



DESCRIPTION OF THE ANXIETY LEVEL OF PRE-OPERATIVE PATIENTS WITH THE PROVISION OF SPIRITUAL THERAPY

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ABSTRACT

Perioperative is a combined term that includes three phases of the surgical experience, namely preoperative, intraoperative, and postoperative. During pre-operation, of course the patient will experience anxiety. One effort to reduce anxiety levels is by providing spiritual therapy. This research aims to determine the preoperative anxiety level of patients who are given spiritual therapy. The research used was descriptive which was carried out for 2 weeks. The population and sample in this study were Muslim patients who were going to undergo surgery at the Mataram City Regional Hospital, totaling 33 respondents. The sampling technique is accidental sampling. Data collection in this study used the HARS (Hamilton Anxiety Rating Scale) questionnaire with 14 questions and the SOP for implementing spiritual therapy (Sholawat Thibbil Qulub). The way to assess anxiety is by giving a score in categories: 0= no symptoms at all, 1= one symptom present, 2= moderate/half of the symptoms present, 3= severe/more than half of the symptoms present, 4= very severe all symptoms exist. If you get a score of less than 14 = no anxiety, a score of 14-20 = mild anxiety, a score of 21-27 = moderate anxiety, a score of 28-41 = severe anxiety. Based on the description of the anxiety level of pre-operative patients with the provision of spiritual therapy, 0 respondents (0%) experienced very severe anxiety/panic, 2 respondents (6.0%) experienced severe anxiety, 14 respondents (42.5%) experienced moderate anxiety, mild anxiety as many as 15 respondents (45.5%), no anxiety as many as 2 respondents (6.0%). The results of this spiritual therapy research were able to reduce the level of anxiety felt by pre-operative patients.

Keywords: anxiety; perioperative; spiritual therapy

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INTRODUCTION

Based on WHO (World Health Organization) data, it is estimated that 230 million surgical procedures are performed worldwide each year. The National Tabulation Data of the Indonesian Ministry of Health for the year 2016 explains that surgical procedures rank 11th among 50 disease patterns in Indonesia, with a percentage of 12.8%. It is estimated that 32% of these are major surgeries, and 25.1% experience mental health conditions, while 7% experience anxiety. (Rosiska, 2021).

Data from RSUD Kota Mataram shows that the total number of patients who underwent surgery in the last 3 months from March to May was 330 people. According to Smeltzer & Bare (2015), anxiety usually occurs in patients who are about to undergo surgery. According to Stuart (2002), in (M et al., 2017), it is estimated that 20% of the world's population suffers from anxiety before undergoing surgery. According to the research findings (Mulugeta et al., 2018), global data shows that 61% of pre-operative patients experience anxiety. That anxiety is very important to address, so that the operation runs smoothly. Based on the research results (Rahmah et al., 2018) on "The Effect of Morottal Therapy on Preoperative Patient Anxiety," it was found that 4 patients (12.1%) had mild anxiety, 25 patients (75.8%) had moderate anxiety, and 4 patients (12.1%) had severe anxiety. According to preliminary

studies, it was found that 6 out of 10 patients experienced anxiety before undergoing surgery. If anxiety is not properly addressed, it can lead to physical and psychological changes that ultimately increase sympathetic nerve activity, resulting in elevated heart rate, respiratory rate, blood pressure, cold sweats, abdominal discomfort, urinary disturbances, and generally reduced energy levels in the patient, thereby harming the patient themselves. (Muttaqin & Sari, 2013). According to Rozalino in (Kgs. M. Faizal, 2021), one of the efforts in nursing intervention to prevent anxiety is through spiritual therapy. Based on the above data, it is necessary to conduct research on "The Description of Pre-Operative Patients' Anxiety Levels with the Provision of Spiritual Therapy (Sholawat Thibbil Qulub). The purpose of this research is to determine the Description of Pre-Operative Patients' Anxiety Levels with the Provision of Spiritual Therapy at RSUD Kota Mataram.

