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Anxiety levels among patients with infectious diseases in the infectious internal medicine ward

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Abstract

Background: Infectious diseases remain a major health problem because of their high incidence and potential impact on patients' physical and psychological well-being. Anxiety may arise from uncertainty about health status and treatment, concerns about complications, and fear of disease transmission. Unmanaged anxiety may interfere with the recovery process and reduce quality of life. However, information regarding anxiety levels among patients with infectious diseases remains limited, particularly at Dr. H. Abdul Moeloek Regional General Hospital, Lampung Province. A pre-survey of 10 patients found that 7 experienced anxiety during hospitalization.

Purpose: To describe the anxiety levels of patients with infectious diseases in the Infectious Internal Medicine Ward.

Method: This quantitative study used a descriptive design. The population consisted of 92 patients with infectious diseases hospitalized in the Infectious Internal Medicine Ward of Dr. H. Abdul Moeloek Regional General Hospital. A total of 31 respondents were selected using accidental sampling. Data were collected using a respondent characteristics questionnaire and the Hamilton Anxiety Rating Scale (HARS). Data were analysed using univariate analysis.

Results: Most respondents were adults aged 20–60 years (26; 83.9%), female (16; 51.6%), had a high school or vocational school education (20; 64.5%), were married (15; 48.4%), unemployed (16; 51.6%), and diagnosed with typhoid fever (17; 54.8%). The most common anxiety level was mild anxiety (12; 38.7%), followed by moderate anxiety (10; 32.3%) and severe anxiety (9; 29.0%).

Conclusion: Although mild anxiety was the most common anxiety level, more than half of the respondents experienced moderate to severe anxiety. Healthcare workers should conduct routine anxiety screening and provide therapeutic communication and health education to support patients during hospitalization. Future research should use an analytical design with a larger sample to identify factors associated with anxiety levels.

Keywords: Anxiety Level; Hamilton Anxiety Rating Scale (HARS); Infectious Disease.

INTRODUCTION

Infectious diseases remain a major public health problem because of their high incidence, potential for transmission, and impact on individual and community health. Infectious diseases are caused by pathogenic microorganisms, including bacteria, viruses, fungi, and parasites, which can be transmitted through direct or indirect contact. Globally, infectious diseases continue to contribute substantially to morbidity and mortality, particularly in developing countries. The

World Health Organization (WHO) reported that infectious diseases remain important causes of illness and death and continue to contribute to the need for healthcare services and hospitalisation (World Health Organization, 2025). In addition to causing physical health problems, infectious diseases may affect patients' psychological well-being because of treatment procedures, uncertainty about prognosis, activity limitations, social isolation, and concerns

about disease transmission. In Indonesia, infectious diseases remain an important health concern and continue to contribute to healthcare utilisation and hospitalisation. The Ministry of Health of the Republic of Indonesia reported that infectious diseases remain among the health problems frequently encountered in healthcare services (Ministry of Health of the Republic of Indonesia, 2025). The burden of infectious diseases may affect not only patients' physical conditions but also their psychological well-being during treatment. Psychological problems may become more pronounced when patients require hospitalisation, experience restrictions in daily activities, or have concerns about disease progression and transmission.

This condition is also relevant in Lampung Province. According to the Lampung Provincial Health Profile, infectious diseases remained among the health problems contributing to healthcare visits in 2025. The Lampung Provincial Health Office recorded more than 28,000 cases of infectious diseases across districts and cities during 2025 (Lampung Provincial Health Office, 2025). One of the main referral hospitals providing care for patients with infectious diseases in the province is Dr. H. Abdul Moeloek Regional General Hospital, Lampung Province. Hospital medical records showed that 92 patients with infectious diseases were hospitalised in the Infectious Internal Medicine Ward during February–April 2026. The number of patients indicates a substantial need for inpatient care and highlights the importance of considering patients' psychological conditions during treatment. Anxiety is one of the psychological problems that may occur among patients with infectious diseases. Anxiety is an emotional response characterised by fear, worry, restlessness, and discomfort in response to actual or perceived threats (American Psychiatric Association, 2024). Among patients with infectious diseases, anxiety may arise from uncertainty about health status, concerns about disease progression, fear of complications, treatment procedures, and concerns about transmitting the disease to family members or others. Hospitalisation may further contribute to anxiety because patients have to adapt to changes in their daily routines, physical conditions, and social interactions. Anxiety is also a substantial global mental health concern. WHO estimated that 359 million people experienced anxiety disorders in 2021, making anxiety disorders among

the most common mental disorders worldwide (World Health Organization, 2025). In patients undergoing treatment for health conditions, psychological distress may be exacerbated by changes in health status, limitations in activities, uncertainty about prognosis, and disruption of social and daily life. Therefore, identifying anxiety levels among hospitalised patients is important as part of comprehensive nursing care.

