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Description of Anxiety in Preoperative Cesarean Section Patients with Spinal Anesthesia in the Central Surgical Installation at RS TK IV Cijantung Kesdam Jaya in 2023

Yohana Saputra
Politeknik Tiara Bunda and yohanasaputra1992@gmail.com

ABSTRACT

Preoperative anxiety is an anticipatory response to an experience that is considered by the patient as a threat in the role of life, body integrity, and even life itself (Agustin, 2020). Influential factors are husband's support, postpartum complications, age, parity, and type of SC (Irawati, 2017 in Imani, 2020). The sources of preoperative anxiety are broadly divided into two, namely anxiety about anesthesia and anxiety about surgical procedures. (Jawaid M et.al, 2016). Spinal anesthesia techniques can be performed in Sectio Caesarea with the main advantages of this technique are the risk of aspiration in the mother is lower, the baby is not exposed to drugs that cause respiratory depression, the patient remains conscious during surgery and maintains the airway, and requires minimal postoperative and analgesia treatment (Morgan, 2013). This study aims to describe the level of anxiety of preoperative Sectio Caesarea patients with spinal anesthesia at the Bhayangkara Public Hospital. Method of Research: This study was a descriptive survey with a cross sectional design conducted from February to March 2022. The population in this study was 208 patients with a sample of 32 patients. The sampling technique used in this research is Quota Sampling. The results of this study were 43.8% of respondents experienced mild anxiety. In the age group less than 30 there are 25% of patients who experience moderate anxiety. The results of the study indicate that at all levels of education, respondents generally experience mild anxiety and it is also found that at the level of experience, respondents generally experience mild anxiety. More than half (56.3%) of respondents were under 30 years old with the dominant education level of respondents being high school (46.9%). Almost half (43.8%) of respondents who underwent cesarean section surgery with spinal anesthesia at the Bhayangkara Public Hospital experienced mild anxiety.

Keywords: *Anxiety, Preoperative, Spinal Anesthesia Technique*

1. INTRODUCTION

Anxiety itself can be interpreted as a feeling of discomfort, worry, fear, tension, and discomfort. This is a physiological response to external or internal stimuli that can cause behavioral, emotional, cognitive, and physical symptoms. The preoperative period is one of the worrying events for most patients who will undergo surgical procedures [1]. Preoperative anxiety is an anticipatory response to an experience that the patient considers a threat to life roles, body integrity, and even life itself [2]. The incidence of preoperative anxiety in the world is between 11-80% (Imani, 2020). The results of a study at the Pakistan Hospital in 2009 found that 62% of patients who were going to undergo surgery experienced preoperative anxiety. The results of a study by [3] at the Nepal Hospital found that the majority (70.6%) had moderate preoperative anxiety. It is known that from the results of the study by [4] conducted from October 2008 to April 2009 from 367 respondents in the East Delhi area of India, it was stated that obstetric and gynecological surgery was the most frequently performed surgery with 32.4% of all types of surgery with Sectio Caesarea (CS) around 3.32%. In Indonesia, the results of a study by Kustiawan & Hilmansyah at RSU Tasikmalaya in 2017 showed that the majority of anxiety levels in pre-operative patients were moderate anxiety (81%). The influencing factors were husband's support, postpartum complications, age, parity, and type of CS [5].

Preoperative anxiety occurs when a patient is going to undergo surgery due to fear of anesthesia, surgical procedures, and pain that occurs after surgery. The sources of preoperative anxiety are broadly divided into two, namely anxiety about anesthesia and anxiety about surgical procedures. Sectio Caesarea is a surgical procedure that aims to deliver a baby by opening the mother's abdominal wall and uterus [2]. According to the World Health Organization (2014), the incidence of Sectio Caesarea in developing countries is 5-15% of total deliveries. In Indonesia, based on the Basic Health Research (RISKESDAS) in 2018, the incidence of Sectio Caesarea was 17.6% (KEMENKES RI, 2019). Sectio Caesarea is currently an alternative choice because it is not only a safe surgery for the mother, but also saves the baby from injury due to long labor and surgery that causes trauma to the birth canal is reduced [1]. However, Sectio Caesarea can cause several quite complex problems, both physically, psychologically, socially, and spiritually. Mothers who have undergone Sectio Caesarea surgery usually experience anxiety that varies from mild to severe. For example, fear of death, fear of losing consciousness, fear of unwanted things happening from anesthesia and surgery, fear of severe pain after surgery is complete [1].

