



THE EFFECT OF PROVIDING CLASSIC MUSIC THERAPY TO REDUCE ANXIETY IN PRE-OPERATIVE CAESAREA SECTIO PATIENTS

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ABSTRACT

Anxiety, characterized by feelings of unease, apprehension, and physiological reactions, is a common issue for patients facing surgery. Music therapy, which utilizes musical elements to promote well-being, has been proposed as a method to alleviate anxiety. This study aims to evaluate the effect of classical music therapy on anxiety levels in patients scheduled for cesarean section at Charitas Hospital Palembang. The study employed a pre-experimental design with a one-group pretest-posttest approach. The population included all patients undergoing preoperative care over the past three months, averaging 122 patients. A purposive sampling technique was used to select 40 participants, exceeding the required sample size of 30 to anticipate potential dropouts. The instrument used was the APAIS scale, with its validity and reliability confirmed through preliminary testing. Data were analyzed using univariate and bivariate methods, with statistical processing conducted using SPSS for Windows. The results indicated that the majority of participants were in early adulthood (26–35 years old), classified as ASA II (80%), had a high school education, and were predominantly housewives (50%). Before therapy, the mean anxiety score was 19.90, which decreased to 15.70 after the intervention. A paired t-test showed a significant reduction in anxiety ($p < 0.05$), suggesting that classical music therapy is effective in reducing preoperative anxiety in cesarean section patients.

Keywords: anxiety; music therapy; sectio caesarea

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INTRODUCTION

The fetus is removed via caesarean section, which is a medical operation that involves opening an incision in the uterus and abdominal wall. Both the life of the mother and the fetus are at stake in this operation (Sholati et al., 2021; 2021). A caesarean section, which involves cutting the uterine wall through the front of the abdomen, is performed to avoid the dangers and difficulties that may occur in a normal delivery. The birth of a baby can occur later (Juliathi, 2020). A Caesarean section is performed at a rate of 5–15% per 1000 births worldwide, as reported by the World Health Organization (WHO). The incidence rate in private hospitals may exceed 30%, compared with around 11% in public hospitals. Ramdhanie and Yusnia (2020) used 2007 national survey data to show that of the 4,030,000 births in Indonesia, 927,000 of them were caesarean sections.

The following figures are based on data collected by RS Charitas Palembang: 114 patients underwent cesarean sections in August 2023, 134 in September 2023, and 117 in October 2023. Because the day of surgery is often considered the most important and most dangerous day in a patient's life, anxiety is a common reaction among patients awaiting elective surgery. Feelings of deep and persistent fear or worry, accompanied by a normal level of reality testing ability (RTA), good health, and an intact personality (no personality cracks or splits), are symptoms of anxiety and impaired consciousness (Gea 2018). Because anesthesia care is

often associated with preoperative anxiety, anesthesiologists are in a prime position to alleviate these fears by facilitating an open and honest dialogue between patients and their healthcare providers prior to anesthesia. The patient's pulse rate and blood pressure can be reduced during the pre-anesthesia visit by reducing concerns. Minimizing packing also depends on good communication during pre-anesthesia appointments (Christine et al., 2021).

About 14 million people, or 6% of the total population, in Indonesia experience emotional illnesses such as depression and anxiety when they are aged 15 years and over, according to the prevalence rate of these conditions. Compared with the basic health research survey conducted in 2007, this figure has improved to 12.6 percent (Wicaksana and Dwianggimawati 2022). Experiencing significant worry in the lead up to surgery is known as preoperative anxiety. Reducing anxiety through the use of music that evokes feelings of relaxation, warmth, and “soothing” is the goal of music therapy, a kind of distraction (Kadimateng et al., 2020).

By using musical components such as rhythm, style, melody, harmony, timbre, and form, music therapists strive to improve the patient's mental and physiological health (Maisaptyasari 2019). Musafiri (2023) lists various styles of music that can be used for therapeutic purposes, including classical, jazz, pop, rock, and meditation. For patients in critical care or about to undergo surgery, music therapy can relieve anxiety as well as medication. In particular, preoperative patients can relieve anxiety without side effects by listening to 30 minutes of music therapy at a rate of 60 to 80 beats per minute, which can affect pulse, breathing, and heart rate. The pituitary gland releases endorphins, which have euphoric and analgesic effects, in response to music therapy, which is induced by the limbic system. Suwardianto and Astuti 2020 found that listening to calming music before bed helped people relax and get a better night's sleep. Preoperative anxiety, muscle tension, and difficulty expressing emotions can be overcome with the use of classical music therapy. Muscle energy, respiratory rate, pulse, blood pressure, and endocrine function will improve as a result of the biological impact (Mulyasari 2023).

