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ORGINAL

Anxiety and Intervention of Nursing in Residents of a disadvantaged area in San Juan De Lurigancho

Ansiedad y la Intervención de Enfermería en Pobladores de una Zona Desfavorecida en San Juan de Lurigancho

Rosa Perez-Siguas[1] ✉, Hernan Matta-Solis[1] ✉, Eduardo Matta-Solis[1] ✉, Luis Perez-Siguas[1] ✉, Victoria Tacas-Yarcuri[1] ✉, Hernan Matta-Perez[1] ✉, Alejandro Cruzata-Martinez[1] ✉

[1]Instituto Peruano de Saud Familiar, TIC Research Center: eHealth & eEducation. Lima, Perú.

ABSTRACT

Introduction: anxiety is or is not one of the main factors that considerably alters the mental health of the person, where the feeling of fear in certain situations that can compromise their well-being, so the research objective is to determine anxiety and nursing intervention in residents of a disadvantaged area in San Juan de Lurigancho.
Methods: a quantitative, descriptive-transversal study, with a total population of 617 inhabitants in which they answered a questionnaire of sociodemographic aspects and the Coronavirus Anxiety Scale instrument.
Results: in their results it can be observed that the female sex presents dysfunctional anxiety 62,9 % than the male sex 37,1 %.
Conclusions: to minimize the risks involved in anxiety, strategies must be carried out that allow the person to maintain their mental health balanced and in turn identify situations that may compromise them and make them more vulnerable.

Keywords: Anxiety; Mental Health; Pandemic; Coronavirus.

RESUMEN

Introducción: la ansiedad es o no uno de los principales factores que altera considerablemente la salud mental de la persona, donde la sensación de miedo ante determinadas situaciones que pueden comprometer su bienestar, por lo que el objetivo de la investigación es determinar la ansiedad y la intervención de enfermería en los habitantes de una zona desfavorecida de San Juan de Lurigancho.
Métodos: estudio cuantitativo, descriptivo-transversal, con una población total de 617 habitantes en el que contestaron un cuestionario de aspectos sociodemográficos y el instrumento Escala de Ansiedad por Coronavirus.
Resultados: en sus resultados se puede observar que el sexo femenino presenta ansiedad disfuncional 62,9 % que el sexo masculino 37,1 %.
Conclusiones: para minimizar los riesgos que conlleva la ansiedad se deben llevar a cabo estrategias que permitan a la persona mantener equilibrada su salud mental y a su vez identificar situaciones que puedan comprometerla y hacerla más vulnerable.

Palabras clave: Ansiedad; Salud Mental; Pandemia; Coronavirus.

INTRODUCTION

Anxiety disorders (PT) are one of the most frequent mental pathologies worldwide, which are more commonly generated in women (7,7 %) unlike men (3,6 %) according to the World Health Organization (WHO),[1,2] they can manifest as a series of both physical and psychological symptoms that reduce the quality of life and hinder the normal performance of the individual who suffers from it.[3,4,5]

Anxiety is defined as anticipation of a future threat and anxiety disorders differ from normal fear and anxiety by being excessive and inappropriate to trigger stimuli persisting for longer periods than normal.[6] However, people with this type of disorder often have intense worries and fears about everyday situations. Frequently, in anxiety disorders there are repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a maximum in a matter of minutes which with the so-called panic attacks.[7,8]

There are three channels for the manifestation of anxiety: cognitive, behavioral or motor and physiological, which represents the appearance of multiple manifestations such as negative and intrusive thoughts, musculoskeletal, cardiovascular and respiratory responses, as well as avoidant behaviors in evaluation situations, among many other symptoms.[9,10]

Several studies that evaluate anxiety in people or populations with unfavorable medical conditions, particularly those with symptoms of anxiety, are essential for this type of studies, since chronic multimorbidity is generally associated with a worse quality of life, being individually or collectively as a population.[11,12]

That is why, a comprehensive analysis of greater relevance has been carried out for the selection of antecedents that identify the main theme of the study, in which they were found in information sources such as Scopus, Web of Science and PubMed.

In a study conducted in Peru[13] defining characteristics and their causes were identified, which differ between both patients despite having a similar context in socioeconomic and family dimensions: while in patient 1 an aggravation of symptoms and behaviors was observed, in patient 2 patterns of improvement were evidenced, so that coping, in this second case, it seems to be more effective than the one existing prior to the confinement due to the coronavirus (COVID-19) pandemic.