Spinal anesthesia is a good regional anesthesia technique for obstetric surgery, lower abdominal and lower extremity operations [1]. In America, an average of 80% of Caesarean Section operations are performed using regional anesthesia techniques, either Spinal or epidural techniques [1]. Regional anesthesia consists of several types of anesthesia, namely spinal, epidural, and Combined Spinal Epidural (CSE) anesthesia. Spinal anesthesia and CSE are the most commonly used techniques for Caesarean Section operations. The 3 spinal anesthesia technique is more widely chosen than others because of its rapid onset and low failure rate [5].

Spinal anesthesia technique can be performed in Sectio Caesarea procedures with the main advantages of this technique being a lower risk of aspiration in the mother, the baby is not exposed to drugs that cause respiratory depression, the patient remains conscious during surgery and maintains the airway, and requires minimal postoperative care and analgesia. However, with Sectio Caesarea patients being conscious during surgery, patients can hear conversations during surgery and see several surgical instruments, this can cause anxiety or fear in patients to increase. Based on medical record data from the Bhayangkara Hospital in May-July 2023, the number of Obsgyn Operation activities was 386 operations, 232 of which were Sectio Caesarea operations and 208 patients underwent Sectio Caesarea surgery with Spinal Anesthesia. There has never been any research on preoperative patient anxiety at the Cijantung IV Class Hospital, Kesdam Jaya in 2023, Depok. Based on the background above, the researcher is interested in conducting a study with the title "Description of the Anxiety Level of Preoperative Patients with Caesarean Section with Spinal Anesthesia at the Central Surgical Installation of Cijantung IV Hospital, Kesdam Jaya in 2023, Depok.".

2. LITERATURE REVIEW

2.1 Anxiety

Anxiety is an unclear fear accompanied by feelings of uncertainty, helplessness, isolation, and insecurity. Anxiety is an emotional state without a specific object. It is triggered by the unknown and accompanies all new experiences, such as starting school, starting a new job or having a child [6]. Preoperative anxiety is an anticipatory

response to an experience that the patient perceives as a threat to life roles, bodily integrity, or even life itself [2].

2.2 Caesarean Section

According to Cunningham FG et al (2012) in Imani (2020), a Caesarean Section (CS) operation is the process of giving birth to a fetus with an incision in the abdominal wall (laparotomy) and an incision in the uterine wall (hysterotomy).

*Caesarean Section*is an artificial delivery, where the fetus is born through an incision in the abdominal wall and uterine wall on condition that the uterus is intact and the fetus weighs more than 500 grams [7].

2.3 Spinal Anesthesia

Spinal anesthesia is the administration of local anesthetic into the subarachnoid space to provide analgesia. Spinal anesthesia is the most commonly used method of anesthesia from other regional anesthesia techniques. Spinal anesthesia is often used because of its short procedure time, rapid onset of blockade, high success rate, and easy to manage postoperative pain [5].

3. METHODS

3.1 Research design

This study is a descriptive survey study. A descriptive survey is defined as a study conducted to describe or depict a phenomenon that occurs in society [8]. This study aims to describe the level of anxiety of preoperative Caesarean Section patients with spinal anesthesia at the Bhayangkara Brimob General Hospital. This study uses a cross-sectional design by directly interviewing patients who will undergo Caesarean Section surgery with spinal anesthesia at the Bhayangkara Brimob General Hospital.