The results of previous research conducted as part of Community Service (PkM) activities showed that 25 people who underwent caesarean sections while listening to Mozart classical music had varying levels of anxiety, from moderate to severe. Fifteen people (56%) reported very high levels of anxiety; three of them suffered from panic attacks; six reported moderate levels of anxiety; and two reported low levels of anxiety. Anxiety levels were shown to be reduced, and no participants reported very high or severe anxiety after receiving classical music therapy with Mozart (Putri, Novitasari, and Surtiningsih 2020).

Researchers at the central surgical installation of Palembang's Charitas Hospital surveyed 15 women who were scheduled to undergo caesarean sections. Of these, 1 person reported feeling very anxious about the procedure, 3 people reported moderate anxiety (e.g., trembling lips and fine tremors in the hands) due to lack of knowledge about what to expect before the procedure, 3 people reported mild anxiety (e.g., due to having discomfort during anesthesia), and 4 people reported mild overall anxiety. This study aims to analyze the effect of classical music therapy on the anxiety levels of patients undergoing pre-operative care for cesarean sections in the central operating room of Charitas Hospital Palembang.

METHOD

This study used a pre-experimental design, a one-group pretest-posttest layout, and a sample size of forty participants (Adiputra et al. 2021). Perdana, Fikry Firdaus, and Kapuangan

(2020) used the APAIS questionnaire to collect data. The validity and reliability test of the Indonesian version of the APAIS instrument yielded valid and reliable results for measuring preoperative anxiety in the Indonesian population, with a result of 70.79% and a Cronbach Alpha value for the anxiety component of 0.825 and 0.863. The examination of the respondents was conducted using Bluetooth earphones connected to a smartphone playing classical music. Data processing is carried out through 5 stages: editing, scoring, entry, cleaning, and tabulating. The data analysis used is univariate analysis and bivariate analysis. Then the author will use statistical techniques or methods as the data analysis method employed to process numerical data so that it can be statistically tested to obtain proof or results of the research conducted using correlation analysis, utilizing computerized methods with the assistance of the SPSS for Windows program. Starting in October 2023 and ending in August 2024, there are a total of three phases in the research period: planning, implementation, and reporting. In May and June 2024, researchers at the Central Surgical Installation of Charitas Hospital, Palembang, collected data. Participants in this study were an average of 122 patients over the last three months who were scheduled to undergo caesarean section in the central surgical installation room at Charitas Hospital, Palembang. Patients who were scheduled to undergo caesarean sections in the central surgical installation room of Charitas Palembang Hospital were included in the sample.

RESULTS

Table 1.
Respondent Characteristics

Characteristics	f	%
Age		
Early Adolescence	7	17.5
Early Adulthood	31	77.5
Late Adulthood	2	5.0
ASA		
I	32	80
III	8	20
Education		
Diploma	7	17.5
Bachelor's Degree	8	20
High School	25	62.5
Occupation		
Teacher	2	5.0
Housewife	20	50.0
Private Employee	8	20.0
Farmer	2	5.0
Civil Servant	3	7.5
Entrepreneur	2	5.0
Business Owner	1	2.5

Table 1 shows that most respondents were in the early adulthood age group (26-35 years), with 31 participants (77.5%). Most of them had ASA II classification (80.0%), and the majority had a high school education (62.5%). The most common occupation was housewife (50.0%).

Table 2.
Distribution of Anxiety Levels Before and After Classical Music Therapy

	Mean	Min	Max
Pre-Therapy Anxiety	19.90	14	24
Post-Therapy Anxiety	15.70	10	21

Table 2 shows that the average anxiety score before classical music therapy was 19.90, with the lowest being 14 and the highest being 24. After classical music therapy, the average score was 15.70, with the lowest being 10 and the highest being 21.

Table 3.
Differences Before and After Classical Music Therapy in Reducing Anxiety for Preoperative Caesarean Section Patients (SC)

	Mean	Std. Deviation	Difference	p-Value
Pre-Therapy Anxiety	19.90	2.264	4.20	0.001
Post-Therapy Anxiety	15.70	3.220		

Table 3 shows the average anxiety scores before and after therapy were 19.90 and 15.70, respectively, with a difference of 4.20. The normality test showed a p-value > 0.05, indicating that the data distribution was normal. The paired t-test resulted in a p-value of 0.001, which is less than 0.05, indicating that classical music therapy has a significant effect on reducing anxiety in preoperative Caesarean section (SC) patients at Charitas Hospital Palembang.

