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COMMUNICATION STRATEGY IN MANAGING ANXIETY AND UNCERTAINTY DURING THE COVID-19 TESTS IN INDONESIA

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ABSTRACT

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COVID-19 haunts people's lives, especially participants of the COVID-19 swab test in Indonesia. This study aimed to describe the communication strategy carried out by COVID-19 swab test participants in managing anxiety, the uncertainty of information, and finding pattern ⁶⁵ of communication networks while waiting for laboratory test results. This study was conducted qualitatively; data was collected with a semi-open questionnaire through social media networks with the google form application on 61 informants of the COVID-19 swab test participants in Indonesia. Furthermore, the data was analyzed using the flow model and UCINET-NetDraw software. As a result of the study, a few communication strategies were recommended by COVID-19 swab test participants in managing anxiety and uncertainty namely: first, transcendental communication strategy by approaching and praying to God; second, phatic communication strategy to build personal communication that has an impact on feelings of pleasure; third, a communication strategy built with the pattern of interpersonal networks with the closest people. Parents and friends played an important role in helping participants manage anxiety. Furthermore, general practitioners provided health information to their patients. These three communication strategies helped increase the body's immunity when sick and develop humanistic communication patterns in the health sector.

Contribution/Originality: ⁶⁸ This study found the importance of humane health communication ⁵⁹ in the midst of the COVID-19 pandemic. Anxiety and uncertainty in facing the threat of COVID-19 can be managed by drawing closer to God and maintaining pleasant communication with the closest relatives.

1. INTRODUCTION

COVID-19 suddenly emerges, shocks the world community's life order. The existence of COVID-19 since the end of December 2019 has changed the social, economic, transportation, health field, and even a trade war between countries (Boylan, McBeath, & Wang, 2021). Millions of people around the world have been victims of the COVID-19 disaster. Health care services around the world are preoccupied with handling coronavirus, conducting tests for COVID-19, and scientists have been trying to find a vaccine to stop the virus spread. All countries around the world conducted swab tests to detect and ensure whether a person was exposed to COVID-19; for example, in the United

States (Patel et al., 2021) Japan (Saito et al., 2020) Liverpool, England (Iacobucci, 2020) China (Xing et al., 2020) and Indonesia (Suahya, 2020).

61 People who take swab tests experience anxiety and receive ambiguous results. Anxiety can be affected by worry, fear of being infected, and the threat of illness related to COVID-19 (Crowley, Bleakley, Silk, Young, & Lambe, 2021; Head, Kasting, Sturm, Hartsock, & Zimet, 2020). One's knowledge affects anxiety, and women have higher levels of anxiety than men (Rakhmanov, Demir, & Dane, 2020). During the COVID-19 pandemic, anxiety and uncertainty of information are felt by most people in quarantine or isolation. They experience more significant anxiety when compared to people who are not isolated (Tang et al., 2021). In Indonesia, people who take COVID-19 swab tests must do isolation while waiting for the laboratory test result. The waiting time for swab test results varies from two to nine days. This period is the peak anxiety level due to the uncertainty of information about the swab test result. Fearful thoughts worsen anxiety if the test result is positive then being isolated in the hospital, even if it results in death (Alanazi & Aljubilah, 2021; Pyszczynski, Lockett, Greenberg, & Solomon, 2021). It has caused anxiety and fear in all walks of life for farmers, fishers, traders, entrepreneurs, employees, and even anxiety for health workers performing medical roles (Fleisher, Sweeney, Clapp, & Barsade, 2020). However, excessive anxiety will cause panic; on the contrary, the lack of fear and anxiety which will lead to an attitude of ignoring the virus (Pakpour, Griffiths, & Lin, 2021). Indonesian is religious, open, and honest in its attitude of togetherness, has a high level of tolerance, and assists one another (Given, 2008; Sulaeman, Rijal, Malawat, & Sere, 2021). However, communication patterns are carried out in a high context as a part of the culture of Asian society; the delivery of messages are implicit, indirect, and not frank (Saputri & Saraswati, 2017). The relation between the character of Indonesian society with communication patterns (Ridwan, Toisuta, Yanlua, Sulaeman, & Salam, 2020) one side has an open character, but on the other hand, conveying a message is implicit and not direct. This is the unique dimension of Indonesian society.

As a religious society, the anxiety caused by the COVID-19 outbreak is faced by asking for help and surrendering to God. The unquestioning belief that only God can help and cure disease is the basis for transcendental communication, vertical servitude to God (Sham, 2015; Sulaeman, Rijal, Ridwan, 2021). It is open, honest, and helpful to each other, when being stricken with anxiety in the face of illness, it is faced with open and entertaining communication with those closest to him. This is the basis for phatic communication; fun communications can improve the body's immune (Holba, 2008; Vanyan, 2017). Meanwhile, the communication built with the closest people forms an interpersonal communication network, communication with the closest people during illness. This argument is the basis for choosing transcendental communication, phatic communication, and interpersonal communication networks to manage the anxiety of COVID-19 test participants.

The COVID-19 pandemic that occurred in Indonesia since March 2020 created anxiety, fear, and panic in the community, especially the test participants who have been indicated to be exposed to the virus at the initial detection. The experience of COVID-19 swab participants in managing anxiety and uncertainty of information was analyzed based on a phenomenological perspective that explored a person's daily experience (Nurdin, Sulaeman, & Ridwan, 2022) in constructing the reality of anxiety as a natural truth (Given, 2008; Sulaeman et al., 2021). A person's experience of religiosity is constructed in a transcendental communication pattern to surrender to God. The nature of openness, togetherness and mutual help are constructed in phatic communication patterns and form interpersonal communication networks. These communication strategies are constructs of anxiety management in the perspective of anxiety management theory (Wiseman, 1995).

This study aimed to describe the communication strategies carried out by COVID-19 swab test participants in managing anxiety, the uncertainty of information, and finding patterns of communication networks while waiting for laboratory test results. To answer this goal, the study was conducted qualitatively on 61 people who had taken the COVID-19 swab test in Indonesia, consisting of 31 men and 30 women. Data collection was done by spreading a semi-open questionnaire through a google form application on social media. The questions included how to communicate, manage anxiety and information uncertainty while waiting for a swab test result, who was contacted,

and what messages were conveyed. The data was descriptively analyzed by reducing and grouping information from informants and then presenting it accordingly to how to manage anxiety and uncertainty of information over swab test results, communication networks that were carried out, and messages conveyed when communicating with others. After the data was presented in accordance with the specified categories, it was then analyzed with a phenomenological perspective and anxiety and uncertainty management theory, and finally, conclusions were withdrawn. To determine the participants' relationship and pattern of communication networks, the UCINET-NetDraw software was utilized to analyze the data (Eriyanto, 2014).