3.2 Place and time of research

The research was conducted at the Bhayangkara Brimob General Hospital in July to August 2023.

3.3 Sampling

The sampling technique used in this study is non-probability sampling, namely Quota Sampling. Quota sampling is a technique for determining samples from a population that has certain characteristics to the desired number (quota) [9]. The criteria that have been determined as samples in this study are:

1. **Inclusion criteria**
   a. Caesarean Section patient with spinal anesthesia
   b. Patients with ASA physical status I and II by Caesarean Section
   c. Patients are willing to be respondents
2. **Exclusion criteria**
   a. Unconscious Caesarean Section patient
   b. Patients with mental disorders

3.4 Data collection

1. **Method of collecting data**
   a. Primary data

Primary data was obtained from the results of filling out the Amsterdam Preoperative and Information Scale (APAIS) questionnaire by respondents at the Bhayangkara Brimob General Hospital.

b. Secondary data
Secondary data was obtained from the Bhayangkara Brimob General Hospital in the form of a hospital profile and patient number data.

2. Data collection tools

The data collection tool used to measure preoperative anxiety is the Amsterdam Preoperative and Information Scale (APAIS) questionnaire. This questionnaire specifically mentions the factors causing anxiety, namely the anesthesia procedure and surgical procedure. This questionnaire has 6 short questions, of which 4 questions (1,2,4 and 5) are to assess the level of patient anxiety related to the anesthesia procedure and surgical procedure with 2 questions each, 2 questions (3,6) to assess the need for information. There are 5 answer choices, namely: not at all score = 1, not too score = 2, a little score = 3, somewhat score = 4, very score = 5). Classification of anxiety includes: not anxious score = 1-6, mild anxiety 7-12, moderate anxiety score = 13-18, severe anxiety score = 19-24, very severe anxiety / panic score = 25-30.

Valid instrument means that the measuring instrument used to obtain data (measure) is valid. Valid means that the instrument can be used to measure what should be measured. A reliable instrument is an instrument that, when used several times to measure the same object, will produce the same data [9]. The APAIS questionnaire used in this study has been validated by [10] so that there is no need to conduct a validity and reliability test again. The results of the validity test of the Indonesian version of the APAIS questionnaire got a value of 1.0. The results of the reliability test got a good value, the Cronbach's Alpha value of the anxiety component (questions 1,2,4 and 5) was 0.825 and the information component of questions 3,6) got a Cronbach's Alpha value of 0.863.

3. Data collection technique

a. Research permit letter
The researcher submitted a permit in the form of a cover letter signed by the Director of Tiara Bunda Polytechnic addressed to the Bhayangkara Brimob General Hospital.
b. Application to become a respondent
c. Consent to be a respondent
d. Tools used for research:
   1) Laptop/mobile phone
   2) Questionnaire Form

4. RESULTS AND DISCUSSION

4.1 Overview of Research Location

Bhayangkara Brimob General Hospital is a general hospital owned by the Jayawijaya district government. Anesthesia services are an integral part of health services at Bhayangkara Brimob General Hospital. Bhayangkara Brimob General Hospital has an operating room with a capacity of 5 operating rooms with anesthesia equipment consisting of 5 Anesthesia Machines, 5 Patient Monitors, 5 suction units, oxygen cylinders. The operating room has a PACU room consisting of 5 beds equipped with 5 monitors, 2 suctions and emergency trolleys.

4.2 Respondent Characteristics

This sub-chapter describes the characteristics of respondents including age, education, and experience.