In a study conducted in Spain[14] linear regressions showed that resilience, with a negative relationship, predicts depression (22,2 %), anxiety (8,3 %) and stress (12,3 %), with the goal factors and identity contributing significantly to explain the different variances. In turn, within the control variables, taking psychotropic drugs, sex (except for the variable depression) and the decision to go to the psychologist were predictors of the various variables.

A study conducted in Colombia[15] found that alcohol consumption and social and improvement motives decreased in students during ASPO. Compared with the pre-ASPO group, associations of psychological distress and reasons for drinking with alcohol consumption were more consistent in the ASPO group. In the multivariate analysis, coping reasons explained an increased frequency of alcohol consumption in university students during ASPO.

Therefore, the objective of the research is to define anxiety and nursing intervention in residents of a disadvantaged area.

METHODS

Research type and Design

According to the characteristics and properties for data collection, it is given from a quantitative approach, of non-experimental descriptive-transversal methodological design.[16]

Population

The population is made up of total of 617 participants in the study of the district of San Juan de Lurigancho. All the participants included in this study signed the informed consent CIE IPSF 029-2023, as well as being aware of the objectives, the data collected and the purpose of the study.

According to the bias of the sample, it was carried out in a census way for data collection because we wanted to take all the population of the vulnerable area in San Juan de Lurigancho.

Inclusion Criteria
- Participants who have more than1 year of residence in the district
- Participants who are of legal age
- Participants who voluntarily agree to participate in the study.
- People who signed the inform consent CIE IPSF 029-2023. It was previously accepted by the institution.

Exclusion Criteria
- Participants residing in the district for less than one year.
- Participants who are not of legal age.

- Participants who have not signed the informed consent.

Technique and Instrument

The data collection technique used was the survey, in which sociodemographic aspects were present with questions about COVID-19 and the Coronavirus Anxiety Scale (CAS) instrument.

The CAS instrument comprises 5 questions in which it represents given in 4 dimensions (cognitive, behavioral, emotional and physiological), where its assessment is given with a Likert scale of 5 alternatives as an answer: "0 = not at all", "1 = rare, less than one or two days", "2 = several days", "3 = more than 7 days" and "4 = almost every day during the last two weeks", in which, the higher the score, the higher the anxiety levels in the person, and which ≥9 are classified to people with dysfunctional anxiety associated with COVID-19.[17] Dysfunctional anxiety refers to any alteration of mental health in the person in an excessive way in situations that are considered dangerous.

CAS discriminates well between people with and without dysfunctional anxiety using an optimized cut-off score of ≥ 9 (90 % sensitivity and 85 % specificity). These results support CAS as an effective and valid tool for research and clinical practice.[17]

Regarding the validation of the instrument, it was given through the Kaiser-Mayer-Olkin sample adequacy statistive test obtaining a result of 0,79 2 (KMO > 0,6), while Bartlett's sphericity test obtained significant results (X^2 approx. = 2731,798; gl = 10; p = 0,000).

Finally, the reliability of the instrument was realized through the function of Cronbach's alpha obtaining a result of 0,920 (α > 0,8).