2. LITERATURE REVIEW

The threats of danger COVID-19 makes anxiety and fear on the swab test participants while waiting for test results. Anxiety is also influenced by the limitations of medical personnel and inadequate health facilities in the midst of increasing the attacks. Through the health sector, the government overcomes this with a strategy of adding facilities, training medical personnel, providing information on COVID-19, and increasing coordination with related agencies (Aron et al., 2021). The test participants manage their anxiety based on religious teachings with a transcendental communication strategy (Meri et al., 2022). Meanwhile, the nature of openness and togetherness is used as the basis for carrying out phatic communication strategies and strategies for building interpersonal communication networks with those closest to them.

The COVID-19 swab test participants' strategy in managing anxiety and uncertainty of information is seen from a phenomenological perspective through an individual's life that reflects experiences (Nurdin et al., 2022) and constructed meanings (Given, 2008; Sulaeman et al., 2021). The participants constructed meaning from experiences in managing anxiety and uncertainty. Meanwhile, anxiety and uncertainty management theory was used to explain COVID-19 swab test participants who experienced anxiety and uncertainty while waiting for laboratory test results. Coronavirus is interpreted as a 'stranger' in the process of interpersonal communication. However, anxiety and uncertainty requires awareness in providing meaningful construction for the virus (Wiseman, 1995). To deal with this anxiety, strategies are needed that can control the anxiety experienced.

In general, a strategy is identical to the strategic management of the organization, but it can also be used on an individual scale by transferring planning ideas into operational action (Steyn, 2003). The strategy is to make changes, what to do and what not to do. It reflects a person's behavior patterns. Implementing strategy can be interpreted as communicating change. Communication strategy communicates the choice of strategies used and helps implement what is done (Jones, 2008). The choice of communication strategy can be influenced by the information received, how to respond to it, and the extent of media involvement in influencing it (Rudeloff, Pakura, Eggers, & Niemand, 2021). Communication strategies play an important role in managing anxiety to choose the right way to deal with COVID-19 (McKee, Bertrand, & Becker-Benton, 2014).

Strategies in managing the anxiety of COVID-19 swab test participants can be done with transcendental communication strategies, phatic communication, and building interpersonal communication networks. In Indonesia, the anxiety and fear experienced by the participants of the COVID-19 swab test can be managed by praying and getting closer to God. In the perspective of communication, this way is called transcendental communication, namely vertical communication to God to surrender his helplessness and ask for salvation and healing for all his pain (Sham, 2015). Transcendental communication is carried out as a self-reflection of the threatening coronavirus. It is done consciously and individually by getting closer to God (Sham, 2015).

On the other hand, phatic communication on strong social bonds, simplicity in relationships, cultural norms, social skills, and cognitive and social lubricants it flexibly constructs messages according to the social and cultural bond attached (González, 2014). The communication starts with small talk and is even full of pleasantries to open more serious talks. The beginning of the conversation in phatic communication depends on the speaker and the listener (Vanyan, 2017). Phatic communication creates a monologic communication to a dialogic one. This

communication mode builds trivial talk, through honesty and openness, to more severe talks (Holba, 2008). Phatic communication can increase the body's immunity and provide an opportunity to avoid the terrible impact of the COVID-19 virus, which is death.

Transcendental and phatic communication manages anxiety over unknown hazards related to COVID-19 (neurotic anxiety), mistakes done (moral anxiety), and realistic fears about the threat of virus (realistic anxiety) (Feist & Feist, 2010). These three categories of anxiety form an interpersonal communication network pattern as a strategy in managing anxiety while waiting for the results of the COVID-19 swab test. Anxiety can also be managed by having open communication with those closest to him; for example, share feelings with parents, husband/wife, children, relatives, and other close friends. This can form a communication network built on honesty, openness, and pleasantries to reduce anxiety over the uncertainty of information about COVID-19 swab test results.

Finally, the strategy in managing anxiety and uncertainty of information while waiting for the results of the COVID-19 swab test can be carried out by using transcendental communication strategies, phatic communication, and forming a communication network with people closest to them. These three communication strategies have a strong relationship with success in managing anxiety experienced by COVID-19 swab test participants in Indonesia. The relationship between the management of anxiety and uncertainty carried out by COVID-19 swab test participants and communication strategies is described in the following Figure 1.

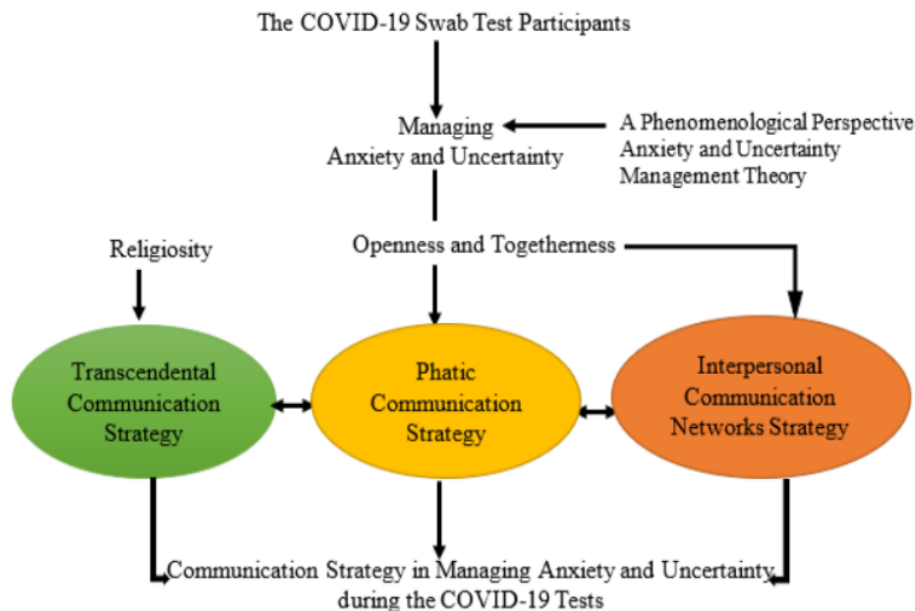


Figure 1. The relationship between communication strategy and anxiety management.

