

Preoperative Anxiety and Self-Efficacy to Postoperative Exercise in Women undergoing Elective Caesarean Section

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Abstract: Caesarean section both elective and emergency are complex and stressful experience. Anxiety is closely related to self-efficacy to postoperative exercise. The study aims to describe anxiety and self-efficacy to postoperative exercise in women undergoing elective caesarean section. This study used an descriptive quantitative design and 70 patients collected as respondents by using consecutive sampling. Data collection using questionnaires. This study showed that woman's age mostly between 26-30 years old (55,7%). Most of the respondents had elementary school education (47.1%) and most of them did not work (81.4%). The majority of respondents had given birth 1-2 times (54.3%) and most had never undergone cesarean section surgery (84.3%). Most of the indications of cesarean section were placenta previa (18.6%). Most of the respondents had moderate anxiety and moderate self-efficacy to postoperative exercise. Preoperative anxiety may be occur at all ages, levels of education, occupation, and history of operation. Self-efficacy relates to personal factors. The women should be able to manage emotions by reducing stress and increasing positive feelings, so it can be a way to increase a person's self-efficacy into a good practice

1 BACKGROUND

Surgery, both elective and emergency treatment is complex and stressful events. Sectio caesarea (SC) is surgery to delivery of a fetus through an incision in the abdominal wall and the uterine wall, SC is an action that is quick and easy, but SC also has some danger of complications, such as wound infections, thrombophlebitis, bleeding and pain after surgery if not given proper care when preoperative (O'Neill et al., 2013). Mothers who will undergo sectio caesarea are concerned with the impacts of operations that will result after the anesthetic effect is lost (Dempsey et al., 2017).

Anxiety in general surgery patients occur due to conditions perceived regarded as a threat to its role in life, integration of body, or even life itself (Smeltzer, 2002). If anxiety is not treated properly, it can give an adverse effect on physiological parameters in anesthesia, both during surgery and postoperative (Guo, P., et al, 2012).

According to WHO sectio caesarea increase in deliveries across the country during the years 2007 - 2008 is 110,000 per delivery across Asia (Leveno, 2009). Based on research Nigussie et al., (2014)

patients undergoing preoperative anxiety was significantly seen in 70.3% of 239 patients. According to Carpenito (2002), stated that 90% of patients may experience preoperative anxiety.

Based on the results Riskesdas 2013, in Indonesia shows birth with sectio caesarea operations amounted to 9.8% of the total of 49.603 births throughout the 2010-2013 (Sihombing et al., 2017). The results of preliminary studies were carried out on December 21, 2017 in Bangil Hospital, Pasuruan, East Java, starting in January - September 2017 the average number of patients who undergo SC was 187 patients per month.

Patients who undergo surgery often doubt their ability to perform activities of rehabilitation due to increased levels of stress and anxiety of patients with severe postoperative pain (Barlow, 2010). When someone is experiencing strong anxiety and stress is high, then that person has the expectation of a low self-efficacy (Bandura, A., 1977). Self-efficacy is the confidence in its capacity to do specific task (Bandura, A., 1977). If self-efficacy is low then the individual will avoid the behavior that is difficult, because such behavior is seen as a threat to her (Bandura, A., 1977). The purpose of this study

is to describe the anxiety and self-efficacy to postoperative exercise in women undergoing elective caesarean section in Bangil Hospital, Pasuruan, East Java.

2 METHODS

This study was a descriptive quantitative aims to describe the behavior of postoperative exercise in patients sectio caesarea in Bangil Hospital, Pasuruan, East Java. The study population was the entire study population was sectio caesarea patient in Bangil Hospital, Pasuruan, East Java. Sample in this study a total of 70 people, selected using *consecutive sampling*. Inclusion criteria for this study, namely sectio caesarea elective patients, aged 20-35 years old, patients with subarachnoid block anesthesia, consciousness composmentis, not impaired senses of sight and hearing based on medical records. The exclusion criteria of this study, in which patients are unable to communicate, sectio caesarea at the request of the patient. The instrument used was the Amsterdam Preoperative Anxiety Information Scale (APAIS) to assess anxiety and Preoperative Self-efficacy Scale (PSES) to assess self-efficacy.

