



EFFECTIVENESS OF SPIRITUAL LEARNING ON ANXIETY PATIENTS OF PRE PREGNANTS CESAREAN

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ABSTRACT

Keywords

Anxiety can affect the condition of pregnant women. Also, it causes increased heart rate and systolic blood pressure. The psychological responses make individuals withdraw and reduce involvement with others. Cognitive responses unable to pay attention decreased concentration. And effective response causes confusion and excessive suspicion. Impact of anxiety can be minimized by doing spiritual guidance to lower anxiety levels. The purpose of this research was to know the influence of spiritual guidance on the level of anxiety in patients pre Sectio Caesar in RSI Sakinah Mojokerto. This research used analytic design. The population was all pre-operative patients in SSI surgery Sakinah Mojokerto, and samples taken with consecutive sampling type. The instruments used are spiritual guidance and anxiety materials using HARS questionnaires. The result of research by using Wilcoxon signed rank test, got ρ value equal to $0.000 < 0,05$, then H_0 rejected, mean there is the influence of spiritual guidance to pre patient's anxiety level in surgery room of Hasyim As'ary RSI Sakinah Mojokerto. Spiritual guidance is one means of good therapeutic communication to improve the mechanism of coping and individual relaxation because it is spiritual guidance should be used as a communication of health workers in midwifery care.

Spiritual guidance, anxiety, pre-SC

INTRODUCTION

Spirituality is something someone believes in relation to a higher power (God), which creates a need and a love for the existence of God, and apologise for any mistakes ever made (Hidayat, 2006). in meeting the psychosocial/spiritual needs of the nurse must perform several actions one of which facilitates the client towards the fulfilment of spiritual needs, therapeutic touch, spiritual guidance (Azizah, 2011).

The existence of a very close relationship between mental and physical but how far closely it cannot be known for sure. For pessimists, it is more difficult or long healed. From there the patient is given an explanation of the disease and the danger that the patient becomes optimistic by providing spiritual guidance or spirituality that is abelief in God Almighty, the Exalted, the Almighty (Suliswati, 2012).

Anxiety (anxiety) is a normal adaptive response to surgical stress. Anxiety usually arises in the preoperative stage when the patient anticipates surgery and at the postoperative stage due to pain and discomfort, changes in body image and body function, relying on others, loss of control, changes in lifestyle, and financial problems (Baradero, 2010).

Perioperative nursing is a term used to describe the diversity of nursing functions associated with a patient's surgical experience. The word "perioperative" is a joint term that encompasses three phases of surgical experience: preoperative, intraoperative, and postoperative. (Asmadi, 2009). Surgery and emergency is a tense complexing event so that besides experiencing a physical disorder will bring psychological problems. The

surgical procedure will always be preceded by an emotional reaction from the patient (Smeltzer & Bare, 2010).

The results of research Sutrisno (2006), entitled Influence of Prayer Guidance and Dzikir Against Anxiety Pre Patient Operation. The research is done in RSUD Swadana Pare Kediri. The subjects of the study were preoperative patients at RSUD Swadana Pare Kediri, each taken as many as 20 people for the experimental group and 20 people for the control group. The results of this study prove that there is a significant difference in preoperative patient anxiety between the patients who were given the guidance of prayer and dhikr with those not ($t = -3.344$ and $p = 0.002$), indicating there are significant differences in preoperative patient anxiety between guided patients dhikr and patients who are not given dhikr guidance. Data from RSI Sakinah Mojokerto 2017 showed the number of elective surgery as much as 162 people (57.04%), and the second quarter as many as 139 people (48.65%). Based on a preliminary study of 10 pre-cesarean patients in the RSI Sakinah Mojokerto maternity room known to 8 people (80%) experienced moderate anxiety, 2 people (20%) experienced mild anxiety.

Unresolvable anxiety can affect a person's body condition such as physiological responses leading to increased heart rate and systolic blood pressure, psychological responses make individuals withdraw and decrease involvement with others, cognitive response cause unable to pay attention, decreased concentration, effective response causes confusion and excessive suspicion as an emotional reaction to anxiety, according to (Suliswati, 2013). From some of these impacts, researchers

will perform spiritual learning one day before the SC operation is done.

The presence of different levels of anxiety from the patient and the minimum spiritual guidance in preoperative patients makes the researcher interested to conduct research on the influence of spiritual guidance on the level of anxiety in preoperative patients. The existence of different levels of anxiety from patients and the minimum spiritual guidance in preoperative patients provided by health and family workers, the researchers are interested in doing research how much influence spiritual guidance on the level of anxiety in patients preoperative section cesarean.

MATERIALS AND METHODS

The research design was to use the Pre experimental one group Pre-Post test design. It is an experimental design by giving Pretest (preliminary observation) first before giving intervention. After that is given intervention, then done posttest (final observation) (Hidayat, 2010). The population in this study is a total of all pre-operative patients of Sectio Secarea in the surgical room of RSI Sakinah Mojokerto in August-September 2017. Sampling technique is Consecutive sampling with age criteria of pregnant women 18-45 years, patients are fully aware and cooperative, religion Islam and can read write hijaiyah letter. While pre-SC patients who were more than one day before surgery were not used as respondents in this study. The sample result is 20 respondents. The independent variable in this research is spiritual guidance and measuring instrument used is SOP of spiritual learning. The dependent variable is the level of anxiety and is measured using a HARS scale questionnaire. After analyzing the data then performed a

statistical test using Wilcoxon Signed Rank test. It is said there is no anxiety if the total score <6, anxious light 6-14, anxious being 15-27 and anxious weight > 27.