DISCUSSION

Characteristics

Age:

Table 1 shows that the majority of respondents were in early adulthood (26–35 years), with 31 participants (77.5%). This is consistent with the research by Yunita et al. (2023), titled "The Effect of Music Therapy on Pre-Anesthetic Anxiety in the Operating Room," which found that most respondents were aged 26-35 (early adulthood), with 8 respondents (53.3%). According to Sudew, (2009), the modern fast-paced and unhealthy lifestyle, such as lack of sleep, irregular eating patterns, and stress, can trigger various health problems that may require surgery, as well as physical injuries. People in the 26-35 age group are often active in sports or other physical activities. Injuries from physical activities, such as sprains, tears, or fractures, may require surgery. The researcher assumes that younger people are more vulnerable to anxiety disorders than older individuals, and the older they get, the more psychologically mature they become. In addition, younger individuals often lack the experience to cope with stress or complex life issues. This can make them feel more anxious or overwhelmed when facing difficult situations because they are not yet accustomed to seeking effective solutions. On the other hand, older individuals often have a broader life experience and more developed coping strategies, and they may have already navigated several major pressures in life, making them more capable of handling anxiety-inducing situations with greater calmness.

ASA Classification

Table 1 shows that most respondents fell under the ASA II classification. This is in line with the research by Tanambel et al., (2017), which found that patients undergoing Caesarean Section (SC) who were classified as ASA II amounted to 15 patients, or 100%. Patients classified as ASA II who undergo SC have a significantly lower risk of complications during and after surgery compared to ASA III patients, who face higher risks. As a result, surgical procedures on ASA II patients are safer and more frequently performed. Many surgical

procedures can be carried out on ASA II patients due to their generally better physical condition, which allows them to undergo various types of surgery (Djafar et al. 2024). According to the researchers' assumption, patients undergoing cesarean section are categorized as ASA II due to certain health conditions that are generally not life-threatening but still have the potential to increase the risk of anesthesia. Thus, ASA II refers to patients with mild systemic disease or specific physiological conditions (such as pregnancy) that place them at a slightly higher risk for complications during anesthesia.

Education

Table 1 shows that most respondents had a high school education level, with 25 respondents (62.5%). This is consistent with the research by Annisa and Wahyu (2023), titled "The Effect of Mozart Classical Music Therapy on Breast Cancer Patients' Anxiety During Chemotherapy at Murni Teguh Memorial Hospital Oncology Room," which found that most respondents had a high school education level, with 22 respondents (47.8%). This is also in line with the research by Wulandari (2022), titled "The Effect of Classical Music Therapy on Anxiety Levels in Caesarean Section Patients," which found that 7 respondents (43.8%) had a high school education. High school graduates frequently choose jobs with lower pay, which may cause them to delay expensive treatments like surgery. Additionally, poor living conditions, such as inadequate sanitation, can increase the risk of diseases that require surgical intervention (Soeparno and MM 2024). According to the researchers' assumption, individuals with lower levels of education may be more prone to anxiety regarding the natural childbirth process due to a lack of knowledge about pain management and childbirth. They may prefer cesarean surgery as a method that feels "safe" or more controlled, even though in some cases it is not always medically necessary.

Occupation

Table 1 shows that the majority of respondents were housewives, with 20 (50.0%). This is consistent with the research by Wulandari (2022), titled "The Effect of Classical Music Therapy on Anxiety Levels in Caesarean Section Patients," which found that most respondents worked as housewives, with 6 respondents (37.5%). This is also consistent with the research by Tomalego and Layuk (2020), titled "The Effect of Classical Music Therapy on Anxiety in Non-Hemorrhagic Stroke (NHS) Patients at Makassar Hospital," which found that out of 20 respondents, the majority were housewives, with 7 respondents (35%). Housewives often act as the primary caregivers for their families, which may lead them to delay their own healthcare. As a result, chronic diseases can progress to more severe conditions requiring surgery, and a lack of regular physical activity can increase the risk of obesity, diabetes, and heart disease, which often necessitate surgical procedures (Hurai et al. 2024). According to the researchers' hypothesis, housewives may have limited access to comprehensive health education and medical information regarding childbirth. A lack of understanding about the risks and benefits between normal delivery and a cesarean section can influence the decision to choose a cesarean. They may rely more on advice from family, friends, or doctors without doing much research on the various options available.

Distribution of Anxiety Levels Before Classical Music Therapy

According to Table 2, the average anxiety score before classical music therapy was 19.90, with the lowest being 14 and the highest being 24. This is consistent with the research by Tomalego and Layuk (2020), titled "The Effect of Classical Music Therapy on Non-Hemorrhagic Stroke (NHS) Patients' Anxiety at Makassar Hospital," which found that for 20 respondents, the average pre-intervention anxiety score was 14.95, with a minimum anxiety

score of 28 and a maximum of 57. This is also in line with Novita (2023) research, which found that the average anxiety level of pre-operative Caesarean section patients at Mulia Hati Hospital, Wonogiri, before classical music therapy was 20.31, with the lowest anxiety score being 4 and the highest 38. The researcher assumes that a mother's anxiety increases as the time of delivery approaches, especially when it is known that her pregnancy requires surgical intervention. Various factors cause patients to feel anxious about undergoing surgery. During the study, patients expressed fear of post-operative pain, fear of physical changes that could lead to disfigurement or functional loss, fear of experiencing the same condition as others with the same illness, fear of the operating room and its equipment, fear of dying under anesthesia, and fear that the surgery might fail (Rahmawati et al., 2022).