METHOD

The design of this research uses a descriptive research design. The population in this study consists of all patients who will undergo surgery at RSUD Kota Mataram, totaling 330 individuals. The sample in this study is the patients undergoing surgery at RSUD Kota Mataram. Since this study falls under the descriptive method, the sample size taken is 10% of the existing population, which is 33 individuals. The sampling technique used in this study is the Non-Probability Sampling technique, specifically Accidental Sampling. The Inclusion Criteria in this study consist of: Patients who are Muslim, Patients over the age of 15, Fully conscious with a minimum GCS of 14, Patients undergoing major surgery, Not undergoing emergency surgery (CITO), Patients willing to be research respondents and have signed the informed consent form. Exclusion criteria in this study are: Patients with psychological disorders (mental disorders), Patients with hearing impairments, and Illiterate Patients. This study uses the HARS (Hamilton Anxiety Rating Scale) questionnaire, which consists of 14 items, and the SOP for the implementation of spiritual therapy (Sholawat Thibbil Qulub). The way to assess anxiety is by giving a value with the following categories: 0 = no symptoms at all, 1 = one symptom present, 2 = moderate / half of the symptoms present, 3 = severe / more than half of the symptoms present, 4 = very severe all symptoms present. If a score of less than 14 is obtained = no anxiety, a score of 14-20 = mild anxiety, a score of 21-27 = moderate anxiety, a score of 28-41 = severe anxiety

RESULT

This research was conducted at the Mataram City Hospital in Room Irna 3A and Room Irna 2A in June 2022. This hospital is one of 7 hospitals in Mataram, this hospital is located on Jalan. Bung Karno no. 3 Pagutan Raya, Mataram, West Nusa Tenggara.

Table 1.
Respondent Characteristics by Age

Age	f	%
16-25	5	15.1
26-35	13	39.4
>35	15	45.5

Based on table 1, it shows that of the 33 respondents, the highest results were for ages >35 years, namely 15 respondents (45.5%) and the lowest results were for ages 16-25, namely 5 respondents (15.1%).

Table 2.
Respondent Characteristics Based on Gender

Gender	f	%
Woman	27	81.9
Man	6	18.1

Based on table 2, it shows that of the 33 respondents, the highest results were female, namely 27 respondents (81.9%) and the lowest results were male, namely 6 respondents (18.1%).

Table 3.

Respondent Characteristics Based on Education

Education	f	%
SD	9	27.3%
Junior High School	9	27.3%
Senior High School	12	36.4%
College	3	9.0%

Based on table 3, it shows that of the 33 respondents, the highest result was high school education, namely 12 respondents (36.4%) and the lowest result was college, namely 3 respondents (9.0%).

Table 4.

Frequency Distribution Based on the Level of Anxiety of *Pre-Operative Patients* Before Providing Spiritual Therapy (*Sholawat Thibbil Qulub*)

Anxiety Level	f	%
No Worries	0	0
Mild Anxiety	2	6.0
Moderate Anxiety	16	48.5
Severe Anxiety	15	45.5
Very Heavy/Panic	0	0

Based on table 5.4, it shows that out of 33 respondents, the highest result was moderate anxiety, namely 16 respondents (48.5%) and the lowest result was no anxiety and very severe, namely 0 respondents (0%).

Table 5.

Frequency Distribution Based on *Pre-Operative Patient Anxiety Level* After Providing Spiritual Therapy (*Sholawat Thibbil Qulub*)

Anxiety Level	f	%
No Worries	2	6.0
Mild Anxiety	15	45.5
Moderate Anxiety	14	42.5
Severe Anxiety	2	6.0
Very Heavy/Panic	0	0

Based on table 5.5, it shows that of the 33 respondents, the highest result was a mild level of anxiety, namely 15 respondents (45.5%) and the lowest result was a very severe level of anxiety, namely 0 respondents (0%).

DISCUSSION

Respondent Characteristics Overview

Age

Age is correlated with experience, experience is correlated with knowledge, understanding and views on a disease or event, then attitudes and perceptions will be formed (Suparyadi, et al. 2021). In addition, according to Kartono (2016) that the older a person is, the better a person is at controlling their emotions. Based on this, it can be concluded that age affects the response to anxiety. The older the age, the more mature the person is to think so that they can control their emotions (Seniwati, 2018). In the results of the study, the highest age was >35 years, namely 15 respondents (45.5%)

Gender

Anxiety is most common in women because they tend to be more easily influenced by pressures that cause stressors so they are more sensitive and emotional. In addition,

fluctuations in estrogen and progesterone levels are also factors that cause anxiety problems in women to be higher than in men (Amila, 2019). Anxiety is more experienced by women than men because women prioritize feelings, women's feelings are more sensitive, so when they are going to have surgery they will be thought about more. Unlike men, men prioritize their thoughts more than their feelings (Talindong, 2020). In the results of the study, the highest results were female, namely 27 respondents (81.9%).