RESULTS

Table 1. The frequency of Patient Anxiety Level Pre-Operation of Sectio Cesarea Before Spiritual Guidance in Hashim As'ari RSI Sakinah Mojokertopada on 23 August - 20 September 2017

No	Anxiety Level	Frequency	Percentage(%)
1	Mild Anxiety	3	15
2	Medium Anxiety	17	85
3	Serious Anxiety	0	0
Total		20	100

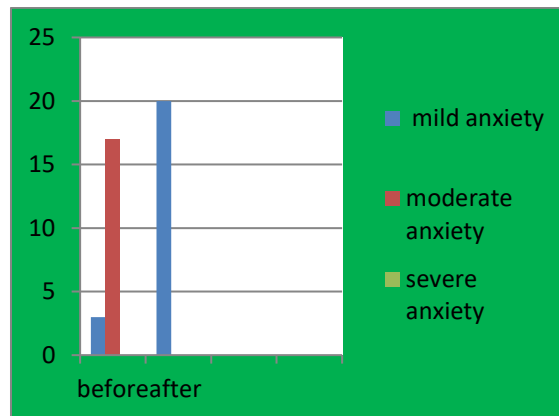
The results showed that more than half of respondents (85%) had a moderate anxiety level of 17 people

Table 2. The frequency of Patient Anxiety Levels Pre Operation Sectio Cesarea After Spiritual Guidance In The Surgery Room Hasyim As'ari RSI Sakinah Mojokertopada dated 23 August - 20 September 2017

N	Anxiety Level	Frequency	Percentage(%)
1	Mild Anxiety	20	100
2	Medium Anxiety	0	0
3	Serious Anxiety	0	0
Total		20	100

Patients preoperative in the surgery room of Hasyim As'ari RSI Sakinah Mojokerto after spiritual guidance showed that all respondents (100%) experienced mild anxiety as many as 20 people.

Table 3. Frequency Distribution of Bar Chart Influence of Spiritual Guidance to Pre SC Level of anxiety Before Spiritual Guidance with Pre SC Anxiety Level After Spiritual Guidance In Hasyim As'ari RSI Sakinah Mojokerto Maternity Room on 23rd August to 20th September 2017



DISCUSSION

From Wilcoxon test results obtained p value of $0.000 < 0.05$, then H_0 rejected, it means there is the influence of spiritual guidance on pre-SC patients anxiety level in delivery room Hasyim As'ary RSI Sakinah Mojokerto. It is well known that troubled minds directly affect bodily functions. Therefore, it is important to identify the anxiety experienced by the patient. By collecting a careful health history, the midwife finds patient concerns that can be a direct burden during the surgical experience. Undoubtedly, patients facing surgery are surrounded by fear, including fear and ignorance, death and anaesthesia.

Anxiety about lost work time, the possibility of job loss, the responsibility of supporting the family, and the threat of further permanent disability, exacerbate the enormous emotional strain created by the prospect of surgery. Lack of real concerns can occur because of previous experience with healthcare systems and people known to patients with similar conditions. As a result, midwives should provide incentives for disclosure, and must listen, have to understand and provide information that helps to get rid of these concerns (Smeltzer & Bare, 2010).

In times of anxiety, individuals will seek support from their religious beliefs. This support is necessary to be able to accept the illness experienced, especially if the disease requires a long process of healing with uncertain results. Praying or praying, reading scriptures and other religious practices often help fulfil a spiritual need which is also a protection against itself. Religious values and beliefs are also a source of strength and healing even though they can not be evaluated easily. Nevertheless, the influence of religious beliefs and values can be observed by health workers by knowing that individuals tend to withstand great distress and physicality because they have strong beliefs. The family is also influential in all healing processes because it has a belief that has a great effort to the success of clients who experience distress (Hamid, 2011).

Spiritual guidance will form an adaptive coping mechanism that will respond to cognitive so that emotions and perceptions become positive, it stimulates the work of the limbic system (the hippocampal-amygdala), producing serotonin to stimulate the cerebral cortex releasing acetylcholine by cholinergic parasympathetic lymphocytes, then stimulating the hypothalamus-Pituitary-Adrenal and decreasing (CRF) Corticotropin-Releasing Factor, and activate Anterior pituitary in order to decrease Adrenocorticotrophic hormone secretion (ACTH), which triggers the release of anti-depressant neurochemical substances decrease adrenaline production decrease anxious response (Smeltzer & Bare, 2010). Therefore with the spiritual guidance can improve the system in the body to increase self-relaxation, thus decreasing adrenaline production decreased response. Not all patients will decrease the anxiety itself is present, 3 people 15% who have the

same level of anxiety after spiritual guidance, from which it can be known the coping mechanism that each person has different.