3. RESULTS AND DISCUSSION

The management of anxiety and uncertainty can be done with the communications strategy. According to Kurt Lewin, there are three stages of communication strategy towards the desired change unfreezing, changing or moving, and refreezing (Crowley et al., 2021; Klein, 1996). First, to manage one's anxiety, one must make the right choices by which way one's anxiety can be controlled; by surrendering to God or by diverting anxiety by open communication with those closest to him. This stage requires communication to identify and explain the reasons for the choice of strategy. Second, changes are carried out in totality and move according to the chosen strategy. The choice of strategy can be made more than once. This stage requires communication to inform, develop, and understand the effects that

occur. Third, in carrying out anxiety management strategies, it is necessary to strengthen confidence to lead to success, and the choice of strategies made must be enjoyable. This stage requires communication to spread the message of success to others.

Someone who is isolated because of COVID-19 has communication barriers with the surrounding people. For this reason, a continuous communication space is needed as a communication partner during COVID-19 treatment (Akgün, Shamas, Feder, & Schulman-Green, 2020). The role of communication is implemented through transcendental communication strategy, phatic communication, and building interpersonal communication networks in managing anxiety and uncertainty during the COVID-19 test.

3.1. Transcendental Communication

The impact of pandemic COVID-19 on community lives can be depression, stress, fear, anxiety, anger, and even insomnia (Khan, Saleem, Anwar, & Chang, 2021). The COVID-19 pandemic has been attributable to physical-mental (Sulaeman et al., 2021) physical-nonphysical, and physical-spiritual anxiety. Anxiety haunts everyone in facing the COVID-19 pandemic. Anxiety is a condition of affection of a person who feels discomfort from an unpleasant atmosphere followed by physical sensations towards the dangers that threaten. There are three types of anxiety that a person may experience (Sulaeman et al., 2021) namely neurotic, moral, and realistic anxiety. Neurotic anxiety is a feeling of anxiety about the threat of unknown danger. Moral anxiety is awareness of inconsistent behavior between the knowledge possessed and what is being done. Realistic anxiety is a feeling of anxiety and fear about the threat and danger of what is being done (Feist & Feist, 2010). Neurotic and moral anxiety fall into the category of inner, nonphysical, spiritual anxiety. While realistic anxiety belongs to the category of physical anxiety.

Viral threats create neurotic, moral, and realistic anxiety that happens to everyone. Even during a pandemic, coronavirus exposure is intertwined with the death process (Menzies & Menzies, 2020; Pyszczynski et al., 2021). The number of informants who experienced anxiety while waiting for the results of the COVID-19 swab test reaches 77% of the sixty-one informants, while those who had no anxiety reach 23%. Participants of the COVID-19 swab test who experienced anxiety were between 30-60 years old; meanwhile, those who did not experience anxiety were between 19-30 years old. The virus attacks people regardless of gender, age, and social status. The COVID-19 virus is actual and exists, and must be believed. The COVID-19 virus has created anxiety in the community.

The verbatim statements of the participants are:

"No need to think about the rumor that this virus is a conspiracy or not; In fact, this virus exists and is accurate and can attack anyone; that is the anxiety I feel." (Interview, Informant 10, 11/01/2021).

"This virus is actual; everyone is just waiting for their turn. Many people may be asymptomatic but unnoticed." (Interview, Informant 60, 14/01/2021).

"Waiting for the result of the swab test? of course, there is a feeling of anxiety. What will the result be? Full of uncertain information. Because covid is not a disgrace and can happen to anyone, I do not just keep silent or hide the information. I decided to tell the head of neighborhood units, community units, COVID-19 Task Force head, and community health center staff in my neighborhood" (Interview, Informant 11, 11/01/2021).

The uncertainty of information causes the anxiety experienced by the COVID-19 swab test participants. Much information about this virus is growing that is not necessarily valid, even with many scary information and hoaxes. To reduce the uncertainty of this information, it is important to find the correct information about COVID-19 and related to it.

The verbatim statements of the participants are:

"By looking at the videos of those who are being swab tested, I am convinced that the swab test is not as scary as imagined." (Interview, Informant 36, 11/01/2021).

Based on the experience of COVID-19 swab test participants in Indonesia, the strategy to manage anxiety and fear during the swab test is to rely on their helplessness before God. There are many ways that participants of the

COVID-19 swab test can manage their anxiety and fear. Most informants do prayers, think positively, surrender themselves to God, and keep relaxed.

The verbatim statements of the participants are:

“Pray as much as you can, recite Salawat (the salutation upon prophet Muhammad), think positively, and submit to God.” (Interview, Informant 03, 11/01/2021).

“Try to think positively and forget negative thoughts. Indeed, an affect the immune system, decreasing.” (Interview, Informant 18, 11/01/2021).

“Relax, pray and surrender.” (Interview, Informant 30, 11/01/2021).

Based on the sociogram map in Figure 2, from sixty-one informants, most of the COVID-19 swab test participants in Indonesia managed their anxiety by praying many strategies, thinking positively, trusting in God’s plan (*taawakkul*) and surrendering to God, and doing relaxing activities. Most chose more than one way of managing anxiety described in the sociogram in the form of more grouping networks. Some informants only opted for one strategy to manage anxiety: watching movies, doing karaoke, looking for entertainment, suggesting themselves, finding information about COVID-19, and being patient. One options strategy for managing anxiety was described in a sociogram map in the form of a disseminating network. This construction of meaning on experience (Sulaeman et al., 2021) managing anxiety and uncertainty was a natural truth from a phenomenological perspective (Given, 2008; Sulaeman et al., 2021).

The strategy map for managing anxiety and uncertainty of information while waiting for the result of the COVID-19 swab test was described in the sociogram graph (Figure 2).

