The Role of Communication on Self-Isolation during COVID-19 Pandemic: A Social Support Theory Approach

Santika Rahma Gantari[1], Dian Purworini[2*]

[1,2] *Communication Science Department, Universitas Muhammadiyah Surakarta*
[*]*Corresponding author. Email:* dp151@ums.ac.id

ABSTRACT

Communication has immense benefits in human life, including interacting with the environment, especially during the COVID-19 pandemic to support and determine behavioral decisions. For society affected by COVID-19, social support in interpersonal communication is the primary driving factor as a coping method to reduce stress levels and provide emotional function. With Social Support theory, this research aims to explore the role of communication on self-isolation during the COVID-19 pandemic. This study employed a descriptive quantitative method with a convenience sampling technique calculated by the Cochrane formula with a sampling error of 10%. Hence, it obtained 96 respondents from the population of Solo Raya City, Central Java, which had recovered and or were still experiencing symptoms of COVID-19 or were self-isolating. The data collection technique was in the form of a questionnaire with a Likert scale, Pearson's Product Moment for the validity test, Cronbach's Alpha for the reliability test, and descriptive statistical tests for the data analysis. The descriptive statistical test resulted in all the Social Support indicator question items having a mean more significant than the standard deviation value. It explains that the value of the data distribution is evenly distributed. The value of skewness and kurtosis on all question items ranged between -2 to 2. It explains that the data is normally distributed, and it means that the deviation of the data is low. This study proved that communication has a role in the isolation period of COVID-19 patients. It is in the form of social support that can be channeled through family and friends, and significant others to encourage patient recovery, bring patients' thoughts in a more positive direction, and avoid stress or depression through interpersonal communication.

Keywords: COVID-19, crisis communication, self-isolation, social support

1. INTRODUCTION

The following arrangement elucidates and describes the background, literature review, and theory in accordance with the aspects to be studied.

1.1. Background of Study

Communication has immense benefits in life, including conveying and fulfilling daily human needs; besides, it has become the main activity, both formally and informally [1]. Without communication, humans will not be able to convey what they want. Even some categories of communication behavior defined as social support are communication behaviors that bind individuals to their social environment and function to interact positively in that environment [2].

Humans will continue to interact or communicate with their environment, including in the recovery period during the COVID-19 pandemic. On Kompas.com, it is explained that the recovery of COVID-19 patients is by undergoing a period of isolation or quarantine, which can be done independently or in groups at recovery centers such as hospitals [3]. Of course, it is not easy for anyone to undergo a period of isolation since COVID-19 is a threatening virus and is avoided by society. Thus, humans will continue to involve other humans around them to help, support, and determine what behavioral decisions to make during the isolation period. It was proven in an analysis by a research team on the impact of the radio drama "Twende na Wakati" in Tanzania in the 1990s that the role of interpersonal communication can influence behavior change at the interpersonal or even intrapersonal level [4].

Interpersonal communication is communication performed by two or more people. This level of communication has a role and function in health communication since it can form self-confidence and

facilitate the spread of information ideas [5]. For people who experience various types of stressors in life, including severe illnesses, such as COVID-19, social support in interpersonal communication is the primary driving factor as one of the patient's coping methods[6]. Other researchers emphasized that each individual's coping style when facing a difficult situation or stressor becomes a way of resolving conflict that can be channeled through social support. A person will be able to more easily reconcile with the situation because he obtains positive feelings and is supported by his support network [7]

A study entitled "Social support within an On-Line Cancer Community" showed that patients with life-threatening diseases often withdraw from their environment because of negative social stigma in society, but they still desire close relationships with other people or interpersonal relationships as social support [8]. In the medical field itself, 30% of interactions between doctors and patients (interpersonal), which is used as a method of patient recovery, is communication that contains affective sentences to estimate psychosocial aspects with the primary goal of meeting the social support aspects needed by patients [9].

Forms of mental health related to the range of the social support obtained include traumatic stress, emotional stress, psychological stress, fatigue, anxiety, and stress[10] so that positive interpersonal relationships and communication can help reduce stress levels and provide an emotional function in the form of social support that will encourage patients to vent their negative feelings by discussing and building self-esteem [11].

The social support provided can be in the form of physical rehabilitation assistance, rebuilding social roles as the basis of mental strength, and socio-emotional enhancement so that the support network has an essential role in the recovery of a patient from mental trauma and illness[2]. Mental trauma is depression or stress, which refers to the inability of individuals to face threats emotionally and spiritually. Hence, it affects physical health. Stress is a tense state of the body when adjusting to difficulties (unpleasant conditions or burdens) in daily activities. Some common sources of stress or stressors in life include those related to the environment and communication, such as coming from the work environment, high workloads, to negative social interactions. The COVID-19 pandemic also results in similar symptoms, namely depression caused by coercion in changing the way people interact[12].