CONCLUSION

Based on the results of research and description on the discussion, there is the influence of spiritual guidance on the level of anxiety pre-operative patients in the delivery room Hasyim As'ari RSI Sakinah Mojokerto. All preoperative patients after spiritual guidance experience mild anxiety levels. Spiritual guidance is one of the best means of therapeutic communication to improve the coping mechanism and individual relaxation.

REFERENCES

- Azizah, Lilik Ma'rifatul. (2011). *Keperawatan Lanjut Usia*. Yogyakarta: Graha Ilmu.
- Baradero dkk. (2010). *Keperawatan Perioperatif Prinsip dan Praktik*. Jakarta: EGC.
- Hidayat, Aziz Alimul. (2006). *Pengantar Kebutuhan Dasar Manusia*. Jakarta: Salemba Medika.
- _____. (2010). *Metode Penelitian Kesehatan Paradigma Kuantitatif*. Surabaya: Health Books Publishing.
- Kozier, Barbara. (2011). *Buku Ajar Fundamental Keperawatan: Konsep, Proses dan Praktik*. Jakarta: EGC.
- Nursalam, (Ed). (2003-2008). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan: Pedoman Skripsi, Tesis, dan Instrumen Penelitian Keperawatan (Edisi 2)*. Jakarta: Salemba Medika.

- Notoatmojo, Soekidjo. (2005). *Metodologi Penelitian Kesehatan*, Jakarta: Rineka Cipta.
- Potter, P.A. & Perry, A.G. (2005). *Buku Ajar Fundamental Keperawatan: Konsep, Proses dan Praktik*. Jakarta: EGC.
- Setiadi. (2013). *Konsep dan Penulisan Riset Keperawatan*. (Ed 1). Yogyakarta: Graha Ilmu
- Sjamsulhidayat, R. (2005). *Buku Ajar Ilmu Bedah. Edisi revisi*. Jakarta: EGC.
- Smeltzer, SC & Bare. (2010). *Buku Ajar Keperawatan Medikal Bedah Brunner and Suddarth vol.1*. Jakarta: EGC.
- Stuat, GW, Sundeen SJ. (2007). *Buku Saku Keperawatan Jiwa*. Edisi 5. Jakarta: EGC
- Suliswati, Payapo, TA, Marahawa, J, Sianturi, Y, & Sumijatun (2013). *Konsep Dasar Keperawatan Kesehatan Jiwa*, Jakarta: EGC.
- Sutrisno, J. 2006. *Pengaruh Bimbingan Doa dan Dzikir Terhadap Kecemasan Pasien Pre Operasi di RSUD Swadana Pare Kediri*. Diunduh pada tanggal 25 Desember 2014 pada situs <http://journal.uii.ac.id>
- Yani, A. (2009). *Bunga Rampai Asuhan Keperawatan Kesehatan Jiwa*. Jakarta: EGC.
- Azizah, Lilik Ma'rifatul. (2011). *Elderly Nursing*. Yogyakarta: Graha Ilmu.
- Baradero et al. (2010). *Nursing Perioperative Principles and Practices*. Jakarta: EGC.
- Hidayat, Aziz Alimul. (2006). *Introduction to Basic Human Needs*. Jakarta: Salemba Medika.
- _____. (2010). *Health Research Methods Quantitative Paradigm*. Surabaya: Health Books Publishing.
- Kozier, Barbara. (2011). *Nursing Fundamentals of Nursing: Concepts, Processes and Practices*. Jakarta: EGC.
- Nursalam, (Ed). (2003-2008). *Concept and Application of Research Methodology of Nursing Sciences: Thesis Guidance, Thesis, and Nursing Research Instrument (Issue 2)*. Jakarta: Salemba Medika.
- Notoatmojo, Soekidjo. (2005). *Health Research Methodology*, Jakarta: Rineka Cipta.
- Potter, P.A. & Perry, A.G. (2005). *Nursing Fundamentals of Nursing: Concepts, Processes and Practices*. Jakarta: EGC.
- Setiadi. (2013). *Concept and Writing of Nursing Research*. (Ed 1). Yogyakarta: Graha Ilmu
- Sjamsulhidayat, R. (2005). *Textbook of Surgery*. Revised edition. Jakarta: EGC.
- Smeltzer, SC & Bare. (2010). *Medical Surgical Nursing Book Surgical Brunner and Suddarth vol.1*. Jakarta: EGC.
- Stuat, GW, Sundeen SJ. (2007). *The Soul Nursing Handbook*. Issue 5. Jakarta: EGC
- Suliswati, Payapo, TA, Marahawa, J, Sianturi, Y, & Sumijatun (2013). *asic Concepts of Mental Health Nursing*, Jakarta: EGC.
- Sutrisno, J. 2006. *The Influence of Prayer and Dzikir Guidance on Pre Operation Patient Pregnancy at RSUD Swadana Pare Kediri*. Downloaded on December 25, 2014 at [http / journal.uii.ac.id](http://journal.uii.ac.id) site
- Yani, A. (2009). *Baptism of Nursing Care of Mental Health*. Jakarta: EGC.