Previous studies have demonstrated the presence of anxiety among patients with infectious diseases. Anxiety was commonly experienced by patients with infectious diseases during treatment (Kriswastiny, Mustofa, Esfandiari, & Elvina, 2022). Patients with infectious diseases experienced anxiety ranging from mild to severe, particularly in relation to uncertainty about their health conditions and treatment processes (Vidyasagaran, McDaid, Faisal, Nasir, Muliya, Thekkumkara, & Siddiqi, 2023). Higher anxiety levels among patients undergoing isolation than among those who were not isolated (Annisa & Nuralita, 2024). These findings indicate that both the disease condition and the treatment environment may contribute to psychological distress among patients with infectious diseases. The preliminary survey conducted by the researchers on April 30, 2026, in the Infectious Internal Medicine Ward of Dr. H. Abdul Moeloek Regional General Hospital, Lampung Province, further indicated the presence of anxiety among patients. During 2025, several infectious diseases were recorded with relatively high numbers of cases, including typhoid fever (273 patients), hepatitis B (104 patients), and tuberculosis (85 patients). Interviews with 10 patients with infectious diseases showed that 7 patients experienced anxiety during treatment. Patients reported concerns about recovery, fear of transmitting the disease to family members, feelings of social isolation, and worries about possible complications. Observable signs during the interviews included restlessness, difficulty sleeping, facial tension, repeated questions about examination results, and reduced concentration.

These findings indicate that anxiety is a relevant psychological concern among patients with infectious diseases during hospitalisation. Unmanaged anxiety may interfere with patient comfort, adaptation to the treatment environment, sleep quality, adherence to treatment, and quality of life. Routine assessment of anxiety is therefore important to identify patients who require psychological support and appropriate nursing

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interventions. Therapeutic communication, health education, and early psychological support may help patients cope with anxiety during the treatment process. Although previous studies have examined anxiety among patients with specific infectious diseases or under particular treatment conditions, information describing anxiety levels among patients with various infectious disease diagnoses within the same inpatient setting remains limited. This is particularly relevant at Dr. H. Abdul Moeloek Regional General Hospital, which serves as a major referral hospital in Lampung Province. Thus, a gap remains in understanding the distribution of anxiety levels among patients with infectious diseases as a broader inpatient population. The novelty of this study lies in its inclusion of patients with various infectious disease diagnoses rather than focusing on a single infectious disease. By describing anxiety levels among patients treated in the Infectious Internal Medicine Ward, this study provides an overview of the psychological condition of patients with infectious diseases within a single inpatient care setting. The findings may serve as baseline information for nurses and healthcare providers in developing routine anxiety screening and appropriate psychological support for patients with infectious diseases.

RESEARCH METHOD

This study employed a quantitative method with a descriptive cross-sectional design. The study was conducted in the Infectious Internal Medicine Ward of Dr. H. Abdul Moeloek Regional General Hospital, Lampung Province, in July 2026. The study population comprised all patients with infectious diseases who were hospitalised in the Infectious Internal Medicine Ward. Based on medical record data, 92 patients with infectious diseases were hospitalised in the ward during February–April 2026, with an average of 31 patients per month. The sample consisted of 31 respondents selected using accidental sampling. Respondents were recruited consecutively based on their availability during the study period and were included if they met the inclusion criteria and agreed to participate. The inclusion criteria were patients who were fully conscious (*compos mentis*),

able to communicate and participate in an interview, had been hospitalised for at least 1 × 24 hours, and were willing to participate by providing informed consent. The exclusion criteria were patients with impaired consciousness, severe mental or cognitive disorders, communication difficulties that interfered with the interview, emergency or clinically unstable conditions, severe pain or physical weakness that interfered with data collection, refusal or withdrawal from participation, and failure to complete the research instrument. The main variable was the anxiety level of patients with infectious diseases. Respondent characteristics included age, sex, educational level, marital status, occupation, and infectious disease diagnosis.