Table 1. Frequency Distribution of Characteristics (n=32)

Characteristics	N	%
Age (years)		
30	18	56.3
30-35	10	31.2
> 35	4	12.5
Education		
No school	1	3.1
SD	3	9.4
JUNIOR HIGH SCHOOL	9	28.1
SENIOR HIGH SCHOOL	13	40.6
College	6	18.8
Experience		
Once	6	18.8
Never	26	81.2

Table 1 shows that the age range of respondents is mostly <30 years old, which is 18 people (56.3%) and the least is >35 years old, which is 4 people (12.5%). The most common education of respondents is high school, which is 13 people (40.6%) and the least is no school, which is 1 person (3.1%). Based on surgical experience, there are more patients who have never undergone surgery, which is 26 people (81.3%) compared to those who have undergone surgery, which is 6 people (18.8%).

4.3 Research Variables

Based on recapitulation choice answer respondents, then the information is obtainedas shown in table 5.2 as follows:

Table 2. Recapitulation of Respondents' Answers in Anxiety Assessment Using the APAIS Scale (n=32)

Statement	Answer options									
	1		2		3		4		5	
	N	%	n	%	N	%	n	%	N	%
I'm afraid of being drugged	5	15.6	15	46.9	8	25	4	12.5	0	0
I keep thinking about anesthesia	4	12.5	14	40.6	11	31.3	3	9.3	0	0
I want to know as much as possible about anesthesia.	4	12.5	16	37.5	7	31.3	5	18.8	0	0
I'm afraid of surgery	5	15.6	15	46.9	9	28.1	3	9.3	0	0
I keep thinking about the operation	7	21.9	12	37.5	9	28.1	4	12.5	0	0
I want to know as much as possible about the operation.	6	18.8	14	43.8	8	25	6	18.8	0	0

Data Source: Primary Data

Based on table 2 above, it can be seen the respondents' responses to the anesthesia and surgery they experienced. In responding to statement number 1 I am afraid of being anesthetized, more than half of the respondents (15 people / 46.9%) gave a score of 2, which means that they believe

this is in themselves but they think it is not that disturbing. In responding to statement number 2: I keep thinking about anesthesia, more than half of the respondents (14 people / 43.8%) also gave a score of 2, which means that they believe this is in themselves but they think it is not that disturbing. As for responding to statement number 3: I want to know as much as possible about anesthesia, more than half of the respondents (16 people / 50%) consistently gave a score of 2, which means that they believe this is in themselves but they think it is not that disturbing.

Respondents' responses to statement number 4: I am afraid of surgery (12 people/37.5%) gave a score of 2, which means that they believe this is in themselves but they think it is not that disturbing. Respondents' responses to statement number 5: I keep thinking about surgery, more than half of the respondents (12 people/37.5%) also still gave a score of 2, which means that they believe this is in themselves but they think it is not that disturbing. As for the respondents' responses to the last statement, I want to know as much as possible about surgery, more than half of the respondents (14 people/43.8%) still gave a score of 2, which means that they believe this is in themselves but they think it is not that disturbing.

Table 3. Frequency Distribution of Research Respondents According to Anxiety Level Category According to the APAIS Scale (n=32)

Respondents' Anxiety Level Categories	Amount	Percent
No Worries	3	9.4%
Mild Anxiety	14	43.8%
Moderate Anxiety	12	37.5%
Severe Anxiety	3	9.4%
Panic	0	0.0%

Source: Primary Data

Based on the table above, it is known that respondents who are categorized as not experiencing anxiety number 2 people (6.25%), respondents who are categorized as experiencing mild anxiety number 15 people (46.875%), respondents who are categorized as experiencing moderate anxiety number 12 people (37.5%), and respondents who are categorized as experiencing severe anxiety number 3 people (9.375%).

