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Description of Anxiety Level in Patients Sectio Caesarian Preoperation with Spinal Anesthesia at X Public Hospital

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ABSTRACT

Preoperative anxiety is a response that occurs before an encounter that the patient perceives as a threat to their life, body, or overall well-being (Agustin, 2020). The elements that have an impact include the husband's support, complications after giving birth, age, parity, and kind of SC (Irawati, 2017 in Imani, 2020). Preoperative anxiety can be classified into two main categories: worry over anesthesia and anxiety regarding surgical procedures. (Jawaid M et al., 2016). Spinal anesthesia techniques can be performed during a cesarean section. The main advantages of this technique include the following: 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 minimal postoperative and analgesia treatment is required (Morgan, 2013). Objective of the study: The purpose of this study is to describe the level of anxiety experienced by patients undergoing spinal anesthesia for a preoperative Sectio Caesarea at the X Public Hospital. Method of Research: This study was a descriptive survey with a cross-sectional design that was done between February and March of 2022. This study included a total of 208 participants, with a sample size of 32 patients. Quota sampling is the method utilized to collect samples in this study. Result: 43.8% of the people who took part in this study reported experiencing mild anxiety. Among patients under the age of 30, 25% of them feel moderate anxiety. The study's findings show that respondents experience modest anxiety at all levels of education. Additionally, the study indicated that respondents experience light anxiety at all levels of experience. Conclusion: The majority of respondents (56.3%) are under the age of 30, and the most common education level among respondents is SMA (46.9%). At the X Public Hospital, 43.8% of the people who had a cesarean section with spinal anesthesia reported feeling mild anxiety.

Keywords: *Anxiety, Preoperative, Spinal Anesthesia Technique.*

1. INTRODUCTION

Anxiety itself might be perceived as a feeling of uneasiness, concern, fear, tension, and discomfort. This is a physiological response to external or internal stimuli that might result in symptoms that are behavioral, emotional, cognitive, or physical in nature. For the majority of patients who are going to have surgery, the time before the operation is one of the most stressful moments [1]. Preoperative anxiety is a response that occurs before a procedure when the patient believes that the experience poses a threat to their responsibilities in life, the integrity of their body, and even their life itself [2]. According to [3], the percentage of people who experience anxiety before surgery is between 11 and 80 percent worldwide. According to a research conducted at the Pakistan Hospital in 2009, 62% of patients who were scheduled to have surgery expressed anxiety before the procedure [3]. The results of a study by [4] 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 Bhasin Sk, Roy R, Agrawari S, and Sharma R 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% [3]. In Indonesia, the results of a study by [5] 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 [3].

Preoperative anxiety is the fear that a patient experiences before surgery. This fear is caused by concerns about anesthesia, surgical procedures, and the pain that may come following surgery. Preoperative anxiety can be classified into two main categories: worry over anesthesia and anxiety regarding surgical procedures [6]. A surgical technique called a cesarean section is performed to deliver a baby by making an incision in the mother's abdomen and uterus [7]. The World Health Organization (2014) states that in developing nations, the rate of Sectio Caesarea is between 5 and 15 percent of all deliveries. According to the Basic Health Research (RISKESDAS) conducted in 2018, the rate of Sectio Caesarea in Indonesia 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 [2]. 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 [2].

Spinal anesthesia is a good regional anesthesia technique for obstetric surgery, lower abdominal and lower extremity operations [8] In America, an average of 80% of Caesarean Section operations are performed using regional anesthesia techniques, either Spinal or epidural techniques [9]. 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 [10].

The spinal anesthesia technique can be used during Sectio Caesarea procedures. The main advantages of this technique are that it reduces the risk of aspiration in the mother, prevents the baby from being exposed to drugs that cause respiratory depression, allows the patient to remain conscious during surgery and maintain their airway, and requires minimal postoperative care and analgesia [9]. 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 Hospital X in August-September 2024, 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 Hospital X Depok. Based on the background above, the researcher is interested in conducting a study entitled "Description of the Anxiety Level of Preoperative Patients with Sectio Caesarea with Spinal Anesthesia at the Central Surgical Installation of Hospital X 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 caused by the unknown and comes along with all new experiences, such as starting

school, beginning a new career, or having a kid [11]. Preoperative anxiety is a reaction that occurs before surgery. It happens when a patient feels that the surgery is a threat to their life, their body, or their ability to fulfill their duties in life [12].