Place and Application of the Instrument

For the realization of the survey, the previous coordination was made in the human settlement of the district in the month of November to January of this year for its follow-up, where the necessary knowledge was provided about the causes of the COVID-19 pandemic and why it can generate anxiety in the population, in turn the necessary capacities that people must choose so that they do not compromise their health in this situation.
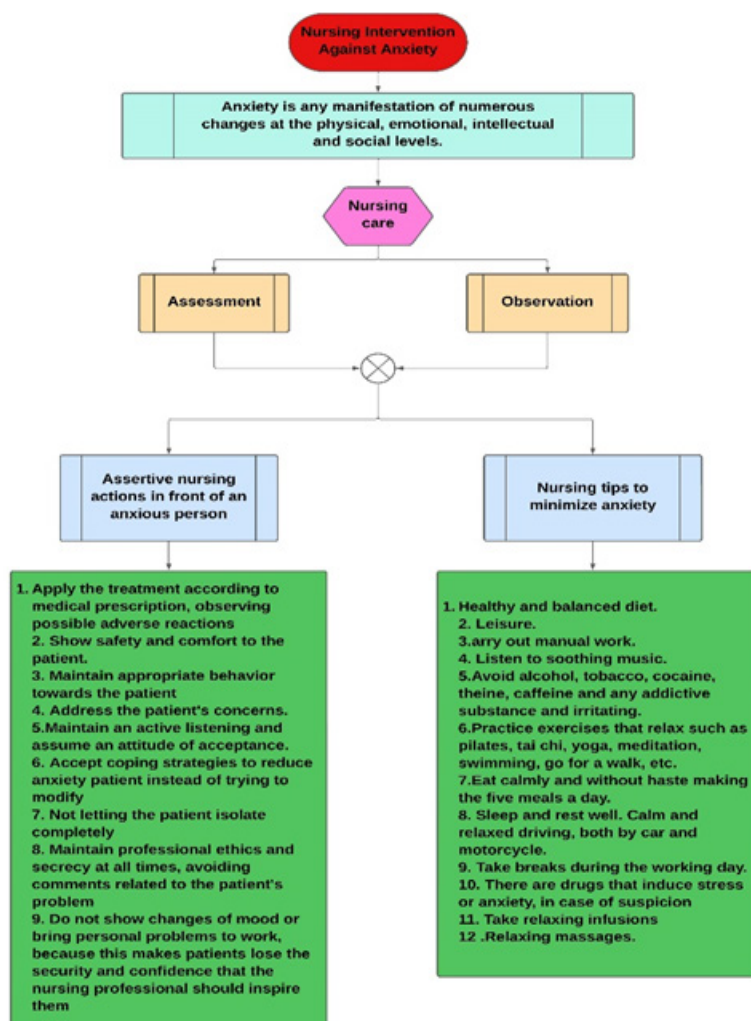

Figure 1. Flowchart on nursing intervention versus people with anxiety

This diagram shows the intervention performed by the nursing professional against people with anxiety, which is handled as follows:

1.   Assessment: The nursing professional will carry out a broad interview, in a comfortable and private environment, where the objective of the interview is to assess the current state of alertness, objectify signs and symptoms of anxiety and identify the main problems and factors that trigger the anxious response in the person.[18]

2.   Observation: This step will be a key point for the nursing professional since it will allow to identify the mood and the physical signs and symptoms of anxiety.

Once the corresponding assessment and observation procedures have been carried out, the nursing professional will carry out assertive actions that allow in a positive way to help the patient and in turn advice from which to minimize anxiety and its complications.

Although in addition to interviewing the person with anxiety, the nursing professional takes into account the family aspect, where support and education to the family will have an important role for the rehabilitation of the patient, educating the family about the disease and providing them with clear information about the reactions that their family member with anxiety could manifest.[19]

The goal of the nursing professional to support people with anxiety is to relieve symptoms and avoid long-term consequences. Since the nursing professional considers an integral therapeutic approach, taking into account psychosocial, biological and pharmacological measures.

RESULTS
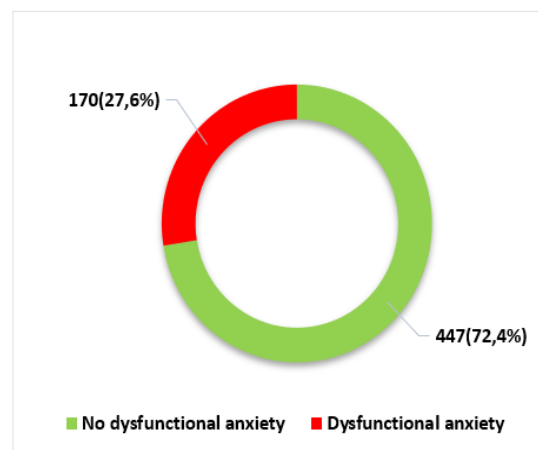
Figure 2. Anxiety in a disadvantaged population in the district of San Juan de Lurigancho

In figure 2, we can see that 72,4 % (n=447) of the participants did not present dysfunctional anxiety and 27,6 % (n=170) if they presented dysfunctional anxiety.
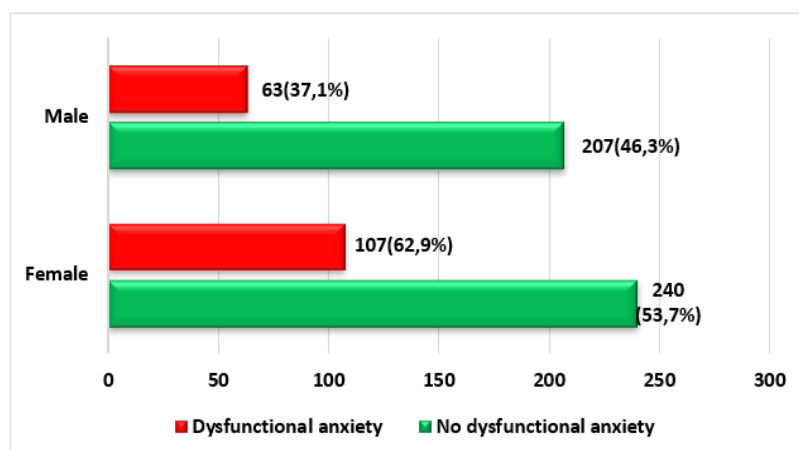
Figure 3. Anxiety in a Gender-Disadvantaged Population in the District of San Juan de Lurigancho

