result of the COVID-19 pandemic, there are a number of risk factors that can lead to mental health anxiety. One such risk factor is social or geographic isolation, which can make someone fearful of COVID-19 and cause severe emotional distress because it makes them feel isolated and unable to carry out daily activities. The COVID-19 pandemic-related economic review factor has sparked a worldwide economic crisis, increasing the number of suicide cases globally linked to unemployment and financial stress. Because they have to deal with COVID-19 patients directly, health workers and healthcare providers are at a high risk for mental health problems during the COVID-19 pandemic. This increases their fear of getting COVID-19 and their trauma from witnessing COVID-19 patients die alone in the isolation ward. The stigma suffered by COVID-19 sufferers takes the form of people avoiding them when they encounter someone who is thought to be infected until there are restrictions

against using public transit, being shunned by their family, and being evicted from their place of abode (Winurini, 2020).

According to the research above, the majority of respondents' anxiety levels during COVID-19 were within the usual range. This is a result of the community's increased use of anxiety management techniques during the COVID-19 epidemic. Everyone does not, however, cope with COVID-19 in the same way. If the positive increase in COVID-19 abruptly rises and necessitates social constraints, interfering with job and leading to financial difficulties, anxiety may result.

The Resilience Level of COVID-19 Patients

The results showed that of the 103 respondents with a history of COVID-19, the majority of respondents had low resilience. As evidenced by the results of this study, as many as 62 people or 60.2%, had low resilience levels. This condition is a response to the behavior of someone who cannot refrain from feeling sad, emotional and negative thinking during COVID-19. This is in line with research that states that low resilience is caused by the majority of Indonesians responding when they find a stressful situation or feel hit. They tend to be unable to contain their emotions and often feel pessimistic about the future (Ismail & Istiqamah, 2021).

Another study conducted by Gong (in Ran et al., 2020), states that resilience can control the impact of dysfunction on sleep quality and depressive symptoms, thereby reducing the risk of adverse depression. Another study by Osofsky (in Ran et al., 2020) also found evidence with regard to depression and anxiety, resilience has a negative relationship. In order to withstand stressful situations and traumatic events and maintain one's mental health, one must develop resilience. According to assessments, resilience may be used to predict a person's degree of mental health.

Aside from information and trust in one's own skills, additional elements like emotional support and information might determine how resilient a community is to the COVID-19 epidemic. This is in line with other studies that resilience in COVID-19 patients will increase if informational support, emotional support, and patient rehabilitation beliefs are protective factors that increase resilience (Ran et al., 2020). Another study conducted by Ferreira, Cannon, & Buttell (in Tri Sulastri & Muhammad Jufri, 2021), also stated that increasing resilience requires the influence of various factors such as age, gender, ethnicity, socioeconomic status, educational status, employment status, relationship status, stress level and conditions experienced by individuals. According to the research above, the majority of respondents' COVID-19 resilience scores fall into the low resilience category. This could be based on the emotion of the respondent, easily feeling pressure or feeling hit. They tend to be unable to hold back their emotions and often feel pessimistic about the future, coupled with the majority of the gender of the respondents being women, so emotional support, information and confidence in their abilities are needed in facing COVID-19.

The Relationship between Anxiety and Resilience in COVID-19 Patients at Puskesmas 1 Kasihan

The statistical test analysis in this study revealed a relationship between anxiety and resilience in individuals with a history of COVID-19. Given the correlation's r = -0.226 value, it can be concluded that there is a very weak link between the two variables and that it points in a negative direction. A person experiences more anxiety the less resilient they are, and vice versa. This study is similar with research conducted by Zhang et al. (2020), showing that there is a relationship between anxiety and depression with high resilience based on general demographic considerations in patients with mild COVID-19 with p-value = 0.362, p<. 001. This is consistent with research showing that COVID-19 individuals had minor psychiatric conditions and a high level of resilience. Mild COVID-19 symptoms were accompanied by lower levels of anxiety and depression in resilient individuals, and vice versa (Zhang et al., 2020). This is consistent with past research that found a link between psychological distress and resilience when coping with the COVID-19 pandemic. The amount of psychological distress is inversely correlated with resilience, with a correlation coefficient of -0.657 and a significance level of 0.000, and vice versa (Ismail & Istiqamah, 2021).