Anxiety was assessed using the Hamilton Anxiety Rating Scale (HARS), which consists of 14 items with a total score ranging from 0 to 56. Each item is scored from 0 to 4. Anxiety levels were categorised as no anxiety (<14), mild anxiety (14–20), moderate anxiety (21–27), severe anxiety (28–41), and very severe anxiety/panic (42–56) (Utami, Irawan, & Gamar, 2025). Data were collected through direct interviews using the HARS and a respondent characteristics form. Before data collection, prospective respondents were informed about the study objectives, procedures, benefits, and their rights as participants. Respondents who agreed to participate provided written informed consent before the interview. The interviews were conducted after respondents had fulfilled the required minimum hospitalisation period. The collected data were processed through editing, coding, data entry, cleaning, and tabulation using IBM SPSS Statistics version 20. Univariate analysis was performed to describe respondent characteristics and anxiety levels. The results were presented as frequency distributions and percentages. This study received ethical approval from the Health Research Ethics Committee of Dr. H. Abdul Moeloek Regional General Hospital on July 9, 2026, under approval number 128/KEPK-RSUDAM/VII/2026. Ethical principles applied in the study included informed consent, anonymity, and confidentiality to protect the rights, privacy, and confidentiality of all respondents.

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RESEARCH RESULTS

Table 1. Characteristics of Respondents (N = 31)

Variable	Results
Age (n/%) (Mean±SD) (Range) (Year)	(47.6±14.3) (20-65)
20-60	26/83.9
>60	5/16.1
Gender (n/%)	
Male	15/48.4
Female	16/51.6
Education (n/%)	
Elementary School	4/12.9
Junior High School	5/16.1
Senior High School	20/64.5
University	2/6.5
Marital Status (n/%)	
Married	15/48.4
Unmarried	11/35.5
Divorced	5/16.1
Occupation (n/%)	
Employed	15/48.4
Unemployed	16/51.6
Infectious Disease Diagnosis (n/%)	
Typhoid Fever	17/54.8
Tuberculosis	6/19.4
Hepatitis B/C	4/12.9
HIV	4/12.9
Anxiety Level (n/%)	
No Anxiety	0/0.0
Mild	12/38.7
Moderate	10/32.3
Severe	9/29.0
Extremely Severe	0/0.0

The respondents had a mean age of 47.6 ± 14.3 years, with an age range of 20–65 years. Most respondents were aged 20–60 years, accounting for 26 respondents (83.9%), while 5 respondents (16.1%) were aged >60 years. Regarding gender, 16 respondents (51.6%) were female and 15 (48.4%) were male. In terms of education, most respondents had completed senior high school, with 20 respondents (64.5%), followed by junior high school

with 5 respondents (16.1%), elementary school with 4 respondents (12.9%), and university education with 2 respondents (6.5%). Regarding marital status, 15 respondents (48.4%) were married, 11 (35.5%) were unmarried, and 5 (16.1%) were divorced. For occupation, 16 respondents (51.6%) were unemployed, while 15 (48.4%) were employed. Based on infectious disease diagnosis, 17 respondents (54.8%) were diagnosed with typhoid fever, 6 (19.4%)

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with tuberculosis, 4 (12.9%) with hepatitis B/C, and 4 (12.9%) with HIV. Regarding anxiety levels, 12 respondents (38.7%) experienced mild anxiety, 10 (32.3%) experienced moderate anxiety, and 9 (29.0%) experienced severe anxiety. No respondents experienced no anxiety or extremely severe anxiety.

DISCUSSION

The findings showed that most respondents were adults aged 20–60 years (26; 83.9%), while 5 respondents (16.1%) were aged >60 years. The predominance of adults of productive age may reflect the characteristics of patients receiving inpatient care for infectious diseases in the study setting. Age may influence an individual's psychological response to health conditions, including responses to illness and anxiety. Adults generally have greater cognitive maturity and decision-making abilities; however, they may also have substantial responsibilities related to employment, family, and social life. Hospitalisation may therefore become a source of concern because it temporarily disrupts these responsibilities.

Most patients with infectious diseases were adults (Irawan, Sawitri, & Herlina, 2024). Patients with infectious diseases were predominantly of productive age (Andreana, Damanik, & Huda, 2024). In the present study, the predominance of adults may be related to their high levels of daily activity, mobility, and social interaction, which may increase exposure to infectious agents. Hospitalisation may also cause concern about work, economic responsibilities, and family roles. However, because this study was descriptive, these possible explanations cannot be interpreted as determinants of anxiety.