Depression caused by the COVID-19 Pandemic is a health crisis that affects almost all over the globe. The negative impact of the crisis during the COVID-19 pandemic can be reduced using crisis communication by sharing information related to crisis conditions. This communication will be more needed than normal conditions. Additionally, in a calamity situation such as the COVID-19 outbreak, there must be numerous alternative communication channels when there is

uncertainty and panic. In this case, face-to-face is a crucial factor in providing critical information and self-organization [13]. The current condition of the COVID-19 pandemic is unlike other crisis conditions. COVID-19 has brought many changes to individuals' uncertain way of life, ranging from routines financial income to social isolation, which can be highly psychological and emotional for the general public [14]. Numerous surveys proved that the level of depression or stress in Indonesia increased dramatically during the pandemic. It included an online survey conducted by SurveyMETER at the end of May 2020. The level of depression of the Indonesian population during the COVID-19 pandemic was high; namely, 58% experienced depression [15]. The study, published by JAMA Pediatrics, also discovered that the rates of depression in children and adolescents doubled than that before the pandemic. It is caused by family problems and a lack of social activity. This study recommends that parents (families) initiate a comfortable home environment to maintain children's mental health [16].

The ability to develop interpersonal relationships in expressing emotions can be accomplished to achieve the goal, which is to produce lower levels of depression. Findings from various studies indicated that many individuals find it difficult to obtain appropriate interpersonal relationships or support because they feel that these potential sources of support are inexperienced or have limited information about a particular issue, or they may feel uncomfortable discussing their sensitive issues with a support source for the anxiety of being judged[17]. COVID-19 patients can use interpersonal communication as a social support during isolation as a coping and stress reliever.

Based on existing needs, this study explored the role of communication on self-isolation during the COVID-19 pandemic with a social support approach. This issue is crucial to study because there will be a possibility that many people will self-isolate without informing their environment because they are anxious about being ostracized. Hence, they face stressors by themselves, triggering stress and possibly slowing down recovery. This research is beneficial for providing results that can help people affected by the COVID-19 pandemic be confident and continue to perform their coping mechanisms, and speed up their recovery period by building interpersonal communication in searching and implementing social support available in their surrounding environment.

1.2. Social Support Theory

According to Marpaung (2015), social support is physical and psychological comfort, attention, appreciation, or assistance that is obtained and experienced by someone from interpersonal communication relationships, including life partners, parents, siblings, children, relatives, friends, co-workers, medical parties, and community group members[18].

Meanwhile, according to Albrecht and Adelman (1984), social support generally refers to a personal bond in which instrumental assistance focuses on the emotional state used as personal control over the environment. Individuals also use this social support to relate positively to their environment, including in the communication process that tends to help recovery from illness and restore a positive outlook by reducing anxiety and creating a sense of comfort in their environment [2]. At the interpersonal level, social support is a critical factor in lowering threats, maintaining well-being, and overcoming challenges. Social support means an individual find his environment available to meet their needs. A study conducted by Zysberg and Zisberg (2020) stated that the benefits of social support could reduce their worries about the Covid-19 crisis [19].

There are two types of social support. The first is the buffering model. It proposes that social support can improve stress if someone uses it to communicate during a crisis period. The second is the direct effects model. It shows that interactions can generate positive feelings and help a person reduce daily stress. Because the patient experiences a period of crisis, there is a possibility that these two models influence stress management in interacting with other people[8]. Moreover, other researchers divided social support into three types: providing information, emotional support, and practical assistance. Within this type of emotional support, appraisal support refers to communication that gives us positive information about ourselves and reinforces feelings of self-worth that can prevent mental illness [20].

Social support is closely related to the level of mental health and quality of life. Some studies say that peer-to-peer social support will improve the patient's mentality, especially the emotional support needed in the early days of illness or crisis. Social support is also a form of means of communication about what and how their lives are or as a coping mechanism by sharing complaints with others. It can be done at the level of interpersonal communication[6]. Social support in interactive, interpersonal communication can affect health variables and the process of receiving health information [21].

