ORIGINAL RESEARCH

RELATION BETWEEN FAMILY SUPPORT AND ANXIETY IN PREOPERATIVE PATIENTS IN INDONESIA

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ABSTRACT

Background: Preoperative procedures as the part of perioperative period should be taken place completed and proper regarding to the patients' needs. Once the patient has decided to be operated, they may experience unpleasant feeling created by the prospect of surgery. Therefore, nurse involves all available support at the first place including the family support for patients.

Purpose: This descriptive correlational study aimed to examine the family support relate to anxiety of patients undergoing surgery in Indonesia.

Methods: A 36 patients undergoing surgical in Delta Surya Hospital Sidoarjo participated on this study and were assessed their perceived of family support using Depression Anxiety Stress Scale (DASS) questionnaire and their anxiety level using The Personal Resource Questionnaire (PRQ) 2000. The data of this study was analyzed using Spearman's rho analysis with significance $\alpha \leq .05$.

Results: Spearman's rho analysis reported there was a negative correlation between perceived family support and anxiety level, which was statistically significant ($r = -0.543$, $p = 0.001$, < 0.05).

Discussion: The attachment of family before surgical would decrease the patient's anxiety level. Implementation of preoperative education and psychosocial intervention shoud be addressed in order to achieve the expected perioperative patients outcomes.

Key words: Family support, preoperative's anxiety, patients undergoing surgery.

INTRODUCTION

Surgery is a tense and complex event both of elective and emergent type (Smeltzer & Bare, 2003). The event involves vary aspects of preparations and health professional teams. In nursing field, perioperative nursing addresses to the three phases: Preoperative, Intraoperative, and Postoperative. The preoperative phase begins when the decision to proceed with surgical intervention is made and ends with the transfer of the patient onto the operatinf room table (Smeltzer & Bare, 2003). On this phase, nursing care starts from assessment whole patient's informations (physical, psychological, social, spiritual), nursing diagnosis regard to the data then the interventions to solve the problem and evaluate the outcome of patient's status.

Nursing assessment during preoperative period consists of physical factors (nutritional and fluid status, drug or alcohol use, respiratory status, cardiovascular status, hepatic and renal status, endocrine and immune functions, and previous medication use), psychosocial factors, and spiritual and cultural beliefs (Smeltzer & Bare, 2003). Yet, physical

factors used to be the focus on the assessment, and others often lack of attentions. From the psychological and spiritual belief factors, nurse would get the important data that is the readiness of patients and how their coping mechanisms, then arrange the appropriate and reliable nursing interventions.

Patients awaiting the surgery experience some emotional feelings such as worries, fears, anxiety, depression cause of uncertainty surgery (Arthur et al, 2000; Brembo et al, 2017; Jawaid, 2007; Nigussie, 2014). Anxiety is a vague sense of apprehension that is accompanied by feelings of uncertainty, helplessness, isolation, and insecurity (Stuart, 2014). The patients express their anxiety in different ways. There are patients repeatedly ask questions about the procedures although the answers have been given before. Other patients may avoid to talk, just quiet and sleep, but looked sad. Some physical signs of anxiety could be measured such as shortness of breath, chest pain, palpitations, and dizziness. Levels of anxiety from Peplau (Stuart, 2014) are: 1) Mild anxiety occurs with the tension of day-to-dy living; 2) Moderate anxiety, in which the person focuses only on immediate concern, involves narrowing of the perceptual field; 3) Severe anxiety is marked by a significant reduction in the perceptual field; and 4) Panic is associated with dread and terror, as the person experiencing panic is unable to do things even with direction.

The feeling of anxiety on undergoing surgery may influenced many factors. As the meaning of anxiety itself that is about undetermined of situations. There some studies found the predicting factors of anxiety on preoperative patients such as fear of death, financial loss, fear of complications, result of operation, postoperative pain, perceived little social support during waiting time, reassurance of worth, reliable alliance, and family oriented (Arthur et al, 2000; Brembo et al, 2017; Jawaid, 2007; Nigussie, 2014). The findings extend that feeling of anxiety is about the self-preservation and the valuable persons on life. Nurse figured out the important role of family as social support for patients undergoing surgery. Family are the biggest resource and most enduring care providers for patients. They are our secondary patients in which we involve them on nursing interventions to optimize the nursing care. However, this issue has few references over perioperative period since the policy of hospital on involving family during the period. Accordingly, researcher described the correlation between family support and patient's anxiety during preoperative period in Sidoarjo, Indonesia.

METHODS
Study Design
This study was a descriptive correlational design.

Setting
This research was conducted on March until April 2018 in Delta Surya Hospital Sidoarjo.

Research Subject
Subjects were all patients undergoing elective surgical during March until April 2018 in Delta Surya Hospital Sidoarjo. A total sampling used to collect 36 respondences.