1. Anxiety Levels Based on Age

Table 4. Cross Tabulation of Anxiety Levels Based on Age Level

Age Level	Anxiety Level							
	No Worries		Mild Anxiety		Moderate Anxiety		Severe Anxiety	
	n	%	N	%	n	%	n	%
< 30 Years	2	6.3	6	18.8	8	25.0	2	6.3
30-35 Years	1	3.1	7	21.9	0	0.0	0	0.0
> 35 years	0	0.0	1	3.1	4	12.5	1	3.1

Source: Primary Data

Based on table 5.4, it is known that in the age group under 30 years, 2 people (6.3%) did not experience anxiety, 6 people (18.8%) experienced mild anxiety, 8 people (25%) experienced moderate anxiety and 2 people (6.3%) experienced severe anxiety. In the age group between 30-35 years, 7 people (21.9%) experienced mild anxiety, 1 person (3.1%) did not experience anxiety. In the age

group over 35 years, 4 people (12.5%) experienced moderate anxiety, while 1 person (3.1%) experienced mild anxiety and severe anxiety.

2. Anxiety Level Based on Education Level

Table 5. Cross Tabulation of Anxiety Levels Based on Education Level

Level of education	Anxiety Level							
	No Worries		Mild Anxiety		Moderate Anxiety		Severe Anxiety	
	n	%	N	%	n	%	n	%
No school	0	0.0	1	3.1	0	0.0	0	0.0
SD	0	0.0	2	6.3	0	0.0	1	3.1
JUNIOR HIGH SCHOOL	3	9.4	4	12.5	1	3.1	1	3.1
SENIOR HIGH SCHOOL	0	0.0	5	15.6	8	25.0	0	0.0
College	0	0.0	2	6.3	3	9.4	1	3.1

Source: Primary Data

Based on table 5.5, it is known that in the group who did not attend school, 1 person (3.1%) experienced mild anxiety. In the group with elementary school education level, 2 people (6.3%) experienced mild anxiety, while 1 person (3.1%) experienced severe anxiety. In the group with junior high school education level, 4 people (12.5%) experienced mild anxiety, 3 people (9.4%) were not anxious, and 1 person (3.1%) experienced moderate and severe anxiety. In the group with high school education level, 5 people (15.6%) experienced mild anxiety, 8 people (25%) experienced moderate anxiety. In the group with college education level, 2 people (6.3%) experienced mild anxiety, 3 people (9.4%) experienced moderate anxiety, and 1 person (3.1%) experienced severe anxiety. The results of the study indicate that at all levels of education, respondents generally experience mild anxiety.

3. Anxiety Level Based on Experience

Table 6. Cross Tabulation of Anxiety Levels Based on Experience

Experience	Anxiety Level							
	No Worries		Mild Anxiety		Moderate Anxiety		Severe Anxiety	
	n	%	N	%	n	%	n	%
Once	2	6.3	3	9.4	0	0	1	3.1
Never	1	3.1	11	34.4	12	37.5	2	6.3

Source: Primary Data

Based on table 5.6, it is known that in the group who have experienced it, 3 people (9.4%) experienced mild anxiety, while 2 people (6.3%) did not experience anxiety and 1 person (3.1%) experienced severe anxiety. In the group of people who have never experienced it, 11 people (34.4%) experienced mild anxiety, 1 person (3.1%) did not experience anxiety, 12 people (37.5%) experienced moderate anxiety, and 2 people (6.25%) experienced severe anxiety. Therefore, the research shows that at the level of experience, respondents generally experience mild anxiety.

Discussion

1. Anxiety levels based on respondent characteristics

Based on the results of this study, it is known that the proportion of mild anxiety incidents occurs most in the 30-35 year age group (21.9%) followed by the age group under 30 years (18.8%). The proportion of moderate anxiety incidents occurs most in the age group under 30 years (25%), as well as the proportion of severe anxiety incidents occurs most in the age group under 30 years (6.3%).

[11] stated that the young age group is more prone to stress than the older age, where too many problems are often experienced by someone at a young age. [12], stated something similar that maturity of age affects a person in responding to situations and overcoming the anxiety experienced. Likewise, [4] that anxiety disorders can occur at all ages, but more often in adulthood because of the many problems faced.

The results of this study also have a trend that is in line with the research of [13] on age characteristics. In the study conducted by Apriansyah, it was reported that almost half (41.3%) of respondents experienced mild anxiety and this number was the most. This study was also strengthened by the research of [5] that preoperative anxiety was indeed most often found in the age group of twenty to thirty-five years (54%), but the level of anxiety they experienced was not mentioned.