Social support is proven to play an essential role in various fields of human life, including physical health, mental health, quality of life, and human well-being [22]. There are several interpersonal communication functions in health communication in the family to guard against the COVID-19 outbreak, namely the affective, the socialization, and the health maintenance functions. [5]. Even in nursing, during the developmental period in recovery to prevent health risks, they implement strategies by discussing health-related issues that can be sensitive and personal by creating a culture of doing so as normal [23].

There are several relevant previous studies, including research by Gray et al. in 2020 entitled "The role of perceived social support on depression and sleep during the COVID-19 pandemic". It revealed that the high levels of social support indicate a 63% lower risk of depression and a 52% lower risk of poor sleep quality than those with low social support [24]. Furthermore, the research studied by Handono et al. in 2013 with the title *"Hubungan antara Penyesuaian Diri dan Dukungan Sosial terhadap Stres Lingkungan pada Santri Baru* (The Relationship between Personal Adjustment and Social Support to Environmental Stress of New Students)" also reinforced that the high social support can result in low environmental stress, and vice versa; if social support is low, the environmental stress is higher [25]. Not only these two studies, the study entitled *"Pengaruh Dukungan Sosial terhadap Burnout pada Guru* (The Effect of Social Support on Burnout in Teachers)" completed by Purba et al. in 2007, also confirmed that 58% social support had an effect on burnout; thus, the higher the social support received, the lower the burnout level experienced [26]. Research by Li et al. (2021) also revealed similar results that social support significantly affected mental health during the Covid-19 pandemic for individuals of all ages. This research is entitled "Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic" [14].

The COVID-19 pandemic has an impact on a person's mental health and causes stress or psychological burden. It is due to the demand to adapt to new habits, so stress management is needed to prevent or recover someone from their stress. Stress management includes establishing healthy relationships to simply share problems or by looking for a support network such as family, friends, family, or even a counselor to share feelings comfortably [12]. Individuals and communities favorably need social support in interpersonal communication during the COVID-19 pandemic, especially those infected by the virus. Therefore, crisis communication that shows concern, closeness, and empathy needs to be performed to embody social support.

2. METHODS

The research method used in this study was a quantitative descriptive that systematically and accurately described a problem according to the facts and nature of the role of communication on self-isolation during the COVID-19 pandemic. Through the derived theory, namely social support, variables and indicators were generated. Thus, this research could describe the reality that occurs without making any relationships or comparisons. The population in this study were residents of the City of Solo Raya, Central Java, who had recovered and or were still experiencing symptoms of COVID-19 or were self-isolating. Since the total population was certainly unknown, the sample in this study was calculated using the Cochrane formula with a sampling error of 10%. The number of samples was 96.04, rounded up to 96 respondents from the calculation results. The sampling technique used was the

convenience sampling technique, namely selecting samples based on the convenience of their data.

A single variable is measured in this study, namely the communication variable during the isolation period. It explained the role of communication on self-isolation during the COVID-19 pandemic and was measured using social support theory for the individual being studied. Therefore, this study did not involve influence and was influenced by.

The data used were the results of a questionnaire adopted and developed from the Multidimensional Scale of Perceived Social Support (MSPSS) article by Zimet et al. with 12 question items as a measuring instrument. It was divided into three subscales [18], with indicators for each subscale are as follows.

Family subscale
X3: My family really endeavors to assist me while experiencing symptoms of COVID-19.
X4: While experiencing symptoms of COVID-19, my family assists me and provides emotional support.
X8: While experiencing symptoms of COVID-19, I can talk about my problems to my family.
X11: While experiencing symptoms of COVID-19, my family is willing to help me make decisions.
Friends subscale
X6: My friends are surely trying to help me while I am experiencing symptoms of COVID-19.
X7: While experiencing symptoms of COVID-19, I can rely on my friends if there is a problem.
X9: While experiencing the symptoms of COVID-19, I have friends who can share joys and sorrows with me.
X12: While experiencing symptoms of COVID-19, I can talk about my problems to my friends.
Significant others subscale
X1: I have someone special when I need help while experiencing COVID-19 symptoms.
X2: I have someone special who can share joys and sorrows with me while experiencing symptoms of COVID-19.
X5: While experiencing the symptoms of COVID-19, I have someone special who becomes a source of comfort for me.
X10: While experiencing symptoms of COVID-19, there is someone special in my life who cares about how I feel.

On the family subscale item, it is described that while experiencing COVID-19 symptoms during the isolation period, individuals need a communication role in the form of social support from the family, namely emotional support assistance in solving problems and also making decisions. As for the friend subscale item, it is explained that individuals tend to use the role of communication in the form of social support from friends to depend on if problems occur and share the joys and sorrows experienced. Finally, the Significant Others subscale item depicts that an individual needs a communication

role in the form of social support from other important people or someone special who can be around to meet emotional needs, provide comfort, and care about his feelings.

