

RELATIONSHIP WITH THE LEVEL OF ANXIETY HEMODYNAMIC STATUS (PULSE) IN PATIENTS PRE SECTIO CAESARIA OPERATIONS IN A UNIT OF THE CENTRAL SURGICAL (UBS) OF MUSLIM HOSPITAL OF SITI HAJAR, SIDOARJO

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ABSTRACT

Background: Most women want to do surgery Sectio Caesarea for avoiding pain and for ease of parturition. The most common response in patients with preoperative one of which is a response to psychological (anxiety), mental patients who will be facing surgery should be prepared because there is always the possibility of anxiety and fear (Stuart in Hand, et al, 2014).

Purpose: The purpose of this study was to identify the Relationship Research methods anxiety with hemodynamic status (Pulse) patient preoperative Sectio Caesarea in the Central Surgery Unit of Muslim Hospital of Siti Hajar, Sidoarjo.

Methods: Research type is quantitative with correlational research design using Cross Sectional. In this study rated independent and dependent variables simultaneously at one time so there is no follow-up (Nursalam, 2014). This study will link between the level of anxiety with the hemodynamic status (Pulse). This study using incidental sampling technique of sampling. The population are the womwnt who will to parturition sectio Caesaria operation at the Central Surgical Unit (UBS) of Muslim Hospital Siti Hajar Sidoarjo on April 5 to May 5, 2018. Research tool used include HARS questionnaire used as a measure of anxiety, Hamilton Anxiety (HARS) with a total of 14 statements and the total value of 56.

Results: The majority of respondents are severe anxiety was to Pulse at 14 people (23.3%), while a small portion of respondent's anxiety level is severe anxiety with the Pulse is equal to 3 (5%). Based on the analysis using analysis *Kendall's Tau* note that the p value 0.000 is smaller than α (0.05) means that there is a relationship between the level of anxiety in Pulse.

Discussion: Anxiety is felt to increase the sensitivity to a stimulus that overreact in the circulatory system that cause the veins and small blood vessels to constrict very strong and than held in response to the pulse (Semiun, 2010).

Key words: Hamilton Anxiety Rating Scale, Sectio Caesarea, pulse.

INTRODUCTION

Moving the time of impact on the aesthetics in terms of childbirth. Most women want to do surgery Sectio Caesarea for avoiding pain and for ease of parturition. The most common response in patients with preoperative one of which is a response to psychological (anxiety), mental

patients who will be facing surgery should be prepared because there is always the possibility of anxiety and fear. Anxiety is a concern that is not obvious and spread, associated with feelings of uncertainty and helplessness (Stuart in Hand, et al, 2014). Of the phenomena on that is performed in a unit of the Central Surgical Unit (UBS) of

Muslim Hospital of Siti Hajar, Sidoarjo showed that 2 out of 5, who said feel excited and scared when going to surgery and They often asked whether later during surgery still feel sick or not and there Others say if later after the surgery the disease is completely cured or not. because the first had been operating, but now have another operation so that the time will perform the operation to be anxious. Anxiety affects hemodynamics. Changes of hemodynamics could create delays in operation, while operating delays could be dangerous the condition of the fetus, such as fetal distress. A national survey in 2009 to Sectio Caesarea delivery approximately 22.8% of all deliveries (Sumelang, Kundre and Karundeng, 2014). According to data in the Central Surgical Unit (SBU) of Muslim Hospital of Siti Hajar, Sidoarjo on 2017, surgery patients Sectio Caesarea number 1,539 of the total 1,732 patients giving birth. In a preliminary study of 10 patients. Sectio Caesarea on the 9th of February 2018 until the 13th of February 2018 by using a scale HARS and hemodynamic monitoring form showed 6 patients did not experience anxiety, 2 patients with mild anxiety and the second being anxious patients. Now has developed an attempt to cope with anxiety before surgery, among others, the provision of knowledge about the operation Sectio Caesarea, complementary therapies, for example by relaxing in, guided imagery, prayer and etc.

METHODS

Study Design

Research type is quantitative with correlational research design using Cross Sectional.

Setting

The research was conducted in the Central Surgical Unit (UBS) of Muslim Siti

Hajar Hospital Sidoarjo on April 5th until May 5th, 2018.

Research Subject

The population in this study were all patients who will perform the operation Sectio Caesarea (SC) in the Central Surgical Unit (UBS) of Muslim Hospital of Siti Hajar, Sidoarjo. In this study using incidental sampling technique of sampling. With the inclusion criteria that patients undergoing surgery and the first SC Patients can communicate well, being an exclusion criterion that patients who had surgery the previous SC and patients who experienced loss of consciousness. The total sample in this study were 60 respondents.

