

Spiritual experience related to anxiety level in pre operational cesarean section patients



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ABSTRACT

Introduction: Anxiety is a common thing experienced by women who will undergo cesarean section surgery. The level of anxiety and the ability to manage anxiety are not the same for everyone, so efforts are needed to manage anxiety so that there is no delay in surgery. The purpose of this study was to explain the relationship between spiritual experiences and the level of anxiety in patients with preoperative cesarean section.

Methods: The design of this research was correlational analytic with cross sectional approach. The population of this study were mothers who underwent preoperative cesarean section as many as 32 people and with the purposive sampling technique obtained a sample of 30 respondents. The variables measured were spiritual experience and level of anxiety. Data were collected using DSES and HARS instruments. Data analysis using chi square test.

Result: The results showed that 90% of respondents with negative spiritual experiences were in moderate anxiety. The results of the chi square test obtained $p = 0.002$ which means that spiritual experience is significantly related to the level of anxiety of preoperative cesarean section patients.

Conclusion: Nurses have a role in managing the anxiety of preoperative cesarean section patients. Efforts that can be made are with a spiritual approach so as to create calm for preoperative section patients.

Keywords: Anxiety, pre-operation, spiritual experience.

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INTRODUCTION

Cesarean section (C-section) is a surgical procedure to deliver a fetus through an incision in the abdominal wall (laparotomy) and uterine wall (hysterectomy).^{1,2} C-section is an effort to save mother and baby. The choice of C-section as a method for delivering a baby must be based on certain indications, including: maternal indications, fetal indications, or both. C-section actions not only have a physical impact on pregnant women, but also have a psychological impact, especially anxiety.³ Anxiety which is an emotional reaction of patients that often appears in women with C-section. Anxiety is a state of understanding or worrying that something bad will happen soon. Anxiety can be interpreted as a feeling of worry and fear that appear simultaneously, which is usually followed by an increase in blood pressure, stimulation of the body, such as: heart palpitations, cold sweats. These signs or conditions can cause

medical surgery to be delayed.⁴ Mother's anxiety level is influenced by spirituality.⁵ But until now the relationship between spiritual experience and the anxiety of mothers undergoing C-section cannot be explained.

Based on World Health Organization (WHO) data, the average delivery by C-section is in the range of 5-15% per 1000 births in the world. Birth rates by C-section in Indonesia each annual average of 19.06% per 1000 births.⁶ The data states that pregnant women who are about to deliver by C-section, experience anxiety ranging from moderate anxiety (50%), severe anxiety (34%) and panic (16%).⁷ While in Mitra Keluarga Surabaya from January-February 2019 there were 32 C-section operations, and from the results of interviews with 6 preoperative C-section patients 3 people felt anxious because they were afraid of the action to be taken, 3 people felt anxious because it was the first time they entered the operating room. The patient looks worried, anxious, restless,

and afraid, which can cause increased blood pressure, stimulation to the body, such as: heart palpitations, cold sweats, these signs can cause delays in surgery.

Anxiety is a person's emotional and individualized experience. This emotional state is typically a subjective personal experience without a clear reason. When anxiety about having a C-section surgery is not properly managed, it can become more and more dangerous, endangering the patient's safety, making the surgery more difficult, increasing the patient and family's financial burden, and harming and endangering the patient. Health professionals must be able to assist patients who will undergo C-section surgery so that their anxiety may be regulated, minimized, and, if possible, not worried, so that patients feel comfortable because it is our responsibility.^{7,8}

Nurses as the first person in health services who consistently establish contact with patients for 24 hours play a role in providing appropriate nursing

care, including biological, psychological, social and spiritual aspects. Fulfillment of spiritual needs is not only obtained from the family,⁹ but also nurses as health workers must have a major role in meeting spiritual needs with religious therapy methods through spiritual support to reduce or eliminate anxiety levels in preoperative patients.¹⁰ So that there is a link between belief and health services where basic human needs provided through health services are not only in the form of biological aspects, but also spiritual aspects. The purpose of this study was to explain the relationship between spiritual experiences and anxiety in preoperative patients.

MATERIALS AND METHODS

Materials

The design of this research was correlational analytic with cross-sectional approach. The study was conducted at a hospital in Surabaya. The population of this study were mothers who underwent preoperative C-section as many as 32 people and with the purposive sampling technique obtained a sample of 30 respondents. Spiritual experience variables were measured using the Daily Spiritual Experience Scale (DSES) which consisted of 16 questions with positive and negative interpretations.¹¹ While the variable level of anxiety was measured by the Hamilton Anxiety Rating Scale (HARS) which consisted of 14 questions related to changes in vital signs due to anxiety with the interpretation of mild, moderate and severe anxiety.¹²

Data collection procedures

This research had been declared ethically feasible by the Ethics Committee of the Nahdlatul Ulama University Surabaya with No. 238/EC/KEPK/UNUSA/2019. Data collection begins with selecting the appropriate respondents and providing informed consent as a legal aspect of

willingness to become a respondent. Respondents who have agreed can fill out the DSES and HARS questionnaires. The DSES instrument has been declared valid and reliable with Cronbachs alpha test results of 0.970. Similarly the HARS instrument with Cronbachs alpha test results of 0.93. Checking the questionnaire is carried out to ensure that the questionnaire has been filled out completely and then the data recapitulation is carried out.