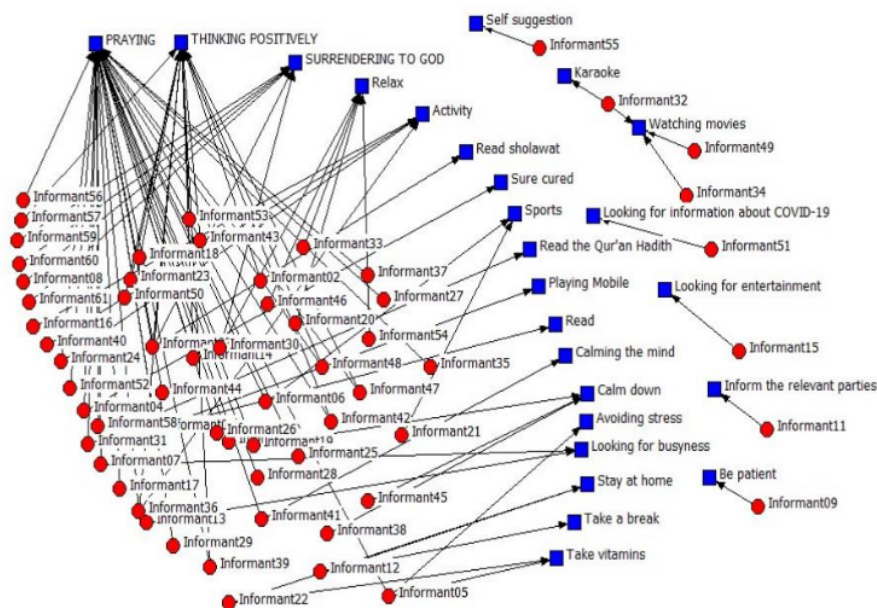


Figure 2. Sociogram map of managing anxiety by the COVID-19 swab test participants in Indonesia.

The choice of how to manage the anxiety of COVID-19 swab test participants in Indonesia is a part of the transcendental consciousness carried out to escape from the awareness of daily reality and switch to spiritual reality by praying and surrendering to God (Littlejohn & Foss, 2009). From the perspective of communication, the switch of daily activities to the divine power beyond his strength is called transcendental communication (Sham, 2015). In another point of view, transcendental communication is also called vertical communication, namely human

communication to God based on self-submission by praying and asking forgiveness for the mistakes that have been done and asking for the salvation of the world and the hereafter (Holillah, 2017).

Transcendental communication has characteristics of what is done consciously, individually, phenomenally, spontaneity, part of self-reflection, and reflects events that occurred (Sham, 2015). The COVID-19 pandemic can be considered a phenomenal event that occurs, which each individual spontaneously realizes as part of the event that has befallen him. Awareness of the existence of this virus results in a reflection of all events that occurred and creates an awareness of the existence of God. This awareness yields reflection transcendental communication, an awareness of the act of human communication to God by praying and submitting themselves before God as of the form of helplessness in the face of COVID-19. Indonesian society is a firm adherent of religious teachings. When the vaccination program has not worked optimally, and the coronavirus spread has not stopped, then the community finds harmony through the religious teachings. Aspects of religiosity become a place of leaning when the world's problems experience a 'deadlock' of knowledge. In the perspective of uncertainty reduction theory (West & Turner, 2007) a person who experiences anxiety and uncertainty of information is caused by lack of background a person who experiences anxiety and uncertainty of information is caused by lack of background of knowledge towards the problems that occur so that he experiences cognitive pressures. To overcome these cognitive pressures, the COVID-19 swab test participants opted to perform transcendental communication.

Managing anxiety and uncertainty of information in the perspective of anxiety management theory must recognize the concept of strangers, what makes feelings of anxiety and uncertainty, and require awareness to conduct effective communication (Wiseman, 1995). COVID-19 is likened to an unknown stranger who needs knowledge in understanding God's creatures so as not to become worried and scared. When human knowledge has not been able to understand and prevent the spread of the virus, it will cause anxiety in the community. This problem can be solved by reflectively raising self-awareness, contemplating, approaching God, and communicating with God. Ultimately, transcendental communication can be used as a strategy of management of anxiety and uncertainty of information.

3.2. Phatic Communication

The threat of death from COVID-19 is one of the factors that cause anxiety in the world community (especially; swab test participants in Indonesia). It has become a global health crisis that requires the unification of opinion between nationalist and globalist leaders to collaborate between countries to break the chain of the spread of COVID-19 (He & Chen, 2021). A situation of tension and fear haunts everyone who indicates exposure to the coronavirus. Hoax news in the media adds to the disinformation about COVID-19 in society. Excessive anxiety and fear resulted in decreased immune power. This weakening of the body's immunity is the entrance to the coronavirus, which results in death. Therefore, it requires a phatic communication strategy with the closest ones who have strong emotional and social ties to speak lightly and casually (Vanyan, 2017). Phatic communication as a strategy can contribute to increasing the body's immunity to avoid the coronavirus. Social support from the closest ones, government, and organizations can reduce people's anxiety (Labrague & Santos, 2020). Various ways are carried out in phatic communication by participants of the COVID-19 swab test so that their body immunity continues to improve, for example: keep doing daily activities, stay relaxed, try to stay happy, think positively, follow health protocols, and always communicate with family and people who have other emotional closeness. This method is an individual experience from a phenomenological perspective (Given, 2008; Sulaeman et al., 2021).

The verbatim statements of the participants are:

"I did my usual activities while waiting for the results of the swab tests - Eating on time, getting adequate rest, taking vitamins, probiotics, honey, and spices, keeping a distance from my family members, wearing a mask even at home, and washing my hands frequently with soap. I hearten more and motivate myself to recover by doing activities that I like. I try to stay happy and think positively. Praying and reciting as much *salawat* as possible so that the results of the swab tests are good." (Interview, Informant 03, 11/01 2021).

Phatic communication can also be done by reading activities, multiplying prayers, watching entertainment, and avoiding death news due to COVID-19.

The verbatim statements of the participants are:

“Read a lot of literature, increase dhikr, watch news that does not add stress.” (Interview, Informant 06, 11/01 2021).

“Do other activities and avoid news about deaths due to the corona virus.” (Interview, Informant 13, 11/01 2021).

The waiting time for the COVID-19 swab test result between 2 - 7 days is a situation filled with uncertainty. This condition affects a person's immunity and results in health problems. Therefore, this waiting time should be used to carry out relaxed activities that do not require heavy thinking.

The verbatim statements of the participants are:

“While waiting for the swab test result, I often do refreshing or fun activities because my anxiety and fear lessen.” (Interview, Informant 18, 11/01 2021).