In figure 3, we can observe that, in the male sex, 37,1 % (n=63) of the participants did not present dysfunctional anxiety and 46,3 % (n=207) of the participants did not present dysfunctional anxiety; on the other hand, in the female sex, 62,9 % (n=107) of the participants if they presented dysfunctional anxiety and 53,7 % (n=240) of the participants did not present dysfunctional anxiety.
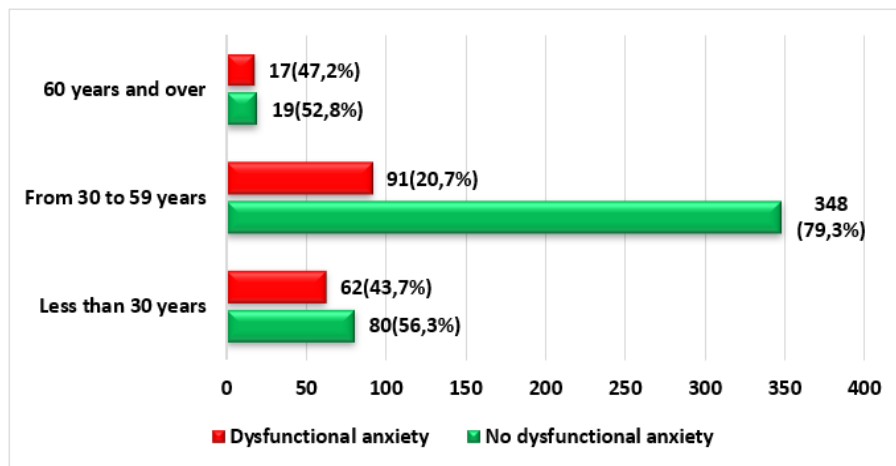
Figure 4. Anxiety in a disadvantaged population in relation to age in the district of San Juan de Lurigancho

In figure 4, we can see that, in the population under 30 years of age, 56,3 % (n=80) of the participants did not present dysfunctional anxiety and 43,7 % (n=62) if they had dysfunctional anxiety; in participants aged 30 to 59 years, 79,3 % (n=348) did not present dysfunctional anxiety and 20,7 % (n=91) presented dysfunctional anxiety; and in participants aged 60 years and older, 52,8 % (n=19) did not present dysfunctional anxiety and 47,2 % (n=17) did present dysfunctional anxiety.
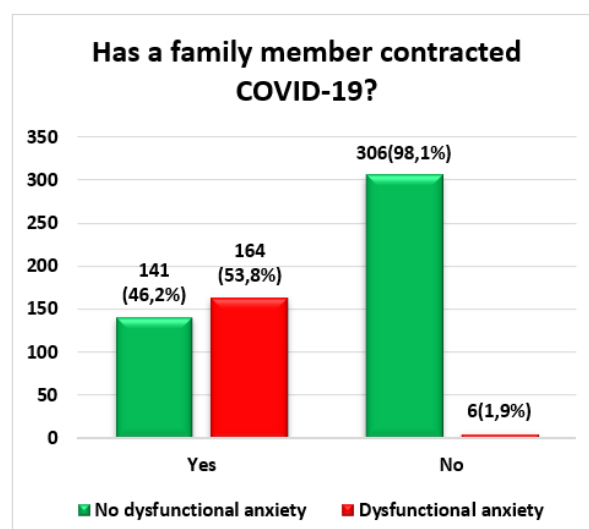
Figure 5. Anxiety in a disadvantaged population in relation to whether a family member is infected with COVID-19 in the district of San Juan de Lurigancho

In figure 5, it can be seen that 46,2 % (n=141) of the participants maintain that one of their family members was infected with COVID-19 and that he did not present dysfunctional anxiety, however, 53,8 % (n=164) of the participants maintained that one or more members of their family if they were infected with COVID-19, therefore they came to present dysfunctional anxiety; in comparison , at 98,1 % (n=306) of the participants who did not present any member with COVID-19, did not present dysfunctional anxiety and 1,9 % (n=6) of the participants where no member of their family presented COVID-19, came to have dysfunctional anxiety.