According to the study's findings, respondents' poor resilience anxiety did not respond to the COVID-19 pandemic. This is consistent with studies that show symptoms of anxiety and sadness are more prevalent during the COVID-19 pandemic's peak phase. These results show that population-wide poor mental health can result from public health catastrophes (Ran et al., 2020). This is consistent with the assertion made by WHO 2021 that COVID-19 is continuing to evolve and is pushing humans to coexist.

The findings of this study also revealed that responders had a low resilience anxiety response during the COVID-19 pandemic. According to study, during the COVID-19 pandemic, 48.8% of the patients assessed reported having mild to very severe anxiety, and 18.6% also reported having moderate to very severe sadness or stress. When evaluated, anxiety was higher in the female sex (Pérez-Cano et al., 2020). This is consistent with another research that found that 58.6% of the general population felt anxious during the COVID-19 pandemic as a result of the ongoing COVID-19 cases, necessitating the enforcement of social restrictions. Numerous community events and even jobs must come to an end. In the community, this increases the risk of anxiety, sadness, and stress. Additionally, the local economy experiences anxiety. Many people are forced to quit their jobs, which lowers family income. Many people worry about their financial situation as a result of this. According to previous research, there is a fear of getting COVID-19. Other reasons that generate anxiety include the fear of dying and the fear of losing (Ismail & Istiqamah, 2021).

The COVID-19 epidemic causes the usual respondent's anxiety level to be low. This is consistent with studies that claims low resilience is brought on by the way most Indonesians react in stressful or difficult circumstances. They frequently feel hopeless about the future and struggle to control their emotions (Ismail & Istiqamah, 2021). According to studies, informational support, emotional support, and patient rehabilitation attitudes are protective variables that boost resilience in COVID-19 patients (Ran et al., 2020).

Based on data analysis, the findings of this study indicated that anxiety and resilience were related in COVID-19 patients. The psychological community was split into two segments throughout the COVID-19 development, each with a distinct level of coping. People with anxiety where anxiety increased during the peak period of the COVID-19 pandemic coupled with the resilience of the Indonesian people who tend to be easily emotional, and pessimistic, requiring special attention to mental health so that it is necessary to increase community resiliency. Some people did not experience anxiety because they felt that the ongoing

COVID-19 case caused people to get bored and tired, so people preferred to try to coexist with COVID-19.

LIMITATION OF THE STUDY

The process of filling out the questionnaire is done online, and the researcher monitors the filling during data collection. The respondent's lack of interest in filling out required the respondent to add new data in January-February. To reduce bias, the researcher divides the respondents using a code before starting data collection.

CONCLUSIONS AND SUGGESTIONS

The majority of respondents, who were between the ages of 17 and 25, or in the late adolescent range, had features that were positive for COVID-19, according to the study's conclusions based on the analysis of the data. The majority of females in their late teens are susceptible to COVID-19 exposure and anxiety development. The respondents' average level of education is a college degree. The majority of respondents were employed in the private sector. Within the last three to six months, respondents had their COVID-19 status validated (June-November 2022).

Half of the respondents said they experienced no anxiety at all, while the other half said they experienced worry during the COVID-19 epidemic. During the COVID-19 pandemic, the majority of responders had poor levels of resilience. According to the analysis's findings, anxiety and resilience are inversely correlated in COVID-19 patients at Puskesmas 1 Kasihan, meaning that the respondent's anxiety decreases as resilience increases.

As a way of preparing for dealing with mental health while still paying attention to physical and psychological well-being during the COVID-19 pandemic, it is important to identify mental health problems early on and increase resilience by applying for informational support, emotional support, and rehabilitation beliefs. This can be done by providing health counseling in order to increase knowledge about anxiety and resilience during COVID-19.

ETHICAL CONSIDERATIONS

This research has obtained ethical approval from The Health Research Ethics Committee of the Faculty of Medicine and Health Sciences UMY Number 299/EC-KEPK FKIK/XI/2021.

Conflict of Interest Statement

There are no competing interests in this study.

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