



THE EFFECTIVENESS OF EDUCATION AND INFORMATION ON THE ANXIETY LEVEL OF PRE-ELECTIVE SURGERY PATIENTS AT HVA HOSPITAL, PARE, KEDIRI

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ABSTRACT	Keywords
<p>Patients who undergo elective surgery are still anxious about the action that will be carried out when they enter the operating room, even though the surgeon has explained it as the Doctor Responsible for the Patient. The patient's anxiety in the operating room is characterized by frequent questions about the progress of the operation and a lack of cooperation when preparing a series of operations in the operating room. This research used a correlation research type, a Pre-Experimental research design with a population of elective pre-operative patients in the operating room at HVA Kediri Hospital. The total sample was 25 respondents using a sequential sampling technique. The data collection method used a questionnaire. Data were analyzed using the Wilcoxon test. The study results showed that before being given information and education to preoperative patients, almost half, 11 respondents (44%) experienced moderate anxiety. After being given information and education, it was found that the majority did not experience anxiety, 15 respondents (60%). There was a significant difference in anxiety between before and after being given education and information ($p\text{-value} = 0.000$; $\alpha < 0.05$). Education and information before the patient undergoes surgery can reduce the patient's anxiety level. Sufficient knowledge regarding the actions to be carried out means that the patient knows and does not ask questions about what will happen to him in the operating room.</p>	<p>Information, Education, Anxiety, Pre-operation</p>

INTRODUCTION

In patients planning elective surgery, the patient should be calmer and more prepared because it was planned before the day of the operation. The reality is that many patients planning elective surgery are still anxious about their actions when they enter the operating room, even though the surgeon has explained it as a DPJP doctor (Patient Responsible Doctor). The patient's anxiety in the operating room is characterized by frequent questions about surgical operations and a lack of cooperation when preparing for

a series of operations in the operating room. Therefore, nurses' role as Bio-psycho-socio-spiritual care providers is necessary to educate patients about surgical procedures to reduce patient anxiety. It is hoped that patients will reduce their anxiety and cooperate with service procedures in the operating room. (Masood Jawaid, Civil Hospital, Karachi, Pakistan : 2006).

Based on the results of a pre-survey in the Surgical Inpatient Room at the Karanganyar Regional General Hospital in February 2018, the results obtained from interviews with 10

patients with Preoperative, 8 (eight) patients with major surgical procedures said they experienced anxiety in facing surgery, this was confirmed by patient's statement that he often wakes up and has difficulty sleeping. Meanwhile, 2 (two) patients said they were not too afraid because they had given up. The age classification was 8 adults and 2 elderly, 6 female patients and 4 male patients (Primary Data, Karanganyar District Hospital, 2018). In research conducted by Anggraini (2014) at RSUP Dr. M. Djamil Padang stated that anxiety in preoperative patients was 33.9% mild anxiety, 46.8% moderate anxiety, and 19.4% severe anxiety.

Anxiety that arises in preoperative patients can impact the limb system. In the cardiovascular system, the patient feels palpitations, pulse, and blood pressure increase than usual. The respiratory system also experiences changes with an increase in breathing frequency. Anxiety also results in changes in behavior, feelings of wanting to urinate or defecate, and less cooperation during a series of preparations for surgery, for example, having to change into surgical gowns, moving to the operating room bed, and patients appearing nervous. If the patient's anxiety does not decrease, the operation will be postponed until the patient's condition improves or is no longer anxious. Therefore, there is a need for education and information for preoperative patients. Anxiety in preoperative patients can be overcome by increasing effective education and information.

It is hoped that there will be no fear and anxiety regarding the actions taken. Researchers propose to optimize the implementation of patient safety checklists in the treatment section, or what we usually call SSC (surgical safety checklist) (WHO, 2009). Because it contains the components of patient identification, surgical procedures, and the right person, and introducing the patient to the surgical team.

METHOD

This research used a correlation research type, a Pre-Experimental research design with a population of elective pre-operative patients in the operating room at HVA Kediri Hospital. The total sample was 25 respondents using a sequential sampling technique. The data collection method used a questionnaire. Data were analyzed using the Wilcoxon test.

RESULT

Table 1 Patient's Anxiety Before Giving Information and Education

Anxiety	n	%
Normal	4	16
Mild	7	20
Moderat	11	44
Severe	3	12
Panic	0	0

The results of the analysis based on Table 1 most respondents' anxiety before being given information and education was moderate anxiety, 11 respondents (44%).