“Sing, do karaoke and play music at home (Interview, Informant 32, 11/01 2021). Reduce panic, relax, be self-aware, and be confident.” (Interview, Informant 09, 11/01 2021).

Phatic communication strategy can be conducted with family and close ones who have strong emotional ties, use familiar language—friendship language and are full of equality (Faraba, Sumarlam, & Purnanto, 2018). Small talks accompanied by humor are believed to boost body immunity and weaken the attacking virus. With phatic communication, the body's immunity will improve and fight viruses that will attack. The most important elements that support phatic communication for the swab test takers are increasing prayers, relying on God (*tawakkul*), thinking positively, and maintaining a healthy lifestyle.

The verbatim statements of the participants are:

“Pray, stick to a healthy diet and take vitamins, communicate with your family, provide information about the swab tests that have been carried out, and ask your parents and siblings to pray for the negative results.” (Interview, Informant 36, 11/01 2021). From the perspective of uncertainty reduction theory (West & Turner, 2007) phatic communication is the primary tool to reduce anxiety and uncertainty. It is carried out in an interpersonal context by building established emotional and social bonds. Interpersonal communication that has been formed with these closest ones is an important asset for managing anxiety and information uncertainty. Effective communication can be built through personal closeness (Wiseman, 1995). The aspect of personal closeness can eliminate differences in perceptions among communication participants so that communication is relaxed, not tense, because there are many similarities in perceptions. Perception is built through interpreting environmental experiences (Floyd, 2011; Sulaeman et al., 2021). Phatic communication strategy can manage anxiety and uncertainty of information while waiting for the results of the COVID-19 swab test with small talks accompanied by humor, delivering messages that are not scary but entertaining. Phatic communication can boost the immunity of the human body.

3.3. Interpersonal Communication Network

Communication networks are contact patterns created by actors participating in the communication. Messages in communication networks flow in the form of information, knowledge, images, and symbols. It can take the form of personal contacts, work, and even friendships. Moreover, can be started from relationships between individuals and develop into circles of groups that influence one another (Uddin et al., 2010).

Communication networks in managing anxiety and uncertainty of information on COVID-19 swab test participants are built through interpersonal communication to exchange COVID-19 information. Three important elements are interrelated in determining the direction of information about COVID-19 in Indonesia, namely the government, media, and social media netizens. The first element, as the center of information, is the government. The government has an obligation to convey information about COVID-19 to the public honestly and openly. This

information can be in the form of the development of the COVID-19 pandemic and policies taken to prevent the spread of the virus. Information from the government is then constructed by the media as the second element and conveyed to the public. At the stage of media construction, information has begun to be distorted, and the substance of the message has changed due to media interests. The third element, which is also highly urgent, is the role of social media netizens. Messages on social media experience message distortion from their actual information. This information war between the government, the media, and the netizens has created uncertainty about COVID-19. Information has undergone development, experienced shrinkage, and even led to hoax information. Even the dissemination of information through the media exceeds the speed of the virus spreading itself (Chan, Nickson, Rudolph, Lee, & Joynt, 2020; Cinelli et al., 2020). Swab test participants in Indonesia conduct management of information uncertainty about COVID-19 by seeking information from the network of their closest ones. Interpersonal communication networks for swab test participants are doctors, wives or husbands, parents, children, relatives, and friends. This interpersonal communication network was chosen based on closeness, honesty, and openness which are the keys to effective communication (Vertino, 2014). They are the places to ask about the truth of COVID-19 information. In addition, swab test participants also seek the truth of information through the media.

The verbatim statements of the participants are:

"Read information about the dangers of covid from reliable information, not from hoax news." (Interview, Informant 11, 11/01 2021).

"Read a lot about the myths and facts of Covid-19, and maintain body immunity." (Interview, Informant 28, 11/01 2021).

In general, tracking social communication networks can be done based on internet-based networks, such as via email and other social media. Social communication networks via the internet eliminate the reality of physical, social bonds (De Choudhury, Mason, Hofman, & Watts, 2010). Internet-based communication networks also influence public opinion and serve as the basis for interpersonal conversations (Zhang, Feng, & Yang, 2019). However, in the context of managing anxiety and uncertainty of information on swab test participants in Indonesia, it is carried out with physical, social ties through interpersonal communication networks with the closest ones who are considered to have honesty, openness, and understanding about COVID-19. The interpersonal communication network map was analyzed with the UCINET-NetDraw software and is described in Table 1.

Table 1 illustrates the pattern of communication networks in seeking information about COVID-19 and communication networks that describe the centrality of actors (informants) in the network, which includes degree, the number of direct relationships with other actors; betweenness, an actor who can mediate with other actors in the relationship; eigenvector; popular actors in the network; and closeness, the closeness of actors to other actors (Jablin & Putnam, 2001). The analysis of interpersonal communication networks on the COVID-19 swab test participants was also carried out in relation to network density, diameter, and the distance with the UCINET-NetDraw software with assessment indicators: very often (3), often (2), sometimes (1), and never (0). Degree data from 61 informants as actors who were frequently contacted included doctors, wives or husbands, parents, children, siblings, and friends. The maximum number of degrees was 122 based on the multiple actors who connected 61 actors (informants). The actors frequently contacted with the highest level are friends with degree 78, while the actors with the lowest level are parents with degree 31. Closeness is seen from the number of networks that frequently contact. Low closeness values indicate good closeness in the relationship; high closeness values indicate alarming closeness. The actors who have good closeness are doctors with a value of 76. Meanwhile, the actors who have alarming closeness are children with a value of 119. Eigenvector is the level of importance or popularity of an actor in the network, which is described in the number of networks that contact him. Doctors with a value of 1 obtained the best eigenvectors, and the lowest eigenvectors were siblings with a value of 0. Data on intermediation shows an overall value of 0. This explains that in interpersonal communication, the COVID-19 swab test participants in Indonesia do not use intermediaries in dealing with actors that they addressed. Size Ego Network is a measure of each ego actor in the network.

Table 1. The patterns of interpersonal communication networks of the COVID-19 swab test participants in seeking information, managing anxiety, and dealing with health staffs in Indonesia.