Instruments

Research tool used include HARS questionnaire used as a measure of anxiety. Hamilton Anxiety Rating Scale (HARS) with a total of 14 statements and the total value of 56. there are 5 classifications classification of votes with a value of 0 = not worry, 1 = a little anxious, 2 = quite anxious, 3 = severe anxiety, 4 = severe anxiety once. Meanwhile, to assess the hemodynamic status using observation sheet patient's hemodynamic status monitoring that provides the measurement results Pulse.

Data Analysis

Data analysis used as follows: (1) Univariate analysis that distributes data about education, age, experience spawned. (2) The analysis Bivariate using Kendall Tau correlation test which aims to connect the two variables that have an ordinal scale.

An analysis statistical result: If p value > 0.05 then H_0 accepted dan H_1 rejected it means there is no relation with the level of anxiety in patients with preoperative hemodynamic status Sectio Caesarea in

Central Surgical Unit (UBS) of Muslim Hospital of Siti Hajar, Sidoarjo. If the p value <0.05 then H_0 is rejected and H_1 received means there is a correlation with hemodynamic status anxiety level (pulse) in patients with preoperative Sectio Caesarea on in the room of the Central Surgical Unit (UBS) of Muslim Hospital of Siti Hajar, Sidoarjo.

Ethical Consideration

Ethical clearance was obtained from the director of Muslim Hospital of Siti Hajar, Sidoarjo to get the permission. Data collection procedure started with the informed consent to participants that they were briefed about the study and kept their confidentiality.

RESULTS

Examination of Correlation between Age, Educational Level, History of Sectio Caesarea, Pulse among Patients with Preoperative Sectio Caesarea in Central Surgical Unit of Muslim Hospital of Siti Hajar Sidoarjo using Crosstabulation

Table 1. Examination of Correlation between Age, Educational Level, History of Sectio Caesarea, Pulse among Patients with Preoperative Sectio Caesarea in Central Surgical Unit of Muslim Hospital of Siti Hajar Sidoarjo on April 5th until May 5th, 2018 (n = 60).

Characteristics of Respondents	Pulse						Total	
	Bradycardia		Normal		Tachycardia		f	%
	f	%	f	%	f	%		
Age (Years)								
17-25	0	0	8	13.3	0	0	8	13.3
26-35	0	0	24	40	13	21.7	37	61.7
36-45	0	0	3	5	12	20	15	25
Total	0	0	35	58.3	25	41.7	60	100
Educational Level								
Elementary School	0	0	2	3.3	0	0	2	3.3
Junior High School	0	0	2	3.3	0	0	2	3.3
Senior High School	0	0	26	43.3	12	20	38	63.3
Undergraduate	0	0	5	8.3	13	21.7	18	30
Total	0	0	35	58.3	25	41.7	60	100
History of Sectio Caesarea								
Never	0	0	25	41.7	5	8.3	30	50
1 Time	0	0	8	13.3	7	11.7	15	25
2 Times	0	0	2	3.3	6	10	8	13.3
3 Times	0	0	0	0	7	11.7	7	11.7
> 3 Times	0	0	0	0	0	0	0	0
Total	0	0	35	58.3	25	41.7	60	100

Based on the table 1, it found that the majority of respondents had normal pulse with age 26-35 years in the amount of 24 people (40%), while a small portion of respondents had normal pulse with age 36-45 years that is equal to 3 (5%). The majority of respondents had normal pulse had Senior High School of education level that is equal to 26 (43.3%), while a small portion of respondents had normal pulse with Elementary School and Junior High School of educational level that is equal to 2 (3.3%). The majority of respondents had normal pulse is not have sectio caesarea experience that is equal to 25 (41.7%), while a small portion of respondents had normal pulse with a history of sectio caesarea 2 times for 2 persons (3.3 %).

Examination of Correlation between Age, Educational Level, History of Sectio Caesarea, Anxiety Level among Patients with Preoperative Sectio Caesarea in Central Surgical Unit of Muslim Hospital of Siti Hajar Sidoarjo using Crosstabulation

Table 2. Examination of Correlation between Age, Educational Level, History of Sectio Caesarea, Anxiety Level among Patients with Preoperative Sectio Caesarea in Central Surgical Unit of Muslim Hospital of Siti Hajar Sidoarjo on April 5th until May 5th, 2018 (n = 60).