Distribution of Anxiety Levels After Classical Music Therapy

According to Table 3, the average anxiety score after classical music therapy was 15.70, with the lowest being 10 and the highest being 21. This is consistent with Tomalego and Layuk (2020) research, which found that after classical music therapy, the average anxiety score in non-hemorrhagic stroke patients was 5.0, with a standard deviation of 3.16, a minimum anxiety score of 23, and a maximum anxiety score of 39. This is also consistent with Novita (2023) research, which found that the average anxiety level of pre-operative Caesarean section patients at Mulia Hati Hospital, Wonogiri, after classical music therapy was 9.25, with the lowest score being 3 and the highest 18. The researcher assumes that classical music therapy can affect the brain via the limbic system. The amygdala and hypothalamus stimulate the autonomic nervous system to produce endorphins, making a person feel more relaxed. The autonomic nervous system is divided into two parts: the sympathetic nervous system, which activates when the body perceives danger, and the parasympathetic nervous system, which activates when the body is in a normal state. When fear arises, the sympathetic nervous system increases blood pressure and breathing rates. Listening to classical music stimulates the hypothalamus in the brain, which prompts the pituitary gland to produce endorphins. This process, regulated by the autonomic nervous system, enhances parasympathetic activity, reducing blood pressure, heart rate, and breathing rates, helping the patient relax and reduce anxiety (Izzati, Handayani, and Firdaus 2020). Music with a moderate frequency, such as classical music, has a relaxing effect on the brain, influencing one's emotions. In modern times, various types of music can be heard, but classical music holds particular medical significance. The soft and steady tones, which generate alpha waves, make classical music especially beneficial for medical use. Classical music has been proven to provide positive effects, such as sedation, reduced heart rate, respiration rate, blood pressure, and anxiety levels Novita (2023).

Differences in Anxiety Levels Before and After Classical Music Therapy in Preoperative Caesarean Section Patients at Charitas Hospital Palembang

Based on Table 4, the average anxiety scores before and after therapy were 19.90 and 15.70, respectively, with a difference of 4.20. The normality test revealed that the p-value for anxiety before and after therapy was 0.653, indicating a normal data distribution. The paired t-test resulted in a p-value of 0.001, which is less than $\alpha = 0.05$, indicating a significant effect of classical music therapy on reducing anxiety in preoperative Caesarean section patients at Charitas Hospital Palembang. This finding is consistent with the research by Tomalego and Layuk (2020), which showed that the average anxiety score before and after classical music therapy was 14.4 and 5.0, respectively, with a difference of 9.4. Statistical tests using the paired t-test confirmed a significant difference between anxiety levels before and after therapy, with a p-value < 0.05 . This finding is also consistent with Novita (2023) research, where the average anxiety level before and after classical music therapy in

preoperative Caesarean section patients was 20.31 and 9.25, respectively, with a difference of 11.06. The paired sample t-test showed a p-value of less than 0.05, which means that classical music therapy had a significant effect on lowering anxiety in women at Mulia Hati Hospital, Wonogiri who were going to have a Caesarean section.

Providing classical music therapy can be effective in reducing anxiety. The respondents showed a decrease in anxiety levels after receiving music therapy. After listening to classical music, respondents appeared calmer, more relaxed, and more engaged. This can be attributed to the decrease in adrenocorticotrophic hormone (ACTH) levels, which are linked to stress and anxiety, helping individuals feel more relaxed and calm. For optimal effectiveness, good physical condition, a conducive environment, and respondents' willingness to fully concentrate on the music being played are essential. These factors significantly contribute to the therapy's success. When individuals listen to classical music in a quiet environment and focus entirely on the music, the limbic system in the brain is automatically activated, influencing key body components to create a sense of comfort and relaxation. In this relaxed state, previously high anxiety levels gradually diminish Tomalego and Layuk (2020).

CONCLUSION

This study reveals that the majority of respondents' age characteristics range from 20 to 35 years, with the majority having ASA II status and a BMI > 25.0 kg/m². The study's results revealed that the degree of shivering before administering warm intravenous fluids and warm blankets was at most degree 4. After the intervention, the degree of shivering decreased to degree 3 in both groups. Statistical analysis shows that there is a significant difference between the pre-test and post-test scores in the intervention and control groups, with a p-value of 0.000 (p<0.05), respectively. Warm intravenous fluids were significantly more effective in reducing shivering than warm blankets, as demonstrated by the Mann-Whitney test results with a p-value of 0.000 (p<0.05).

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