In many studies, MSPSS has been indicated to have good reliability and validity. The original version of MSPSS has excellent internal reliability (tested using Cronbach's Coefficient Alpha) with coefficients of 0.88 for the total subscale, 0.87 for the family subscale, 0.85 for the friends' subscale, and 0.91 for the significant others subscale [28]. The measurement in this questionnaire applied a Likert scale with a scale interval of 1-5. A score of 5 indicates strongly agree, 4 represents agree, 3 is neutral, 2 means disagree, and 1 indicates strongly disagree.

The validity test in this study utilized Pearson's Product Moment, which aims to determine the feasibility of the question item (questionnaire) to be used as a measuring instrument. The reliability test was measured using Cronbach's Coefficient Alpha, which aims to test the consistency of respondents' answers to question items (questionnaires). After the validity and reliability tests were completed, the data were tested with descriptive statistical tests to translate the data from the form of numbers into descriptions. Thus, the data that have been converted into sentences becomes easy to understand.

3. RESULTS AND DISCUSSION

3.1. Research results

In this section, the researchers presented and explained the research results that had been conducted from distributing questionnaires filled out by 96 respondents. Researchers had processed the data and conducted validity and reliability tests using IBM SPSS Statistics version 22, which showed that each item of the question or indicator of social support (X1-X12) was declared valid and reliable. Furthermore, the data from the research results were processed and analyzed with IBM SPSS Statistics version 22, and descriptive statistical tests were performed based on the aspects to be studied.

3.1.1. Data Description

The search for data in this study commenced from November 09, 2021, to November 14, 2021. It was conducted online via google-form with 12 question items of the questionnaire. The sample was selected using convenience sampling with a total sample of 96 respondents, with the demographics presented in table 1.

Table 1. Respondent Demographics Results

	Frequency	Percentage
Gender		
Man	40	42%
Woman	56	58%
Total	96	100%
Age		
Under 16 years old	1	1%
16-23 years old	83	86%
24-31 years old	2	2%
32-39 years old	0	0%
40-47 years old	3	3%
Over 47 years old	7	7%
Total	96	100%
Education		
Junior High School	1	1%
Senior High School	26	27%
D1	0	0%
D2	0	0%
D3	8	8%
S1	59	61%
S2	2	2%
S3	0	0%
Total	96	100%

Source: IBM SPSS Statistics 22 processing results

Based on the results of demographic processing using IBM SPSS Statistics version 22 in table 1, it can be concluded that the respondents in this study were 96 people as a sample of residents of Solo Raya City, Central Java. The respondents had recovered, were still experiencing symptoms of COVID-19, or were self-isolating. The data were dominated by women, with a total of 56 respondents (58%), 83 respondents (86%) of 16-23 years old, and 59 respondents (61%) from undergraduate education. The remaining respondents who did not cover this percentage had an even distribution.

3.1.2. Descriptive statistical test

Descriptive statistical tests were used to analyze data that have been collected and processed in tables. Then, the data were translated from the numerical form into a description by considering the minimum value, maximum value, mean, standard deviation, variance, kurtosis, and skewness of the data. This descriptive test aims to make the data that have been changed in the form of sentences easier to understand. The processed data were question items from the independent variable based on social support indicators that have been distributed to 96 respondents. Table 2 is descriptive test data that researchers had processed.

Based on the results of the data processing of the descriptive statistical test of social support indicators in table 2, all question items have a mean score that was greater than the standard deviation value. It can explain the value of the data distribution is evenly distributed. The value of skewness (to measure the skewness of the data) and kurtosis (to measure the peak of the data distribution) on all question items ranged between the values of -2 to 2. It can prove that the data are normally distributed (viewed from the kurtosis) and that the deviation of the data that occurs is low (viewed from the skewness). In another sense, the data used in this study are reliable so that the data can be used as a basis by researchers in constructing arguments in this study. Therefore, it can be said that the average individual agreed on the role of communication on self-isolation during the Covid-19 pandemic with social support.