Yusmaidi et al.'s research (2016) reported that based on the results of statistical tests, there was an effect of age on anxiety with early adult respondents mostly experiencing mild anxiety, 59 people (96.7%). Then OR = 0.012 was obtained, which means that early adult respondents had a 0.012 times greater chance of experiencing severe anxiety compared to middle adult respondents. The argument presented in the study is that the older a person is, the wiser they will be in dealing with a problem. A younger person is more likely to experience stress disorders than an older person. However, those who are older or mature can also experience anxiety disorders.

Based on the results of the study, it can be seen that the proportion of respondents who experienced severe anxiety was highest in the high school education group (40.625%), compared to the college education group (18.75%). The large number of college graduates who experienced anxiety is in line with the research of [5] that based on education level, anxiety was more common in college graduates (62.9%). According to [4], most pre-operative cesarean section patients who experienced anxiety had a basic education level. The results of this study revealed that low education status is very susceptible to anxiety compared to higher education.

[14] stated that the higher a person's education level, the more they will be able to think rationally and cope with emotions well so that anxiety will decrease. Thus, there is a significant difference between [5], [15]. In the study conducted by the researcher, none of the groups with junior high school education experienced severe anxiety, while in the other groups there were always respondents with severe anxiety levels. The results of the study conducted by the author in Sampit tended not to follow either the research of [5].

According to the researcher's view, the group with junior high school education level in this study were mostly women who married at an early age and had had experience undergoing surgery more than once. However, this was not the focus of this study so it was not explored. On the other hand, those with junior high school education have middle maturity of thinking. The ability to rationalize and solve problems is in the range between undeveloped (elementary school education) to highly developed (university education). It could happen that someone with suboptimal rationalization ability is not too worried about problems that have not yet occurred (potential to occur). This refers to the opinion of [16] that anxiety is generally influenced by fear of potential risks that occur during and after surgery. Therefore, the inability to see abstract risks and potential problems is what actually makes this group experience more mild anxiety and no one experiences severe anxiety. This is the researcher's view of the group with junior high school education.

However, a different view was expressed by [17]. The research report he conducted showed that there was an influence of education on the anxiety of patients who were going to undergo surgery. Then obtained OR = 15.159 which means that respondents with higher education had a chance of 15.159 experiencing severe anxiety compared to respondents with secondary education.

The argument presented in the study is that a person's education and knowledge can affect anxiety because the lack of information about both from close people, family or from various media such as magazines and so on can make someone worried and even afraid to face surgery later. For example, there are two patients who will undergo an appendectomy, the first person's final education is high school and the second person's final education is S1. This will certainly affect the person's thought process and adaptation, especially about information about the disease they are experiencing because the first person will certainly take longer to understand information about the problem and treatment of the disease, so this will be a burden on the mind that can cause stress for anxiety.

2. Description of Respondents' Anxiety Levels

The results of this study indicate that almost half (14 people/43.8%) of respondents experienced mild anxiety. Very few (3 people/9.4%) of respondents experienced severe anxiety. According to Stuart (2013) mild anxiety is related to tension in everyday life, causing individuals to be alert and increasing their perceptual field. However, on the other hand, this anxiety can motivate individuals to learn and produce growth and creativity in dealing with problems. Considering Stuart's opinion above, it can be said that cesarean section surgery with spinal anesthesia is indeed a stressor for most respondents, but generally they can still adapt to the stressor so that it does not cause significant psychological disorders.

According to [7] in principle every event in life is neutral. The event occurs as it is, but the individual's impression and perception of the event will vary. From the patient's perspective, surgery and anesthesia can be interpreted as stressors in life because they threaten their health status. However, on the other hand, surgery and anesthesia can also be perceived as as solution from problem health that he faced. In other words, the event of surgery and anesthesia has two sides, namely as a problem and as a solution. The final impression and perception felt by the individual depends on the ability to adapt and individual coping in dealing with problems.