Regarding sex, 16 respondents (51.6%) were female and 15 (48.4%) were male. The difference was relatively small, indicating a relatively balanced distribution between male and female respondents. Sex may influence psychological responses, including anxiety. Women may be more likely to express emotional responses and communicate health-related concerns during treatment (Yudyarto, Taadi, & Nurcholis, 2024).

Female patients constituted the majority of patients with infectious diseases (Mitra, Rany, Herniwanti, & Syifa, 2024). Greater emotional responses among female patients during treatment for infectious diseases (Subudhi, 2025). In this study, the slightly higher proportion of female respondents

may reflect differences in healthcare-seeking behaviour or willingness to communicate health concerns. Nevertheless, the one-person difference between the two groups does not indicate a substantial distributional difference.

Most respondents had a high school or vocational school education (20; 64.5%), followed by junior high school (5; 16.1%), elementary school (4; 12.9%), and higher education (2; 6.5%). The predominance of secondary education indicates that most respondents had an intermediate level of formal education. Townsend and Morgan (2017) stated that education may influence an individual's ability to receive, understand, and process health information. Adequate understanding of health information may assist patients in following treatment recommendations and adapting to their health conditions.

Most patients with infectious diseases had a high school education (Ardiansyah, Asriati, Yugistiyowati, Daranga, & Fatimah, 2023). Respondents were predominantly educated at the secondary level (Nisa, 2022). In the present study, educational level should not be interpreted as directly determining anxiety. Patients with secondary education may still experience anxiety because of concerns about their illness, treatment, recovery, complications, and disruption of daily activities.

Regarding marital status, 15 respondents (48.4%) were married, 11 (35.5%) were unmarried, and 5 (16.1%) were divorced. The predominance of married respondents may indicate that many patients had partners and family responsibilities during hospitalisation. Social support, including support from a spouse, may contribute to an individual's psychological adaptation to illness. Emotional support and practical assistance from family members may help patients cope with stress during treatment (Townsend & Morgan, 2017). Support from partners and family members may facilitate patients' adaptation during treatment (Hendrawati & Da, 2018). The importance of family support in helping patients cope with illness and maintain motivation during recovery. However, marital status alone does not indicate the adequacy of social support (Gupta, Avasthi, Chawla, & Grover, 2020). In the present study, married respondents may have had access to family support, but the actual quality and intensity of such support were not assessed.

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Most respondents were unemployed (16; 51.6%), while 15 (48.4%) were employed. The difference between the two groups was small. Townsend and Morgan (2017) noted that employment may be related to daily activities, economic conditions, and individual responsibilities. Hospitalisation may affect both employed and unemployed patients because illness can interfere with routine activities and independence.

Unemployed respondents constituted a substantial proportion of patients with infectious diseases (Ethel, Sarjana AS, & Sofro, 2016). In this study, the slightly higher proportion of unemployed respondents may reflect the composition of the study population. However, employment status cannot be considered a factor associated with anxiety because the study did not use an analytical design.

The most common diagnosis was typhoid fever (17; 54.8%), followed by tuberculosis (6; 19.4%), hepatitis B/C (4; 12.9%), and HIV (4; 12.9%). The predominance of typhoid fever indicates that it was the most frequently recorded infectious disease among respondents in the study setting. Typhoid fever remains an infectious disease encountered in Indonesia and is caused by *Salmonella Typhi*. Transmission is commonly associated with contaminated food or water and inadequate sanitation and hygiene.

In the present study, the higher proportion of patients with typhoid fever may reflect the distribution of infectious disease diagnoses in the ward during the study period (Chusna & Nurhalina, 2019). Different infectious diseases may involve different treatment durations, clinical manifestations, and patient concerns. However, because the study was descriptive, differences in anxiety levels across diagnoses should be interpreted as distributions rather than evidence of an association.

The findings showed that 12 respondents (38.7%) experienced mild anxiety, 10 (32.3%) experienced moderate anxiety, and 9 (29.0%) experienced severe anxiety. No respondents were classified as having no anxiety or very severe anxiety/panic. Thus, all respondents experienced some degree of anxiety, with mild anxiety being the most common category. Importantly, 19 respondents (61.3%) experienced moderate to severe anxiety, indicating that psychological symptoms were substantial in a considerable proportion of patients undergoing inpatient treatment.