2.2 Caesarean Section

[3] cites [13] in stating that a Caesarean Section (CS) procedure is the process of giving birth to a fetus by making an incision in the abdominal wall (laparotomy) and an incision in the uterine wall (hysterotomy).

A cesarean section is a type of artificial delivery in which the fetus is born through an incision in the abdominal wall and the uterine wall. This procedure is performed only if the uterus is intact and the fetus weighs more than 500 grams [14].

2.3 Spinal Anesthesia

Spinal anesthesia is the process of injecting a local anesthetic into the subarachnoid region in order to relieve pain. Spinal anesthesia is the most often utilized type of anesthesia among the several regional anesthesia procedures. Spinal anesthetic is frequently utilized because it has a short process duration, a quick start of blockage, a high success rate, and it is easier to manage pain after the operation [15].

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 [16]. This study aims to describe the level of anxiety of preoperative Caesarean Section patients with spinal anesthesia at General Hospital X. This study uses a cross-sectional design, namely by directly interviewing patients who will undergo Caesarean Section surgery with spinal anesthesia at General Hospital X.

3.2 Place and Time of Research

The research was conducted at X General Hospital in July to August 2024.

3.3 Population and Research Sample

1. Population

According to [17], a population is a generic region that consists of things or individuals that have particular features and characteristics that researchers have identified in order to study them and then form conclusions. The participants in this study were all patients who were scheduled to have a cesarean section with spinal anesthesia at Hospital X during July and August 2024. A total of 208 patients were included.

2. Sample

The sample is one of the many qualities that the population possesses [17]. [18] states that if the population is fewer than 100 people, then the number of samples is collected as a whole. However, if the population is higher than 100 people, then 10-15% or 20-25% of the population can be taken. In this study, 15% of the population was sampled, which means that the number of samples was 208 multiplied by 15%, or 31.2. This was rounded up to 32 patients. The sample that was employed in this investigation consisted of 32 participants.

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) [17]. The criteria that have been determined as samples in this study are:

1) Inclusion criteria
    1) Caesarean Section patient with spinal anesthesia
    2) Patients with ASA physical status I and II by Caesarean Section
    3) Patients are willing to be respondents
2) Exclusion criteria
    1) Unconscious Caesarean Section patient
    2) Patients with mental disorders

4. Data Collection

a. Method of Collecting Data

1) Primary data

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

2) Secondary data

    Secondary data was obtained from General Hospital X in the form of hospital profiles and patient number data.

b. 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 [19]. There are 5 answer choices, namely: not at all, score = 1, not too much, 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 anxious/panic score =25-30.

A valid instrument signifies that the measuring instrument that was used to get the data (measure) is valid. When something is valid, it signifies that the instrument can be used to measure what it is supposed to measure. According to [17], a dependable instrument is one that, when used multiple times to measure the same thing, will produce the same data. The APAIS questionnaire used in this study has been validated by [19] 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.

c. Data Analysis

Univariate analysis was conducted on all variables in the study to obtain descriptive data in the frequency distribution format of each research variable.

4. RESULTS AND DISCUSSION

4.1 Overview of Research Location

General Hospital X is a general hospital owned by the Jayawijaya district government. Anesthesia services are an integral part of health services at General Hospital X. General Hospital X 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 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%).

[20] 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. [21] and [22], stated something similar that maturity of age affects a person in responding to situations and overcoming the anxiety experienced. Likewise, [23] 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 [24] on age characteristics. In the study conducted by [24], 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 [3] 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.

[25] 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 [3] that based on education level, anxiety was more common in college graduates (62.9%). According to [26], 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.

[27] 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 [3] and [27]. 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 [3] or [27].

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 [28] 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 [25]. 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 [22] 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 solution from problem health Whichfaced. 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 individual's ability to adapt and cope in facing the problem.

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 [3] 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, [5] 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.

[25] 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.

4.3 Research Limitations

1. The sample size of only 32 people is certainly not enough to describe the actual situation.
2. This research is cross-sectional, which means that it is only conducted over a small period of time and is only used to prove the conditions that existed at the time of the research. Changes that may have occurred or will occur cannot be noticed.

CONCLUSION

1. The participants who got a spinal anesthesia and underwent a Section Caesarea operation at General Hospital X were between the ages of 19 and 37. The average age was 28.2 years, while the standard deviation was 6.05586 years. More over half (56.3%) of them were less than 30 years old. The majority of responders (46.9%) have a high school education.
2. At General Hospital X, 43.8% of the people who had a cesarean section with spinal anesthesia reported feeling minor 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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