Education

According to Stuart (2016) a person's level of education will affect their thinking ability, the higher the level of education, the easier it is to think rationally and the easier it is to understand. New information is included in describing new problems (Suparyadi, et al. 2021). In the research results, the highest result was High School Education, namely 12 respondents (36.4%).

Description of Pre-Operative Patient Anxiety Levels with Spiritual Therapy (Sholawat Thibbil Qulub)

Based on the results of the study before being given spiritual therapy (sholawat thibbil qulub) showed that respondents experienced moderate levels of anxiety, namely 16 respondents (48.5%). The results of this study are in line with the study (Al Kasanah, 2021) which showed that before being given Al-Quran murottal therapy, most respondents experienced moderate anxiety (72.2%). This study is also supported by the results of the study (Rahmah, 2018) before the Al-Quran Murottal therapy was carried out, the total number of respondents was 33 people, where there were 4 people (12.1%) patients who experienced mild anxiety and there were 25 people (75.8%) patients who experienced moderate anxiety, and there were 4 people (12.1%) patients who experienced severe anxiety. So in this study, the number of respondents who were more at the moderate anxiety level.

Based on the results of the study after being given spiritual therapy (sholawat thibbil qulub) showed that respondents experienced mild anxiety levels of 15 respondents (45.5%). The results of this study are in line with research (Al Kasanah, 2021) after being given murottal Al Quran therapy, most experienced mild anxiety (83.3%). Sholawat Thibbil Qulub is specifically designed to treat and cure various diseases, both physical or physical diseases and mental or heart diseases. The advantage of sholawat Thibbil Qulub is that if someone always reads it, he will gain physical and spiritual health (Rifatin, 2019). When a patient receives Al-Quran murottal therapy, the nervous system communicates to the hypothalamus to secrete endorphin hormones in the pituitary gland and suppress epinephrine and non-epinephrine so that it can lower blood pressure, lower pulse rate, slow breathing, and slow blood flow to the brain so that it will reduce anxiety (Billah, 2015 in Al Kasanah, 2021).

Reducing anxiety levels in preoperative patients is one of the non-pharmacological treatments for patients who experience anxiety before surgery. The effects of spiritual support that are carried out in depth can affect thoughts, emotions and worries about surgery. This is because spiritual support can be in the form of prayer, prayer, dhikr, and reading the Koran. When praying, it will create a sense of self-confidence, a sense of optimism (hope for healing), bring calm, peace, and feel the presence of Allah SWT. (Kgs. M. Faizal, 2021).

The spiritual role in terms of coping mechanisms as a spirit, or motivation for life, belief, approach, hope and trust in God and the need to practice the religion that is believed in, the need to be loved and forgiven by God which is entirely owned and must be maintained by a person at all times in order to obtain help, peace, safety, strength, comfort and healing. The coping mechanisms that are formed are very dependent on a person's personality and the level

of stress from a condition or problem that they are experiencing (Kgs. M. Faizal, 2021). In addition, according to Alexis Carrel in his book entitled *Pray (Prayer)* about his experience in treating patients. Many of his patients get healing through prayer. Prayer is the greatest religious symptom for humans because at that time the human soul flies towards his God. Even if what is requested is not completely fulfilled, but with this prayer a person has lived in an atmosphere of optimism, hope and inner peace (Kgs. M. Faizal, 2021).

CONCLUSION

Based on the findings, the respondent exhibited characteristics such as being a 62-year-old male, holding a bachelor's degree, and previously working as a civil servant. Before the implementation of foot care procedures, the respondent's feet exhibited various conditions indicative of neglect, including dryness, dirt accumulation, cracked skin, long and uneven nails, calluses, numbness in the soles, and diminished sensation in the toes (except for the big toes). Despite these conditions, the respondent was still able to walk. Foot care was introduced as a non-pharmacological intervention utilizing simple yet effective techniques, such as proper foot washing, toenail trimming, and foot exercises. When performed daily, these practices proved beneficial in preventing the development of gangrene and other complications. After a three-day foot care regimen, the respondent's feet showed noticeable improvements, including cleanliness, moisture retention, reduced dryness, trimmed nails, and a gradual decrease in calluses. Additionally, the soles and toes regained some sensation. This case study demonstrated that foot care practices are highly effective in preventing complications. Although the long-term effects were not fully observed during the study period, the immediate improvements, such as clean, moist feet, reduced skin cracks, and increased sensation—suggest the potential to significantly mitigate future complications associated with diabetes mellitus.

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