No	Network Types	Complete Networks				Size Ego Networks	Structur			
		Degree Centrality	Closeness Centrality	Betweenness Centrality	Eigenvector Centrality		Density	Diameter	Distance	
		60								
1	COVID-19 Information Search Network	Doctors	77.000	76.000	0.000	1.000	56.00	0.048	1	1
		Parents	31.000	77.000	0.000	0.542	25.00			
		Wives / Husbands	42.000	106.000	0.000	-0.174	26.00			
		Children	18.000	119.000	0.000	0.255	13.00			
		Relatives	50.000	93.000	0.000	0.000	39.00			
		Friends	78.000	107.000	0.000	0.321	55.00			
2	Interpersonal Communication Network	Parents	74.000	86.000	0.000	0.270	44.00	0.038	1	1
		Wives /Husbands	55.000	102.000	0.000	0.693	28.00			
		Children	33.000	110.000	0.000	0.077	20.00			
		Relatives	48.000	97.000	0.000	0.000	33.00			
		Friends	55.000	94.000	0.000	1.000	36.00			
3	Network of Health Workers	Health Community Center (PUSKESMAS)	33.000	101.000	0.000	0.620	27.00	0.025	1	1
		State Hospitals (RSUD)	34.000	102.000	0.000	1.000	26.00			
		Private Hospitals	30.000	106.000	0.000	0.340	22.00			
		General Practice Doctors	40.000	98.000	0.000	0.360	30.00			

Source: Data processed from UCINET-NetDraw.

The highest ego networks are the actors who show the highest level in the communication network, whereas the lowest ego networks are the lowest number in the network. Of the 61 informants, the informants' communication networks in seeking information on COVID-19 with the highest level were doctors, with a value of 56, while those with the lowest level were children, with a value of 13.

The communication network patterns of informants 01 to 61 describe the density level of interpersonal communication networks with doctors, wives or husbands, parents, children, relatives, and friends. The overall network density is 90.32%. Meanwhile, some informants did not have a communication network or searched for COVID-19 information, amounting to 9.68%.

Diameter analysis is done to determine the closest and farthest interaction distance. The farthest distance in the interaction is set with a value of 3, while the closest interaction distance is valued at 1. The farthest distance shows a hierarchy in communication, while the closest distance shows no hierarchy or tier boundary in communication (Eriyanto, 2014). Based on the analysis from UCINET software, the output diameter is known to be 1. The number of network members analyzed is relatively large, namely 61 actors, while the interaction diameter resulted is 1. In the interpersonal communication network, the participants of the swab test do not have a hierarchy or level of communication because the interaction distance is in the closest category, namely 1.

Distance in network analysis is the average of t steps required by all actors to communicate with each other. Distance shows the closeness of relationship between one actor and another. The mean of small distance indicates closeness in relationships; on contrary, the considerable distance indicates a significant communication gap (Eriyanto, 2014). The distance analysis results in interpersonal communication among participants of the COVID-19 swab test in Indonesia shows an average number of 1. This value explains the close relationship between actors with one another.

Based on the data above, the interpersonal communication network in seeking COVID-19 information for most swab test participants in Indonesia is through contacting a friend. The parent element occupies the lowest level of network. However, swab test participants consider doctors to have much information about COVID-19, while children are less aware of it. In this network analysis, doctors are the most popular source in searching for COVID-19 information in Indonesia. Communication networks are built based on strong partner relationships and personal contacts (Jablin & Putnam, 2001). In the perspective of the theory of managing anxiety and information uncertainty, there are basic needs that people must fulfill, namely a motivational aspect, which includes trust, a sense of belonging, anxiety avoidance, and self-concept maintenance (Wiseman, 1995). These findings suggest that swab test participants need motivation and trust from friends and rely on their knowledge to doctors without any hierarchy in communication.

An overview of the communication network between the informant, doctor, wives/husbands, parents, children, relatives, and friends can be seen in the sociogram map (Figure 3).

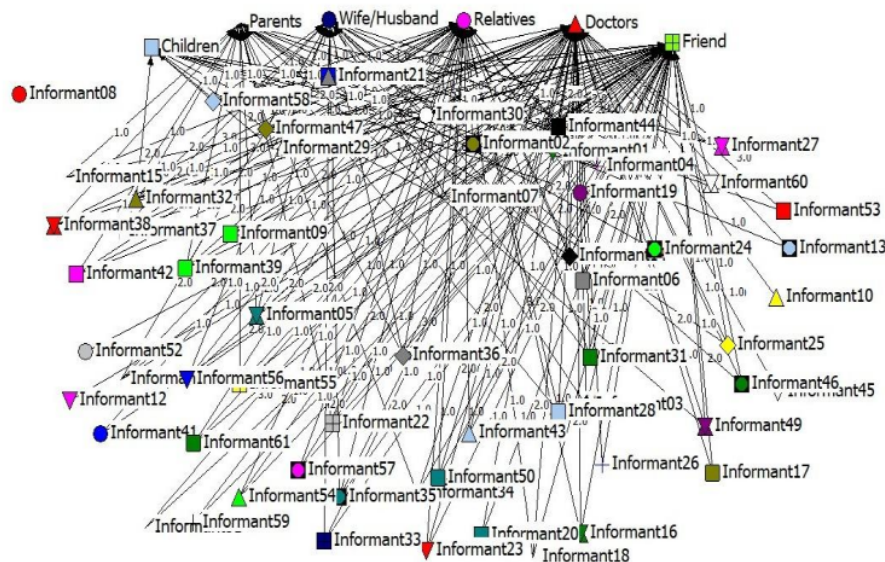


Figure 3. Interpersonal communication network of the COVID-19 swab test participants in search of information.

Table 1 describes the interpersonal communication network in managing anxiety and information uncertainty while waiting for the results of the COVID-19 swab test. The analysis results of the UCINET-NetDraw software found the degrees of 61 informants as actors who frequently contacted are parents, wives/husbands, children, relatives, and friends. The highest level of communication carried out by participants of the COVID-19 swab test while waiting for the result is parents with degree 74, while the lowest level is children with degree 33. People or actors who have good communication and closeness are parents with a score of 86. Meanwhile, those having a lousy communication closeness is a child with a score of 110. A friend obtains the best eigenvector with a value of 1; the lowest eigenvector is relatives with a value of 0. The data of betweenness shows an overall value of 0. It indicates that in interpersonal communication, the participants of the COVID-19 swab test in Indonesia during waiting times did not use intermediaries in communication with the intended actor. The highest ego networks are parents, with the number of 44, while the lowest ego networks are children, with the number of 20.