DISCUSSION

In the present research, the perspective that the nursing professional has for the intervention in anxiety of people in the district of San Juan de Lurigancho is known, where he emphasizes mental and community health, interpreting situations that may compromise their mental health around the COVID-19 pandemic.

Regarding the results of the main variable anxiety, it is observed that most of the participants did not present dysfunctional anxiety during the pandemic, this is interpreted to the fact that the study population has been alert to situations that compromise their mental health, that is, they have had as a priority to protect themselves in this way. himself and that of his family, in which he helps him to face situations that compromise

his health due to the pandemic. Since these situations have led the person to develop problem-solving skills that allow them to improve their coping capacity, to improve their emotional reactions, better perceive the threat to their health and increase their levels of coping.

As for the results in relation to age, we can observe that people between the ages of 30 to 59 years, did not present mostly dysfunctional anxiety, this is because people previously faced with extreme situations that may cause risks to their mental health, created self-protective barriers that allow you to minimize the risks in your mental health, since the anxious, depressive and stress symptoms are commonly seen in vulnerable people because of a situation of risk to their health, therefore, improving their coping styles and decision-making in situations that affect their health, allows to minimize or reduce the levels of psychological disorders in the person.

Therefore, during the data collection process and the constant monitoring of the inhabitants given their results, it is very important to bear in mind that anxiety during the COVID-19 pandemic increased to higher levels, although in our study, anxiety was minimized because the participating population according to the results, They chose to develop personal strategies that allow them to improve their coping skills in this situation, and that allowed them to improve their skills and be resilient.

This research work will be beneficial for future studies, since the study focused during the COVID-19 pandemic, whose importance is that it will allow us to know how people chose to develop skills or abilities that allowed them to keep their mental health balanced during this time of the disease. Given that, in our findings compared to other similar studies in other countries, the need to investigate this disease, especially in people vulnerable to situations of scarce basic resources, will make known how mental health is in our country.

CONCLUSIONS

It is concluded that psychological interventions should be carried out by health professionals due to the complications that the pandemic may have left.

It is concluded that strategies should be developed that address mental health and its risk factors in the population.

It is concluded that the population should be educated about the risks that unstable mental health can cause and how to identify situations that compromise their mental health.

The limitation in our study is that the inhabitants were reserved and therefore the data could not be made some days that the census was going to be done and, finally, access to the area since, to enter you had to make a thirty-minute journey since it could not be accessed with vehicles.

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CONFLICT OF INTEREST
The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION
Conceptualization: Rosa Perez-Siguas, Hernan Matta-Solis, Eduardo Matta-Solis, Luis Perez-Siguas, Alejandro Cruzata-Martinez.
Formal analysis: Rosa Perez-Siguas, Hernan Matta-Solis, Eduardo Matta-Solis, Luis Perez-Siguas, Victoria Tacas-Yarcuri, Hernan Matta-Perez, Alejandro Cruzata-Martinez.
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Methodology: Rosa Perez-Siguas, Hernan Matta-Solis, Alejandro Cruzata-Martinez.

Project management: Rosa Perez-Siguas, Hernan Matta-Solis, Eduardo Matta-Solis, Luis Perez-Siguas, Victoria Tacas-Yarcuri, Hernan Matta-Perez, Alejandro Cruzata-Martinez.

Resources: Rosa Perez-Siguas, Hernan Matta-Solis, Hernan Matta-Perez.

Supervision: Rosa Perez-Siguas, Hernan Matta-Solis, Eduardo Matta-Solis, Luis Perez-Siguas, Victoria Tacas-Yarcuri, Hernan Matta-Perez, Alejandro Cruzata-Martinez.

Validation: Rosa Perez-Siguas, Hernan Matta-Solis, Eduardo Matta-Solis, Luis Perez-Siguas, Victoria Tacas-Yarcuri, Hernan Matta-Perez, Alejandro Cruzata-Martinez.

Drafting - original draft: Hernan Matta-Perez, Alejandro Cruzata-Martinez.

Writing - proofreading and editing: Rosa Perez-Siguas, Hernan Matta-Solis.