Table 2 Patient's Anxiety After Giving Information and Education

Anxiety	n	%
Normal	15	60
Mild	7	28
Moderat	3	12
Severe	0	0
Panic	0	0

The results of the analysis based on Table 2 showed that most of the respondents' anxiety after being given information and education was normal anxiety, 15 respondents (60%).

Tabel 3 Difference of Anxiety Before and After Giving Information and Education

Anxiety	Before		After	
	n	%	n	%
Normal	4	16	15	60
Mild	7	20	7	28
Moderate	11	44	3	12
Severe	3	12	0	0
Panic	0	0	0	0
Hasil Uji Wilcoxon		$p=0.000$		

The results of the analysis based on Table 3 showed that there was a significant difference between preoperative anxiety before and after being given information and education ($p\text{-value} = 0.000$; $\alpha < 0.05$).

DISCUSSION

Anxiety Before Giving Information and Education

Surgical procedures are a form of medical therapy that can cause fear, anxiety, and stress because they can threaten the integrity of the body and soul and can cause pain (Rismawan, Rizal, & Kurnia, 2019). Anxiety is related to a state of worry in the form of fear or feelings of uncertainty or helplessness, as well as an emotional state that is unclear about the specific object (Ashari., Pongsifeld., & Mikhrunnisai., 2019). Anxiety is often described as a feeling of uncertainty, doubt, helplessness, restlessness, worry, unease which is often accompanied by physical complaints (Azizah et al, 2016).

Anxiety that arises in preoperative patients can have an impact on the limb system. In the cardiovascular system, the patient feels palpitations, pulse, and blood pressure increase than usual. The respiratory system also experiences changes with an increase in breathing frequency. Anxiety also results in changes in behavior, feelings of wanting to

urinate or defecate, and less cooperation during a series of preparations for surgery, for example, having to change into surgical gowns, moving to the operating room bed, and patients appearing nervous. Therefore, there is a need for education and information for preoperative patients. Meanwhile, the benefits of education and information include reducing pain anxiety, that is, patients who are given education and information have lower anxiety about pain.

The results showed that 11 research respondents experienced moderate anxiety aged 40 years and over. Preoperative patient anxiety is caused by various factors, one of which is knowledge, family support, communication or the nurse's attitude in applying anxiety prevention to preoperative patients, and the type of surgery (Palla, Sukri, & Suwarsi, 2018). The results of this research are in line with research conducted by Budiman. F et.al, (2015) state that there is a relationship between age and anxiety levels. Stuart G.W & Laraia M.T (2007) stated that an individual's maturity or maturity will influence a person's ability to cope with mechanisms so that more mature individuals find it difficult to experience anxiety because individuals have a greater ability to adapt to anxiety compared to immature people.

Apart from that, almost half (28%) of the respondents had elementary school education. A person's education is related to the receipt of education and information obtained, so the higher a person's education, the higher their level of knowledge. Thus, patients who have a high educational background tend to understand the importance of education and information better. This is also supported by research conducted by Wahyuningsih et al., (2021) that there is a very strong relationship between knowledge and anxiety levels. In terms of gender, 48% or 12 respondents, almost half of whom are female, and most of them are male. A study conducted by Maryam and Kurniawan A in Vellyana et al., (2017) stated that gender factors can significantly influence the patient's level of anxiety. In this

study, it was also stated that the female gender is more at risk of experiencing anxiety compared to the male gender. Men are more active in receiving information, but women are more sensitive so women's anxiety levels are higher than men. This is in accordance with the results of research where female respondents dominate conditions of severe anxiety.

So the level of anxiety in pre-elective surgery patients at HVA Pare Hospital is almost half experiencing moderate anxiety which may be influenced by several factors such as age, education level and gender which of course influence the patient's ability to receive information regarding the surgical procedure they will undergo. Therefore, it is necessary to provide effective education and information. Information and education are interactive processes that encourage learning, and learning is an effort to add new knowledge, attitudes, and skills through strengthening certain practices and experiences (Smeltzer and Bare, 2008; Potter & Perry, 2017).