Characteristics of Respondents	Anxiety Level								Total	
	Not Anxiety		Mild Anxiety		Being Anxiety		Severe Anxiety			
	f	%	f	%	f	%	f	%	f	%
Age (Years)										
17-25	8	13.3	0	0	0	0	0	0	8	13.3
26-35	5	8.3	20	33.3	12	20	0	0	37	61.7
36-45	0	0	0	0	12	20	3	5	15	25
Total	13	21.7	20	33.3	24	40	3	5	60	100
Educational Level										
Elementary School	2	3.3	0	0	0	0	0	0	2	3.3
Junior High School	2	3.3	0	0	0	0	0	0	2	3.3
Senior High School	9	15	20	33.3	8	13.3	1	1.7	38	63.3
Undergraduate	0	0	0	0	16	26.7	2	3.3	18	30
Total	13	21.7	20	33.3	24	40	3	5	60	100
Birth Order										
1 Time	13	21.7	9	15	0	0	0	0	22	36.7
2 Times	0	0	11	18.3	14	23.3	1	1.7	26	43.3
3 Times	0	0	0	0	10	16.7	2	3.3	12	20
4 Times	0	0	0	0	0	0	0	0	0	0
> 4 Times	0	0	0	0	0	0	0	0	0	0
Total	13	21.7	20	33.3	24	40	3	5	60	100
History of Sectio Caesarea										
Never	13	21.7	15	25	2	3.3	0	0	30	50
1 Time	0	0	5	8.3	9	15	1	1.7	15	25
2 Times	0	0	0	0	7	11.7	1	1.7	8	13.3
3 Times	0	0	0	0	6	10	1	1.7	7	11.7
> 3 Times	0	0	0	0	0	0	0	0	0	0
Total	13	21.7	20	33.3	24	40	3	5	60	100

Based on the table 2, it found that the majority of respondents' level of anxiety is mild anxiety to the age of 26-35 years in the amount of 20 (33.3%), while a small portion of respondent's anxiety level is severe anxiety with age 36-45 years that is equal to 3 people (5%). The majority of respondents' level of anxiety is mild anxiety with a high school education level that is equal to 20 (33.3%), while a small portion of respondent's anxiety level is anxious heavy with a high school education level of 1 (1.7%). The majority of respondents' level of anxiety is not anxiety by the birth order into one that is equal to 13 (21.7%), while a small portion of respondent's anxiety level is anxious heavy with birth order in the amount of 1 to 2 people (1.7%). Most of the anxiety level of the respondents is mild anxiety with history has never sectio caesarea which amounted to 15 (25%), whereas the rest of the level of anxiety of respondents are severe anxiety with history Sectio Caesarea 1 times, 2 times, and 3 times that is equal to 1 (1.7%).

Examination of Correlation between Pulse and Anxiety Level among Patients with Preoperative Section Caesarea in Central Surgical Unit of Muslim Hospital of Siti Hajar Sidoarjo using Crosstabulation and Kendall Tau Correlation Test

Table 3. Examination of Correlation between Pulse and Anxiety Level among Patients with Preoperative Section Caesarea in Central Surgical Unit of Muslim Hospital of Siti Hajar Sidoarjo on April 5th until May 5th, 2018 (n = 60).

Anxiety Level	Pulse						Total	
	Bradycardia		Normal		Tachycardia		f	%
	f	%	f	%	f	%		
Not Anxiety	0	0	13	21.7	0	0	13	21.7
Mild Anxiety	0	0	12	20	8	13.3	20	33.3
Being Anxiety	0	0	10	16.7	14	23.3	24	40
Severe Anxiety	0	0	0	0	3	5	3	5
Total	0	0	35	58.3	25	41.7	60	100

Kendall Tau Correlation Test p value 0.000, $p < 0.05$

Based on the data above, it found that the majority of respondents are severe anxiety was to Pulse at 14 people (23.3%), while a small portion of respondent's anxiety level is severe anxiety with the Pulse is equal to 3 (5%). Based on the analysis using analysis *Kendall's Tau* note that the p value 0.000 is smaller than α (0.05) means that there is a relationship between the level of anxiety in Pulse.

DISCUSSION

The majority of respondents that most of the respondent have mild anxiety to the age of 26-35 years in the amount of 20 (33.3%), while a small portion anxiety level is severe anxiety with the respondents aged 36-45 years that is equal to 3 (5%). According Hutabalian (2011), the mental of mother effected on maternal skills in self-care mothers and their babies, so that at this age give more experience childbirth the mother sectiocaesarea although no indication in consideration of maternal anxiety on him in the face of labor and safety of the fetus in the Uterus. These results are consistent with research conducted by Adjie Tobias (2007) and Zamriati (2013) which has resulted in a significant relationship between age and the level of anxiety in which the age range of 20-35 years had lower anxiety levels compared to mothers aged < 20 years or > 35 years.