Instruments
Data was collected on the preoperative period by an anesthesia nurse that work in operative room in Delta Surya Hospital Sidoarjo. The demographic of characteristics respondents reported on the form to gather data on gender, age, educational level, marital status,

employment, experience of surgery, and accompanying family during the preoperative period. The preoperative patients' anxiety was assessed by Depression Anxiety Stress Scale (DASS) questionnaire (Lovibond & Lovibond, 1995) that consists of 21 statements that evaluate how the respondents feel at the moment and describe their feelings on the following four-point scale; 1) Not at all, 2) Somewhat, 3) Moderately, 4) Very much so. The sum of scores on all items constitutes the individual's score. The score indicates to the following categories: 1) Mild Anxiety (< 10), 2) Moderate Anxiety (10-14), 3) Severe Anxiety (15-19), 4) Panic (>19). Reliability and validity are poor reported (Cronbach's alpha $= 0.30$). The family support of preoperative patients was measured by The Personal Resource Questionnaire (PRQ) 2000 (Annisa, 2015). The PRQ2000 composed of 15 items on a 7-point Likert scale range from 1 (strongly disagree) to 7 (strongly agree). The 15 items are summed to calculate the total score. Possible total scores range from 15 to 105, with indicates to the following categories: 1) High support (>84), 2) Moderate support (50-84), 3) Less support (<50). Reliability and validity are well reported (Cronbach's alpha $= 0.95$).

Data Analysis

Data entry and statistical analysis was performed using SPSS version 17. Spearman's rho assessed the correlation between family support and anxiety level of the patients.

Ethical Consideration

Ethical clearance was obtained from the director of Delta Surya Hospital 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
Characteristics of Respondents

Table 1. Distribution of Frequency of Respondents at Delta Surya Hospital, Sidoarjo in March until April 2018 ($n = 36$).

Gender	
Male	16
Female	20
Age	
17 – 29 years old	9
30 – 42 years old	11
43 – 55 years old	9
56 – 68 years old	7
Educational level	
Elementary school	2
Junior high school	8
Senior high school	11
University	15
Marital status	
Single	2
Married	27
Divorce	7
Employment	
Unemployment	11
Private employee	13
Public employee	5
Retired	3
Experience of surgery	
First time	20
More than one	16
Accompanying family	
Yes	31
No	5

Description of Family Support and Anxiety Level

Table 2. Distribution of Frequency of Respondents by Family Support and Anxiety Level at Delta Surya Hospital, Sidoarjo in March until April 2018 (n = 36).

Family Support	
High	22
Moderate	10
Less	4
Anxiety Level	
Mild	23
Moderate	7
Severe	5
Panic	1

Examination of the Relationship between Family Support and Anxiety Level of Respondents in Delta Surya Hospital, Sidoarjo using Spearmen's Rho Correlation

Table 3. Examination of the Relationship between Family Support and Anxiety Level of Respondents in Delta Surya Hospital, Sidoarjo using Spearmen's Rho Correlation (n = 36).

Spearman's rho			
Family Support	Correlation Coefficient	1.000	-0.543**
	Sig. (2-tailed)	.	.001
	N	36	36
Anxiety Level	Correlation Coefficient	-0.543**	1.000
	Sig. (2-tailed)	0.001	.
	N	36	36

DISCUSSION

The result showed that patients who perceived high family support was 22 respondents (61%), moderate family support 10 respondents (28%), and less family support was 4 respondents (11%). It might be refer to the presentation of family during preoperative period; whereas 31 respondents (86%) were accompanied by their family member. The presence of family promotes emotional support for patients by holding their hand or expressing calm face, hence the patients able on bearing the course of surgical. Pshychosocial aspect during preoperative period has impact to the patients' postoperative conditions. As the study conducted with the Norwegian patients who undergoing total hip replacement, their recovery get better when they perceived greater social support ($\beta = -1.40$ [-2.81, 0.01]) (Brembo, 2017).

The result of anxiety was 23 respondents (64%) felt mild anxiety, 7 respondents (19%) felt moderate anxiety, 5 respondents (12%) felt severe anxiety, and 1 respondent (5%) felt panic. The feel might be relate to how experience of patients toward surgical; whereas 20 respondents (56%) had surgical experience before, and 16 respondents (44%) had no surgical experience. Anxiety caused of unexplored perioperative procedures. A 70.3% patients (from 239 patients) had anxiety when they waiting for surgery, whereas the prospect of surgery covers to fear of death (38.1%), fear of unknown origin (24.3%), financial loss (47.19%), and results of operation (19.2%) (Nisgussie, 2014).

The correlation between family support and anxiety was statistically significant, $r = -0.543$, $p = 0.001$, < 0.05. A negative correlation cofficient means the higher family support perceived by the patients then the lower anxiety level they felt. The result consistent with the study that 89.6% patients (from 193 patients) perceived anxiety because concern about their family (Jawaid, 2007). These results ascertain that support system contributes to the readiness of patients on surgery. Therefore, the patients' psychosocial needs

should be attained before patients get to operating room table (Smeltzer & Bare, 2003). In addition, providing preoperative intervention would enhance the patient's early-phase recovery (Arthur, 2000), and involving the family during the intervention would improve surgical outcomes (Brembo, 2017).

CONCLUSION

The more family support for patients undergoing surgery, the less anxiety that they perceived ($r = -0.543$, $p = 0.001$, < 0.05).

SUGGESTION

Nurse should provide the comprehensive preoperative nursing care to promote the patient's recovery and prevent the postoperative complications.

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