Anxiety After Giving Information and Education

Anxiety can occur if someone is not given information about what is happening to them. Anxiety can be caused by inadequate communication between doctors and patients, between nurses/midwives and patients, resulting in misunderstandings. (Nursalam, 2003). Someone who experiences anxiety has several things that influence them, including; education, information and perception. Educational factors greatly determine a person's level of anxiety. Someone with higher education will be better able to overcome or use more effective and constructive coping than someone with lower education.

Judging from the recapitulation of questionnaire data on question number 7, the score obtained was 28 (37%) higher than the score after respondents were given education and information, which was 13 (17%) meaning that education and information were

very important in reducing anxiety. These results are in accordance with research on knowledge of cataract surgery and anxiety levels. In this study, it was described that of the 13 patients who had a poor level of knowledge, 7 experienced severe anxiety and 6 experienced moderate anxiety (Rondonuwu et al., 2014). This research is supported by other research which shows that the knowledge possessed by respondents influences anxiety with a p-value of 0.0007 (Manurung et al., 2020). A person's knowledge influences the level of anxiety of someone who will undergo surgery.

Non-pharmacological interventions can also be given to patients who experience preoperative anxiety. Non-pharmacological interventions can take the form of education to explain the process that will occur before and after surgery as well as providing relaxation techniques to reduce patient anxiety. This non-pharmacological intervention has a very low risk, even almost no risk will occur to the patient as long as it is given to treat anxiety (Brand, Munroe and Gavin, 2013). Education or health education is an activity or effort to help individuals, groups or communities improve their abilities (behavior), to achieve optimal health, including emotional-psychological (Sari, Hamrani, & Sukini, 2020). The results of health education are in the form of behavior that benefits health, both in the form of knowledge and understanding about health, which is followed by awareness, namely a positive attitude towards health, which is finally implemented in actions that benefit health, in this case being able to control anxiety when will face surgery (Sari, Hamrani, & Sukini, 2020).

In providing educational and informational interventions, nurses must pay attention to educational principles, including; Patient learning style (before teaching effectively the nurse must first understand the individual's way of learning), Attention (is a mental state that allows students to focus and understand learning activities), Motivation is a force that acts on or within a person, Using theory,

Psychosocial adaptation to illness, Active participation, learning ability, learning environment. Based on research, it shows that before being given education and information, almost half of the respondents who experienced moderate anxiety were 11 respondents (44%), and the small number who experienced severe anxiety were 3 respondents (12%). Meanwhile, the results of the data after being given information to pre-operative patients in the operating room, the majority of 15 respondents (60%) did not experience anxiety (normal), and a small percentage experienced moderate anxiety, namely 3 respondents (12%).

Difference of Anxiety Before and After Giving Information and Education

The results showed that there was a significant difference between preoperative anxiety before and after being given information and education ($p\text{-value} = 0.000$; $\alpha < 0.05$). This is in accordance with research conducted by Poorolajal et al., (2017) where preoperative educational intervention in the form of leaflets and verbal explanations for 15-20 minutes resulted in a faster reduction in anxiety compared to patients who were not given this intervention. According to Willis (2013) counseling is a process of providing objective, complete, and systematic information guided by interpersonal communication, guidance techniques, and mastery of clinical knowledge which aims to help someone recognize the problems they are facing, as well as how to determine solutions or efforts to overcome these problems. Counseling is the main strategy in solving psychological problems, so that there are changes to improve the psychological health of patients. The importance of preoperative counseling is supported by the opinion of Brunner & Suddart (2013) which states that a nurse's visit to the operating room has a more calming and relieving effect than barbiturates (anxiety drugs).

The high need for patient and family knowledge regarding complete and clear

explanations from nurses who will handle the patient's problems, especially in the preoperative phase, therefore requires sufficient ability to support accurate explanations so that patients no longer feel worried about the actions that will be taken on them. himself (Azamti, Marvia, & Sulistiawati, 2018). The method of providing health education should also be followed by clarification from the medical team to reduce the opportunity for patient misinterpretation which can actually trigger anxiety (Akbarzadeh, Kouchaksaraei, Bagheri, & Ghezeli, 2010) and will be able to increase patient satisfaction (Huber et al, 2013).

CONCLUSION

Education and information before the patient undergoes surgery can reduce the patient's anxiety level. Sufficient knowledge regarding the actions to be carried out means that the patient knows and does not ask questions about what will happen to him in the operating room.

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