Mild anxiety may indicate that patients remain able to communicate, receive information, and participate in treatment while experiencing concerns related to their health condition. Hospitalisation may nevertheless generate worry about examination results, recovery, length of stay, changes in daily activities, and responsibilities outside the hospital. Anxiety is an emotional response to a perceived threat. In hospitalised patients, anxiety may arise from illness, medical procedures, an unfamiliar environment, uncertainty about treatment outcomes, and concerns about complications or disease transmission (Ahdiany, Widiati, & Fitria, 2017). Mild anxiety was commonly experienced by patients with infectious diseases (Dede, Veranda, Mola, & Nabuasa, 2022). Anxiety ranging from mild to moderate among patients with infectious diseases during treatment. Patients with infectious diseases remained vulnerable to anxiety during hospitalisation, particularly in relation to illness, recovery, and changes in daily activities (Dewi, Sari, Agustin, & Sari, 2022). In the present study, mild anxiety was most frequently observed among respondents with typhoid fever. This distribution may be related to the clinical characteristics and treatment experiences of the respondents. However, the study did not assess disease severity, prognosis, duration of illness, or other clinical factors; therefore, the observed distribution cannot be used to establish that a particular diagnosis caused a specific level of anxiety.

Moderate anxiety was identified in 10 respondents (32.3%). This level may reflect greater concern regarding health conditions, treatment duration, possible complications, and changes in daily activities. At this level, patients may require greater emotional support and clearer information from healthcare providers to facilitate adaptation during treatment.

Severe anxiety was found in 9 respondents (29.0%). Based on the descriptive distribution, severe anxiety was observed among patients with HIV, hepatitis, tuberculosis, and typhoid fever. Concerns about prolonged treatment, complications, disease prognosis, and social stigma may be relevant considerations for some patients, particularly those living with conditions that may be associated with long-term treatment or social stigma. However, these explanations should be interpreted cautiously because the present study did not measure the

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specific causes of anxiety or test associations between diagnosis and anxiety level.

No respondents were classified as having no anxiety, whereas no respondents were classified as having very severe anxiety/panic. The absence of respondents without anxiety suggests that psychological responses were present among the patients included in this study. Nevertheless, this finding should not be interpreted as indicating that all patients with infectious diseases necessarily experience anxiety, because the sample was relatively small and selected using accidental sampling. Similarly, the absence of very severe anxiety/panic only describes the respondents included in this study.

Analysis of the 14 HARS items showed that item 14, behavioural observations during the interview, had the highest total score (65). This finding indicates that observable behavioural manifestations were prominent among respondents, including restlessness, tension, trembling fingers, a furrowed brow, facial tension, increased muscle tone, rapid or short breathing, and facial flushing. In contrast, item 7 (somatic/muscular symptoms) and item 10 (respiratory symptoms) had the lowest total scores, each with 44 points. These findings indicate that behavioural manifestations were more prominent than somatic or respiratory manifestations among the respondents.

Overall, the findings demonstrate that anxiety was present at varying levels among patients with infectious diseases receiving inpatient care. The predominance of mild anxiety, together with the relatively high proportion of moderate and severe anxiety, indicates the importance of psychological assessment as part of comprehensive nursing care. Routine anxiety screening, therapeutic communication, clear health education, and appropriate family involvement may support patients in adapting to hospitalisation and treatment. Because this study used a descriptive cross-sectional design, further analytical studies with larger samples are needed to examine factors associated with anxiety levels, including disease diagnosis, disease severity, duration of hospitalisation, social support, and other relevant patient characteristics.

CONCLUSION

Patients with infectious diseases receiving inpatient care were predominantly adults aged 20–60 years, female, educated at the high school/vocational school level, married, unemployed, and diagnosed with typhoid fever. The most common anxiety level was mild anxiety, followed by moderate and severe anxiety. More than half of the respondents experienced moderate to severe anxiety, while no respondents were classified as having no anxiety or very severe anxiety/panic. These findings indicate that anxiety is an important psychological concern among patients with infectious diseases during hospitalisation. Routine anxiety screening, therapeutic communication, clear health education, and appropriate family support should be incorporated into nursing care. Further research using an analytical design and a larger sample is recommended to identify factors associated with anxiety levels among patients with infectious diseases.

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