The density level of communication network of informants 01 to 61 with parents, wife/husband, children, relatives, and friends is 92.49%, and those without a communication network are 7.51%. The interpersonal

communication network of the participants of COVID-19 swab test in Indonesia during waiting time does not have a hierarchy or level of communication because the interaction diameter is in the closest category, which is 1. Distance analysis shows an average number of 1. This distance value explains the existence of a close relationship between actors with one another.

Based on the data above, it was found that the peak period of anxiety and uncertainty of information is the waiting time for the COVID-19 swab test result. The interpersonal communication that is mainly carried out by swab test participants while waiting for the result has closeness in communication with the parents. The child has a lower communication distance than the parents instead. However, friends are frequently contacted during this peak period of anxiety, while relatives have a lower intensity than friends. The communication that is built also does not have a hierarchy in communication. Networks are often described as subjects or actors who have substantive ties to exchange information (Monge, Heiss, & Margolin, 2008). In managing anxiety and uncertainty theory, personality and self-concept are important aspects in building interpersonal communication. The similarity of identity and perception can build good communication and closeness with people who have the same self-concept (Wiseman, 1995). The findings showed swab test participants have more in common perceptions and identities with their parents and friends, and both serve as a place to lean on in sharing the anxiety they experience.

The description of the communication network between the informant and parents, wives/husbands, children, relatives, and friends can be seen in the sociogram map (Figure 4).

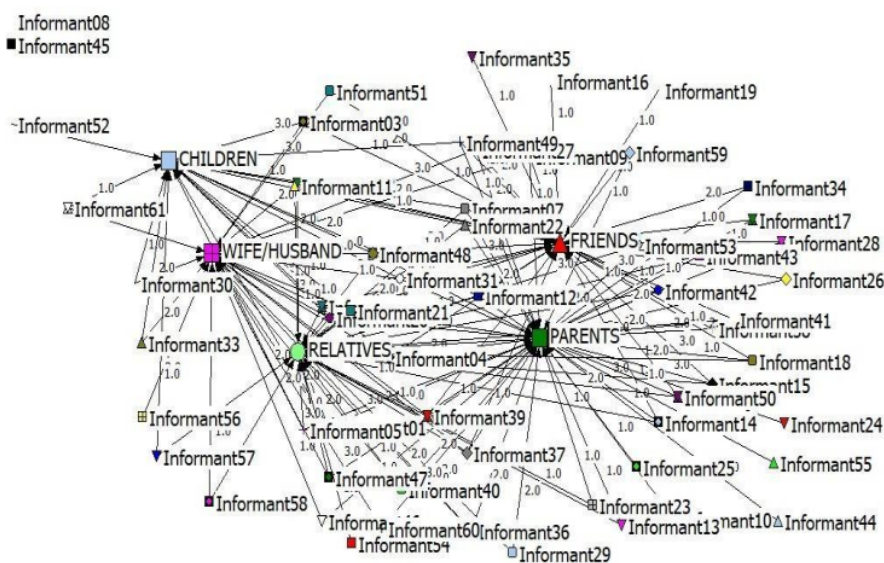


Figure 4. Management of interpersonal communication while waiting for the results of the COVID-19 swab test in Indonesia.

The interpersonal communication of the COVID-19 swab test participants is also networked with health officials or institutions. There is an excessive anxiety for someone exposed to the virus if being admitted to the hospital. The general practitioners have an important role in providing health information, and the hospital staff must share information openly with all patients to reduce anxiety (Nanjundaswamy et al., 2020; Scott, 2004). Based on Table 1, there is a degree of 61 informants as actors who frequently contact and staff at the community health center, state hospitals, private hospitals, and general practice doctors are actors who are frequently contacted. The highest level of communication carried out by participants of the COVID-19 swab test was a general practitioner with a degree of 40, while the lowest level was a private hospital with a degree of 30. Health staffs or institutions with good communication closeness are general practice doctors with a score of 98, while those with lousy communication

closeness are private hospitals with a score of 106. A state hospital obtains the best eigenvector with a score of 1; the lowest eigenvector is a private hospital with a value of 0.340. The data of betweenness shows an overall value of 0. It shows that in interpersonal communication, participants of the COVID-19 swab test in Indonesia do not use intermediaries to communicate with the targeted health workers or institutions. The highest ego networks are general practitioners, with the number of 30, whereas the lowest ego networks are private hospitals, with the number of 22.

Overall, the communication network density between the informants 01 to 61 with health staffs or health care institutions consisting of the community health center, state hospitals, private hospitals, and general practice doctors reaches 94.95%, and those without a communication network are 5.05%. The interpersonal communication network of swab test participants with health staff or institutions does not have a hierarchy or level of communication because the distance of the interaction diameter is in the closest category, that is 1. The distance analysis in the interpersonal communication between swab test participants and health staff or institutions shows an average number of 1. This distance value explains the close relationship between the informant and the health staff or health care institutions.

Based on the data above, participants of the COVID-19 swab test in Indonesia communicate very often and have closeness with local general practice doctors, while the level of communication is low and their closeness is poor with private hospital staff. However, the most popular health staffs or health care institutions are state hospitals, while private hospitals have the lowest popularity. Distance and density of communication with health staff have no hierarchy of communication and have close relationships. The Strength-of-Weak Ties Theory states that a strong network is characterized by relationship intensity and closeness. Strong emotional bonds are formed in friendships which then share information. However, it is not only strong networks that share information; networks with weak ties also have the opportunity to share information (Wok & Hashim, 2014). In the management theory of anxiety and uncertainty, there are specific social categories that are used to determine the distance of communication with others. The social environment determines the categorization based on the close norms and socio-cultures possessed (Wiseman, 1995). The findings indicate that general practitioners are emotionally close to the swab test participants, so they are chosen for check-ups, while state hospitals are chosen as popular health institutions in the community.

The description of the communication network between informants and health community centers, state hospitals, private hospitals, and general practice doctors can be seen in the sociogram map (Figure 5).