The majority of respondents' level of anxiety is mild anxiety with a high school education level that is equal to 20 (33.3%), while a small portion of respondent's anxiety level is anxious heavy with a high school education level of 1 (1.7%). Notoatmodjo (2005) states that a person's level of education is a cornerstone in doing something. The majority of respondents were higher education can influence knowledge in shaping their attitudes about sectiocaesarea. The education level of awareness and effort further demonstrates the achievement or improvement of health, the better the highly educated than high school education or lower. These results are consistent with research conducted by Astria (2009) in which the respondents have primary and secondary education levels experienced more anxiety than respondents who have higher education levels. Mothers with higher education will have the greater knowledge on maternal

compare elementary or secondary education to pay more attention to their own health and their families.

The majority of respondents' level of anxiety is not anxiety by the birth order into one that is equal to 13 (21.7%), while a small portion of respondent's anxiety level is anxious heavy with birth order in the amount of 1 to 2 people (1.7%). These results are consistent with the theory presented by Annisa (2010) which states the number of children ever born to a woman is an important factor in determining the fate of both the mother and fetus during pregnancy or during labor. In primipara and multipara mothers will be better prepared to go through pregnancy and childbirth face because she already had experience in living it, sometimes primipara and multipara mothers may also experience anxiety due to their unpleasant experiences during labor ago. This is according to research conducted by Astria (2009) and Zamriati (2013) in which there is a significant relationship between parity with the anxiety levels of pregnant women before delivery where primipara and multipara mothers had lower anxiety levels than the multipara mother.

Most of the anxiety level of the respondents is mild anxiety with history has never sectio caesarea which amounted to 15 (25%), whereas the rest of the level of anxiety of respondents are heavy anxiety with history sectio caesarea 1 times, 2 times, and 3 time that is equal to 1 (1.7%). Mothers with a history of previous cesarean section will have lower anxiety than women who get cesarean deliveries for the first time. A history of caesarean surgery ago can improve the readiness of the mother in the face of delivery by caesarean section. The results are consistent with those expressed Annisa (2010) that mothers who gave birth to more than 5 times, the uterus elasticity decreases, and there was

excessive stretching of the uterus causing bleeding risk post partum. Risiko abnormalities and complications greater sectio caesarea contained in primipara mother (childbirth the first) because never before have the experience of giving birth.

Anxiety levels at most anxious were as many as 24 people (40%) and mild anxiety as many as 20 people (33.3%). Hastuti research results (2015) that the preoperative anxiety in patients experience severe anxiety sectio Caesarian many as 18 people (45%). Patients before surgery considers that the operation is an action that scary for using equipment, space, and special nursing actions. Preoperative patients experiencing feelings of anxiety and pulse that characterized by anxiety, fear of his own mind, muscle pain, a sense of full or bloated, sweating, dizziness, nervous, lethargic, unable to rest in peace (Kasdu, 2008).

The analysis of Kendall's Tau is known that the smaller the p value 0.000 of α (0.05) means that there is a relationship between the level of anxiety with The Pulse, The results are consistent with research Fadlilah (2014) which showed that the p-value is obtained that there is a correlation between the level of anxiety with pulse. Anxiety can stimulate the central nervous system that makes the heart beat with tachicardi blood pressure (Aulawi, 2007). Anxiety is felt to increase the sensitivity to a stimulus that stimulus to over react in the circulatory system that cause the veins and small blood vessels to constrict very strong and than held in response to the pulse that is growing stronger and release substances that cause the arteries and Rouse cardiac work and it caused an increase in pulse (Semiun, 2010).

CONCLUSION

Preoperative patient anxiety levels sectio caesarea in UBS (Central Surgical Unit) Siti Hajar Moeslem Hospital Sidoarjo

is in the category concerned were as many as 24 people (40%). Hemodynamic status (Pulse) patients with preoperative sectio caesarea in UBS (Central Surgical Unit) Siti Hajar Moeslem Hospital Sidoarjo are in the normal category were 35 (58.3%). Based on analysis of the calculation of the level of anxiety to the Status of hemodynamic (pulse) with test results Kendall's Tau is known that the p value 0.000 is smaller than (0:05) shows the degree of correlation 0463 with sig 0:00 This means that there is a relationship between the level of anxiety to the Status of hemodynamic (pulse) patient preoperative sectio caesarea in UBS (Central Surgical Unit) Siti Hajar Moeslem Hospital Sidoarjo.

SUGGESTION

The hospital is expected to prepare the patient preoperative Sectio Caesarea maximum effort to prevent the patient does not experience anxiety. Further research regarding maternity nursing management in the treatment of anxiety in patients with preoperative of Sectio Caesarea. It is expected that the public can learn more about how to reduce preoperative anxiety in patients of Sectio Caesarea. That pregnant women who will undergo the process of birth by surgery Sectio Caesarea can prepare optimally for smooth operation.

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