The family subscale has the highest mean among the three subscales, 4.29. The details of the average on the items X3 had a mean of 4.5, X4 was 4.42, X8 was 3.97, and X11 was 4.27. The mean obtained by X3 with the question "My family really endeavors to assist me while experiencing symptoms of COVID-19" owned the highest mean out of 12 question items. Based on the high value of the question, it can be said that the society of Solo Raya, while experiencing symptoms of COVID-19, obtained the role of communication in the form of social support from their families, namely assistance to meet their needs. This question also symbolizes that the Solo

Table 2. Social Support Indicator Descriptive Statistics Test

	N	Min.	Max.	Mean	Standard Deviation	Variance	Kurtosis	Skewness
X1	96	1	5	3.90	.923	.852	1.498	-1.019
X2	96	1	5	4.16	.825	.681	1.781	1.104
X3	96	2	5	4.50	.632	.400	1.458	1.146
X4	96	2	5	4.42	.643	.414	.892	-.892
X5	96	2	5	4.04	.780	.609	-.558	-.345
X6	96	2	5	3.80	.763	.581	-.713	.062
X7	96	1	5	3.42	.879	.772	.486	-.454
X8	96	2	5	3.97	.900	.810	-.239	-.646
X9	96	1	5	3.89	.766	.587	1.630	-.806
X10	96	1	5	4.09	.809	.654	1.419	-.905
X11	96	2	5	4.27	.761	.579	.138	-.796
X12	96	2	5	3.60	.814	.663	-.376	-.225
Y	96	36	60	48.05	5.019	25.186	-.308	-.098
Valid N (listwise)	96							

Raya society really trusted their families to complain if they experienced difficulties or problems.

The friend subscale had the lowest mean among the three subscales, namely 3.65. The details on the mean on items X6 had a mean of 3.80, X7 was 3.40, X9 was 3.80, and X12 was 3.60. The mean obtained by X7 with the question "While experiencing symptoms of Covid-19, I can rely on my friends when there is a problem." had the lowest mean among the 12 question items. Based on the results obtained, it can be stated that the society of Solo Raya, while experiencing symptoms of COVID-19, tends to cooperate with family or significant others such as someone special. The other two subscales are considered as a reference for social support and assistance when there are problems and sharing joys and sorrows during the isolation. It happens because many individuals found it difficult and uncomfortable to talk about certain problems for anxiety of being judged or being ostracized because they experienced symptoms of COVID-19 as a dangerous virus. However, in this case, individuals were still trying to find social support from the subscale of friends because if only from family and significant others such as someone special, it would not be sufficient, especially if those infected were students who still needed information related to school.

3.2. Discussion

In the conditions of the COVID-19 pandemic, the obligation of social distancing or restrictions on social interaction causes many conflicts from various factors [29]. Research conducted by Labrague, de los Santos, and Falguera in 2021 on 303 students from the Central Philippines showed that loneliness among high school students during the COVID-19 pandemic could be influenced by several factors, namely resilience, coping behavior, and social support [30]. Through social support theory, the role of communication on self-isolation during the COVID-19 pandemic is urgently needed to maintain a healthy lifestyle by seeking and obtaining information and social support for individuals, communities, and the health team to avoid increasing stress [31].

The results of this study consistently support research conducted by El-Zoghby, Soltan, and Salama in 2020, which showed that social support must be maintained. Thus, stress does not increase because psychological impacts such as depression are strongly influenced by social support during the Covid-19 pandemic. The groups most affected are adolescents, married women, uneducated people, people who do not work in the medical field, live in urban areas, or have a previous chronic disease [32]. It is in line with the statement that depression has been identified as a severe health problem with various variables, including stress and loneliness. It is influenced by the communication competence of each individual or even the communication competence of the counselor, such as listening with empathy, verbal and nonverbal sensitivity, encoding and decoding skills, and

interaction management that can affect the level of satisfaction of individual social support. Additionally, a higher level of face-to-face communication competence results in a lower level of social support satisfaction and a lower level of stress or depression [16]. Therefore, in this study, it can be stated that the role of communication in the form of social support can result in lower levels of depression, especially during the COVID-19 pandemic.

Furthermore, this study proved that three categories that made social support indicators could play a role in the COVID-19 self-isolation period. The three categories are family, friends, and significant others, whose highest role was owned by the family. It is completely proven in descriptive statistical tests. It can be stated that this study supports other research, which revealed that the family environment could be a preventive party as a preventive against stress and depression in the form of social support, including perceived support and received support[33]. However, perceived social support involves not only family but also a subjective evaluation of how individuals perceive friends, family members, or other important people available in their environment as a source of material and psychological support they need during the isolation period [24].