Data analysis

The spiritual experience variable data scale is nominal and the level of anxiety is ordinal. The data were analyzed using the chi square test. The data were analyzed using the chi square test

RESULTS

Table 1 shows that 80% of the respondents in this study were aged 26-35 years with a higher education level of 73.3%. Based on the experience of undergoing surgery C-section 705 is the second experience.

Based on the table, it can be explained that 60% of respondents with negative spiritual experiences experienced moderate anxiety, and 93% of respondents who had positive spiritual experiences experienced mild anxiety. The results of the chi square test showed that spiritual experience was significantly related to the

anxiety of preoperative C-section patients.

DISCUSSION

In contrast to spirituality (immateriality), which is spiritual nature, spirituality is regarded as spirit and translated as breath and soul. The terms "spirituality" and "religiosity" have historically been used interchangeably, and this meaning still holds true today.¹³ "Spirituality" is a dynamic process and has many attributes. The cultural dimensions, religious and spiritual traditions, ethnic diversity and the influence of historical and social contexts represent the social and historical conditions embedded in Western thought which influenced the emergence of spirituality as a concept.¹³

In order to bring about peace, spiritual care was defined as giving attention to spirituality, presence, and empowerment. It suggested narrative, ritualistic, and artistic work. Even though several research noted beneficial outcomes of spiritual care, such as the reduction of discomfort, the proof is scant.¹⁴

Spiritual intelligence is the ability to give the meaning of worship to every behavior and activity, through natural steps and thoughts.¹⁵ Life experiences will greatly affect a person's way of thinking. Positive experiences and environments will also affect the spiritual environment. A person who has a lot of experience regarding

Table 1. The characteristics of respondents

Characteristic	Frequency	Percentage (%)
Age (years old)		
17 – 25	4	13,3
26 – 35	24	80
36 – 45	2	6,7
Education		
Basic	0	0
Intermediate	8	26,7
High	22	73,3
Experience of C-section surgery		
First	7	23,3
Second	21	70
Third	2	6,7

Table 2. Results of cross tabulation of respondents' spiritual experiences and anxiety

Spiritual Experience	Level of Anxiety						Total	
	Mild		Moderate		Severe			
	F	%	F	%	F	%	F	%
Negative	6	40	9	60	0	0	15	100
Positive	14	93	1	7	0	0	15	100

Chi square test p=0,002

the oneness of God has a tendency to be positive. Positive thinking can increase spiritual abilities and intelligence. This will lead to its own belief in someone and will create people who are more obedient to worship and always surrender to God.¹⁰

Anxiety is a feeling that is difficult to explain. Anxiety will be different for each person based on maturity and life experience. Maturity is not only seen from age, although the older a person is, the more constructive they will be in coping to deal with the problems they face. Anxiety is a psychological responses that can lead to physiological problems that interfere with the operation process.^{15,16} Anxiety in pregnant women is also caused by high levels of stress hormones (epinephrine and adrenocorticotrophic)^{17,18} with symptoms such as increase blood pressure¹⁹, fear, sleep disorder, intellectual disability, and depressive feelings.¹⁶

Anxiety is a feeling that is difficult to explain. Anxiety will be different for each person based on maturity and life experience. Maturity is not only seen from age, although the older a person is, the more constructive they will be in coping to deal with the problems they face. Anxiety is a psychiatric disorder that often occurs in pregnant women which affects changes in the function of the autonomic nervous system (ANS) and adaptation of the cardiovascular system.²⁰

Mild anxiety that occurs in preoperative patients indicates the patient is more prepared psychologically for facing a surgical procedure. Mild anxiety also indicates that coping used by preoperative patients it's effective. Use of coping mechanisms becomes effective when they get support from the environment around the patient.²¹ A person who experiences illusion anxiety does so because they focus too much on themselves. There are mild and moderate anxiety levels. People with mild anxiety are typically already accepting of the problem that has occurred and have put their trust in the medical staff to handle it, so the amount of anxiety the patient is experiencing is not moderate or heavy.²²

Spiritual encounters have an impact on coping strategies. Positive coping strategies are used by those who have had positive spiritual experiences, and negative coping

strategies are used by those who have had unpleasant spiritual experiences.²² Spirituality directly affects anxiety levels.²³

The limitation of this study is the relatively small number of samples due to the Covid-19 pandemic situation. The pandemic situation requires limiting visits and protocols to prevent transmission of Covid-19 to pregnant women.

CONCLUSION

Spiritual experience was significantly related to the anxiety of preoperative C-section patients. Nurses have a role in helping to manage the anxiety of preoperative C-section patients.

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CONFLICT OF INTEREST

The Authors have no conflict of interest.

AUTHOR CONTRIBUTION

All Authors contributed equally in conducting research.

ETHICAL APPROVAL

This research had been declared ethically feasible by the Ethics Committee of the Nahdlatul Ulama University Surabaya with No. 238/EC/KEPK/UNUSA/2019.

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