In the context of this study, the event of a cesarean section with spinal anesthesia may be perceived as a stressor for individuals in addition to the medical diagnosis that is an indication for the operation itself. However, on the other hand, this event is actually a solution so that health threats to the mother and her baby can be prevented and overcome. Thus, although the event of a cesarean section with spinal anesthesia is worrying, there is a rationalization as to why it should happen. According to the researcher's analysis, this is the basis for why respondents in this study generally experience mild anxiety.

In contrast, a similar study conducted by [5] in 2018 at RSIA Siti Hawa Padang, which also used the APAIS scale to assess anxiety, reported that most of the respondents in the study did not experience preoperative anxiety (51.8%) and were more at a low level of information needs (48.2%). This study by Imani et al. is different from the results of the study conducted by researchers in Sampit.

On the other hand, [10] reported that in general, patients who will undergo major surgery experience moderate anxiety (81%). This is most likely related to the use of general anesthesia which makes patients lose control of themselves during surgery. Meanwhile, in the research conducted by researchers in Sampit, the choice of anesthesia used was spinal anesthesia which allows patients to still be conscious during surgery.

[4] reported that preoperative anxiety is related to gender (men experience mild anxiety more than women), education (high school education is the most likely to experience mild anxiety), occupation (those who have jobs experience mild anxiety more) and income (those who have adequate income experience mild anxiety more). When associated with the research conducted by the researcher in Sampit, the gender factor is not relevant to compare because 100% of the research respondents were women. Meanwhile, income and employment factors are not relevant to compare because they are not characteristics observed in the research conducted by the researcher in Sampit.

The possible factor to be used for comparison is the level of education where in the research conducted by the researcher in Sampit the majority did have secondary education (junior high school and senior high school) and the majority experienced mild anxiety.

If we look closely at the scoring given by respondents to the six statements submitted, the majority gave a score of 2 to the six items measured. This means that they believe that the anxiety is in them but they think it is not that disturbing. This means that they can still dig up information and ask questions even before the induction of anesthesia and during the operation process itself. This is relevant to the results of the preliminary study that many respondents asked questions just before the induction of spinal anesthesia. The fact that they can still ask questions and clarify before anesthesia is what seems to be the reason why most of the respondents in this study experienced mild anxiety.

3. Research Limitations

a. The sample size of only 32 people is certainly not enough to describe the actual situation.
b. This research is cross-sectional, meaning it is only researched within a limited period of time and only to prove the conditions that occurred at the time of the research and changes that may have occurred or will occur cannot be observed.

CONCLUSION

1. Respondents who underwent Section Caesarea surgery with spinal anesthesia at Bhayangkara Brimob General Hospital had a minimum age of 19 years and a maximum of 37 years. The average age was 28.2 years with a standard deviation of 6.05586. More than half (56.3%) were under 30 years old. The dominant level of education of respondents was high school (46.9%).
2. Nearly half (43.8%) of respondents who underwent cesarean section with spinal anesthesia at the Bhayangkara Brimob General Hospital experienced mild anxiety.

SUGGESTION

1. For Hospitals

It is expected to improve services in accordance with standard operating procedures (SOP) and carry out anesthesia nursing care to reduce anxiety in patients who will undergo a caesarean section operation with spinal anesthesia.

2. For Educational Institutions

This study can be used as initial data and reference for conducting further research and can be used as material for scientific development and increasing knowledge about the description of anxiety levels in patients with spinal anesthesia.

3. For Further Researchers

All information that has been discussed in this study is expected to be developed and discussed again by further researchers in the form of more complex research methods/research designs, with a larger number of samples and conducting instrument tests so that the results are more accurate and in accordance with expectations. And it is expected that further researchers will avoid the limitations of this study.

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