Furthermore, this study consistently strengthens several other studies, including that of Lisitsa et al. in 2020, which explained that people who use social media more often would need a lower level of social support, and vice versa. It proves that the social support obtained in the environment, including family, friends, and significant others in social media, can also be used to reduce loneliness and psychological support during isolation, not only through direct communication. So, recovery assisted by the role of social support will still be able to perform if the isolation is done independently [31]. It is also because perceived social support is an interpersonal factor that helps recovery from despair. Therefore, the social support obtained by individuals can be an essential source to strengthen mental conditions while facing self-isolation [35]. In fact, if self-isolation is only controlled by online medical parties, increasing social support has been proven to provide a great sense of emotional security and reduce anxiety to carry out their activities effectively during the pandemic [10].

This study has several significant points for the communication discipline. One of them is that the results of this study highlighted the role of social support in interpersonal communication, which is needed by individuals and communities affected by the COVID-19 pandemic, especially those experiencing independent isolation. Social support can be provided through family, friends, and significant others who are likely to be delivered online due to quarantine and social distancing that must be obeyed. Therefore, crisis communication as a manifestation of social support in interpersonal communication can affect health variables, including physical health, mental health, quality of life, and human welfare. Consequently, the concept illustrates that humans during the Covid-19 pandemic need stress

management to prevent or recover from their stress by establishing healthy relationships or looking for a support network.

The three subscale factors in the question item on the social support indicator meet all the parameter index criteria and provide evidence that interpersonal communication has a role in the isolation period of COVID-19 patients. It encourages patient recovery, brings the patient's thoughts in a more positive direction, and avoids stress or depression that occurs. Through these points, it can be said that most individuals need communication in the form of social support from their environment. The details on the family subscale had the highest social support role in the isolation period, and the friend subscale obtained the lowest social support role in the isolation period.

Individuals need this social support during a crisis, such as the COVID-19 quarantine. The results of this study support the research conducted by Grey et al. in 2020 with the title "The Role of Perceived Social Support on Depression and Sleep during the COVID-19 Pandemic". It is stated that the experience of the quarantine period tended to increase the level of depression and loneliness compared to those who did not undergo quarantine [24]. Thus, social support assistance in interpersonal communication can help reduce the risk of depression during self-isolation period of COVID-19 patients.

Moreover, the results of this study also support the research conducted by Bauer et al. in 2020 that social support and sufficient amount of exercise are proven to reduce the negative impacts of the Covid-19 pandemic, such as mental health [36]. The level of depression can be reduced by social support because a human being cannot perform his activities alone and needs the assistance of other humans. This assistance can be in the form of emotional support, providing comfort, helping to make decisions, and many others mentioned in the question indicators in this study. Low levels of depression and stress will improve mental health. If an individual's mental health is good, coping during the recovery period will also be fulfilled. Therefore, it will reduce the negative impact of the pandemic and shorten the recovery time of patients during the isolation period.

4. CONCLUSION

The findings of this study revealed that communication in the form of social support had an essential role in self-isolation of Covid-19 patients, especially at the level of interpersonal communication with the help of family, significant others such as someone special, and friends to assist stress management in encouraging the patient's recovery period. Depression and loneliness caused by limited social interaction during the Covid-19 pandemic can be managed using crisis communication by sharing information related to crisis conditions to reduce the negative impact of the crisis. In this study, the crisis communication used shows

attention, closeness, and empathy as a manifestation of social support. The crisis communication model at the interpersonal level can play an essential role in the self-isolation period of Covid-19 patients because coping in the recovery period will run better and faster, supported by decreased levels of stress or depression experienced by patients.

This research can provide insight for people affected by the Covid-19 pandemic to believe and continue to undertake their coping mechanisms and speed up their recovery period by finding and implementing communication in the form of social support available in their surrounding environment, especially when undergoing self-isolation. Furthermore, this research can also provide awareness for policymakers in the health field that interactions between doctors and patients (interpersonal) must estimate the psychosocial aspects with the primary goal of meeting the social support aspects needed by patients. If the patient is self-isolating, collaboration with social organizations can encourage this strategy, such as online counseling or providing a public sphere for sharing joys and sorrows to discuss sensitive issues. Thus, patients continue to get sources of social support as a coping method. However, this study did not explore these aspects. Therefore, as motivation in determining the source of social support, these aspects need to be explored in further studies.

AUTHORS' CONTRIBUTIONS

Authors have contributed substantially to the concept or design of the article; collect, obtain, analyze, and interpret data for articles; design articles or revise them critically for academic content; approve the version to be published, and approve to be responsible for all aspects related to the accuracy or integrity of the article.

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