

Research Article

# Anxiety Levels Among Pulmonary Tuberculosis Patients at Dr. Slamet General Hospital, Garut: A Descriptive Study

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**Abstract:** Pulmonary tuberculosis (TB) is a chronic infectious disease that not only imposes a significant physical health burden but also has profound psychological implications. Among the most commonly observed psychological responses in TB patients is anxiety, which can adversely affect their adherence to treatment regimens and hinder the overall recovery process. Anxiety may arise due to various factors such as prolonged illness, social stigma, isolation, fear of transmission, and uncertainty about treatment outcomes. This descriptive quantitative study aimed to assess the levels of anxiety experienced by pulmonary TB patients undergoing treatment at Dr. Slamet Hospital in Garut, Indonesia. A total of 77 participants who were actively receiving anti-tuberculosis therapy were recruited for the study. Data collection was conducted using the Indonesian version of the Depression Anxiety Stress Scales (DASS-42), a standardized instrument for measuring psychological distress. The findings revealed that a majority of the respondents experienced moderate levels of anxiety (37.7%). This was followed by severe anxiety in 23.4% of the patients, mild anxiety in 19.5%, extremely severe anxiety in 11.7%, and normal levels in only 7.7% of the participants. These results indicate that a considerable proportion of pulmonary TB patients are struggling with anxiety symptoms during their course of treatment. The study underscores the importance of integrating psychological support services into TB treatment programs. Addressing anxiety through counseling, mental health screening, and psychosocial interventions may enhance patients' emotional well-being, improve treatment adherence, and lead to more favorable clinical outcomes. Health professionals and policymakers are encouraged to recognize and respond to the mental health needs of TB patients to ensure a more holistic and effective care approach.

**Keywords:** Anxiety; DASS-42; Pulmonary Tuberculosis; Psychological; TB Patients

## 1. Introduction

Pulmonary tuberculosis (TB) remains a major public health burden in Indonesia. It is not only a physical disease but also a source of psychological distress for patients. Among the psychological responses, anxiety is one of the most prevalent. TB patients experience anxiety due to social stigma, fear of transmitting the disease, uncertainty about treatment outcomes, and long-term medication. According to the World Health Organization (WHO, 2023), Indonesia ranks among the highest in global TB cases.

Previous studies have shown that untreated anxiety can reduce medication adherence and hinder recovery. However, there is limited research on the psychological state of TB patients in Garut, especially at the referral hospital RSUD Dr. Slamet. This study was conducted to explore the anxiety levels among TB patients as a basis for future psychosocial interventions.

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## 2. Related Work

Anxiety is defined as a feeling of unease or fear about an uncertain outcome. According to Stuart (2019), individuals with chronic illnesses such as TB are prone to anxiety due to stressors related to illness management and treatment.

Lovibond and Lovibond (2019) introduced the Depression Anxiety Stress Scales (DASS-42), which is widely used to assess anxiety levels in clinical and research settings. The DASS-42 divides anxiety into five categories: normal, mild, moderate, severe, and extremely severe.

Dewi and Handayani (2022) found that 90% of TB patients reported some level of anxiety. Pakaya et al. (2023) showed that younger adults and those undergoing long treatment durations are more vulnerable to anxiety symptoms. These studies support the need for routine psychological assessments during TB care.

## 3. Proposed Method

This study was a descriptive quantitative survey conducted in January 2025 at Dr. Slamet General Hospital, Garut. The sample consisted of 77 pulmonary TB patients selected via total sampling. The inclusion criteria were patients diagnosed with TB who were currently receiving treatment and willing to participate.

Data were collected using the Indonesian version of the DASS-42 questionnaire, a validated tool for measuring emotional disorders. Responses were analyzed using univariate statistics and presented in frequency and percentage.

## 4. Results and Discussion

### Characteristics of Respondents

Out of 77 respondents:

- 59.7% were female
- 62.3% were aged 18–34 years
- 49.4% had completed senior high school
- 72.7% were in the early phase of TB treatment (1–3 months)

These findings are in line with Sari (2020), who noted that younger adults, especially women, are more likely to report psychological distress during TB therapy.

### Anxiety Levels

Anxiety Level	Frequency	Percentage (%)
Normal	6	7.7%
Mild	15	19.5%
Moderate	29	37.7%
Severe	18	23.4%
Extremely Severe	9	11.7%
<b>Total</b>	<b>77</b>	<b>100%</b>

Nearly 62.8% of respondents experienced moderate to extremely severe anxiety. These results are consistent with previous findings from Dewi et al. (2022) and Pakaya (2023), who reported similar distributions among TB patients.

Anxiety at this level could affect medication adherence, social functioning, and recovery trajectory. Health providers must incorporate mental health screenings into TB care protocols.

### Characteristics of Respondents

Of the 77 respondents, the majority were female (59.7%) and aged 18–34 years (62.3%), nearly half had completed senior high school (49.4%), and most were in the early phase of TB treatment (1–3 months; 72.7%). These results suggest that young adult women in the initial stages of therapy formed the predominant demographic in this study. This finding aligns with Sari (2020), who observed that younger adults—especially women—are more susceptible to psychological distress during TB treatment. The combination of facing a new diagnosis, navigating social stigma, and adapting to a lengthy treatment regimen may disproportionately affect this group's mental well-being.

### Discussion

#### Anxiety Levels

Anxiety assessments revealed that 7.7% of respondents fell within the normal range, 19.5% experienced mild anxiety, 37.7% moderate, 23.4% severe, and 11.7% extremely severe—meaning 62.8% of participants exhibited moderate to extremely severe anxiety. These prevalences mirror those reported by Dewi et al. (2022) and Pakaya (2023) among TB patient cohorts, underscoring a consistent, high burden of anxiety in this population.

High anxiety levels in TB patients can undermine treatment adherence, impede social functioning, and ultimately slow recovery. Contributing factors likely include concerns over treatment side effects, fear of infecting others, prolonged regimen duration, and community stigma. To mitigate these risks, integrating routine mental health screening into TB care protocols is essential. Healthcare providers should be trained to identify psychological distress early, offer basic psychosocial support, and refer patients to specialized mental health services when needed. A holistic approach that addresses both physical and mental health is critical for optimizing treatment outcomes and improving quality of life for individuals undergoing TB therapy.

### 5. Comparison

This study supports and extends findings from previous works. While Dewi et al. and Pakaya et al. reported anxiety trends nationally, this study provides local evidence from Garut. Compared to national averages, the proportion of patients with moderate to severe anxiety in this study is slightly higher, likely due to local contextual stressors.

### 6. Conclusions

The study revealed that the majority of TB patients at RSUD Dr. Slamet Garut experience moderate to severe anxiety. This emphasizes the need for integrating psychological assessment and counseling into routine TB care. Future studies should use analytical designs to explore predictors of anxiety and evaluate intervention effectiveness.

### Author Contributions

Conceptualization: Y.M. and A.N.; Methodology: Y.M.; Data Collection: Y.M., A.N., M.H.S., T.O.; Analysis: Y.M.; Writing—original draft: Y.M.; Writing—review & editing: A.N.; Supervision: A.N.

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### Data Availability Statement

The data presented in this study are available on request from the corresponding author.

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### Conflicts of Interest

The authors declare no conflict of interest.

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