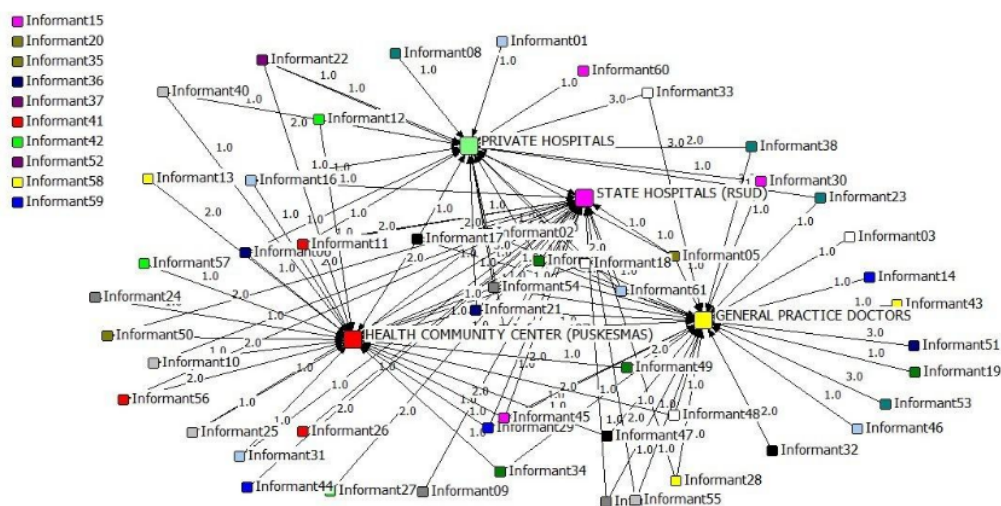


Figure 5. The pattern of communication networks between COVID-19 swab test participants in Indonesia and health staffs or health care institutions

3.4. *The Impact of Communication Strategy in Overcoming the Anxiety*

The research data explained that of the 61 informants, 70.5% experienced anxiety about the dangers of COVID-19, 29.5% were not anxious, 63.9% experienced fear, and 36.1% were not afraid. This data illustrates that the majority of COVID-19 swab test participants experience anxiety and fear of the dangers of the coronavirus. To manage their anxiety and fear, they carried out transcendental communication, phatic communication and build interpersonal communication networks as a communication mix strategy to manage anxiety and fear of the dangers of COVID-19 (McDonald & Christopher, 2003).

The values of religious teachings inherent in everyday life provide a great space for managing anxiety and fear by surrendering to God, return all power to God who rules over this life while asking for safety from the threat of COVID-19. This is a transcendental communication strategy (Sham, 2015). By talking and drawing closer to God, the heart becomes peaceful and calm. This transcendental experience was recounted by the informant as follows.

The anxiety and fear on the COVID-19 must be dealt with in a way; leave all problems to God. This impacts the loss of anxiety and fear. The verbatim statements of the participants are: "God always guides and protects this life. Of course, you must always pray and draw closer to God." (Informant 11, 11/01/2021).

The verbatim statements of the participants are:

"Always draw closer to God by praying, asking for guidance and safety in the world and the hereafter; the heart becomes peaceful and peaceful in the face of all threats of the dangers of COVID -19." (Informant 30, 11/01/2021).

The nature of openness and togetherness that has been inherent and carried out in people's lives provides a guide that the way to manage anxiety and fear of the danger of COVID-19 is to express the problem to the people closest to them forget the anxiety with much rejoicing. This strategy has an impact on reducing anxiety and increasing a person's immune system. This strategy is carried out with open communication, increasing togetherness with the people closest to them to express all the anxiety and fear in the heart. This is a phatic communication strategy that talks about fun things and forgets about the anxiety experienced (González, 2014; Holba, 2008; Vanyan, 2017).

The verbatim statements of the participants are:

"In the isolation room, we communicate with the closest people via telephone/WhatsApp, I do this to eliminate existing anxiety, which has an impact on increasing immunity because the heart is always happy." (Interview, Informant 45, 12/01 2021).

Phatic communication carried out by COVID-19 swab test participants forms an interpersonal communication network as a strategy developed in managing anxiety. A person who is isolated due to COVID-19 has communication barriers with the surrounding environment (Akgün et al., 2020) and this strategy has an impact on increasing the intensity of communication with the closest people; for example, with parents, wife/husband, children, friends, doctors, and others. Their motivation and prayers can control anxiety and fear of the dangers on the COVID-19.

Finally, three communication strategies, transcendental communication, phatic communication, and building interpersonal communication networks, are a mix of communication carried out by COVID-19 swab test participants and have an impact on eliminating anxiety and fear, can even increase the body immunity and avoid the threat of COVID-19. The experience of COVID-19 swab test participants in implementing anxiety management strategies is a natural truth for the meaning that has been constructed from a phenomenological perspective (Given, 2008; Sulaeman et al., 2021).

4. CONCLUSION

The COVID-19 pandemic created anxiety, panic, and information uncertainty in public life, especially for COVID-19 swab test participants who indicated to have been exposed the virus during the initial examination. Excessive anxiety and panic can reduce the immune health of the human body. On the other hand, anxiety and information uncertainty that are properly managed can strengthen the human body's immune system. Communication studies contribute to the management of anxiety and uncertainty through transcendental

communication strategy, namely vertical communication to God carried out by the COVID-19 swab test participants to get closer, calm down, and pray for the safety of their life. Interpersonal communication among people is carried out with a phatic communication strategy, which is a communication built by the participants of the COVID-19 swab test on the basis of social ties and aspects of relationship closeness. In phatic communication, messages are conveyed with trivial content (small talk) accompanied by healthy humor that can make them forget the anxiety that is being experienced. The COVID-19 swab test participants form an interpersonal communication network as a strategy in search of information, namely with friends and doctors. Communication networks that are built to manage anxiety and information uncertainty are carried out with parents and friends. The communication network established with health workers is more related to general practitioners however, state hospitals have a higher level of popularity.

The theoretical implication of this research contributes to developing humanist communication strategies in the health sector. The strategy developed can be transcendental communication strategies, phatic communication strategies, and interpersonal communication network strategies. The practical implication of this research is the importance of implementing vertical communication to God not only when problems occur but it can also be done at any time. Phatic communication contributes to boosting the body's immunity to avoid the coronavirus. The implementation of interpersonal communication networks with the closest ones is needed to reduce anxiety amid the COVID-19 pandemic that has not yet ended.

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