3 RESULTS

3.1 Characteristics of Respondents

3.1.1 Age

The following table describes the description of the respondent's age, namely:

3.1.2 Education

Table 1: Description of the patient's age sectio caesarea in Bangil Hospital, Pasuruan, East Java Month January 2018.

characteristics of Respondents	Frequency	Percentage (%)
Age 20-25	14	20
Age 26-30	39	55.7
Age 31-35	17	24.3
Total	70	100

The following table describes the description of the last education of respondents, namely:

Table 2: Description of recent education sectio caesarea patient in Bangil Hospital, Pasuruan, January 2018.

Characteristics of Respondents	Frequency (person)	Percentage (%)
Recently Pendidikan Elementary School	33	47.1
Junior High School	12	17.1
Senior High School	23	32.9
College	2	2.9
Total	70	100

3.1.3 Number of Children

The following table describes the description of the number of children before surgery, namely:

Table 3: Description of the number of child patients in hospital Bangil Hospital, Pasuruan, East Java sectio caesarea January 2018.

Characteristics of Respondents	Frequency (person)	Percentage (%)
Number of children		
Have not had	20	28.6
1-2	38	54.3
3-4	8	11.4
> 4	4	5.7
Total	70	100%

3.1.4 Indication of Sectio Caesarea

The following table describes the operating indication description sectio caesarea namely:

Table 4: Description of the operation indication sectio caesarea in Bangil Hospital, Pasuruan, East Java in January 2018.

Characteristics of Respondents	Frequency (person)	Percentage (%)
placenta previa	33	18.6
Location of latitude	7	10
breech	6	8.6
CPD	11	15.7
Gemelli	1	1.4
Preeklampsi	8	11.4
Oligohidroamnion	5	7.1
miopi	2	2.9
Anemia	3	4.3
Grande multipara	1	1.4
floating head	2	2.9
Asthma	1	1.4
PROM	9	12.9
hemorrhoids	1	1.4
Total	70	100

3.1.5 Operation History

The following table describes the description of operating history, namely:

Table 5: Description of operating history sectio caesarea patient in the Bangil Hospital, Pasuruan, East Java in January 2018.

Characteristics of Respondents	Frequency (person)	Percentage (%)
Yes	11	15.7
No	59	84.3
Total	70	100

3.1.6 Self-Efficacy

The following table describes the description of self-efficacy, namely:

Table 6: Description of the patient's self-efficacy sectio caesarea in Bangil Hospital, Pasuruan, East Java in January 2018.

characteristics of Respondents	mean	SD	Minimal-maximal
Self-Efficacy	102.43	22.6	35-131

On average respondents' self-efficacy is 102.43 with a minimum score of 35 and a maximum of 131

3.1.7 Anxiety

The following table describes the description of anxiety, namely:

Table 7: Description of sectio caesarea patient anxiety in the Bangil Hospital, Pasuruan, East Java in January 2018.

Characteristics of Respondents	mean	SD	Minimal-maximal
anxiety	21.71	3.371	13-30

The average anxiety respondents is 21.71 with a minimum score of 13 and a maximum of 30

4 DISCUSSION

4.1 Anxiety in Patients Sectio Caesarea

Age is closely related to the condition of the mother's pregnancy. The infant mortality rate were born to mothers aged under 20 years is almost double that of those born to mothers aged 30-34 years. Babies born to teenage mothers are also more likely to be born prematurely and twice long term to

be hospitalized due to accidents or gastroenteritis (Whitworth et al., 2017). The results showed that most of the respondents aged between 26-30 years as many as 33 people (55.7%). This age is considered safe for pregnancy and childbirth. Age could also be one of the factors of anxiety preoperatively. Maternal death in pregnancy and childbirth at the age below 20 years, it was 2 to 5 times higher than in maternal deaths occur at ages 20 to 29 years.

The education level of respondents in this study are mostly elementary school. Respondents with lower education levels have high levels of anxiety than patients who are highly educated. Less educated patient anxiety is unwarranted because of their ignorance about the operation sectio caesarea (Frost et al., 2009). Respondent's type of work may affect his anxiety in having surgery, because respondent who is not working feels the burden of family support, and feels anxious because she can not directly perform her work activities.

The majority of respondents had never undergone surgery before sectio caesarea. The experience can be a source of knowledge for the patient to face the psychological discomfort in the face of something, especially surgery. Previous operating experience can impact on preoperative anxiety so it needs the support of the service providers to continue to support women emotionally, beyond the stage of decision making and the whole process of birth is selected. (Torigoe and Shorten, 2017)

Salmon (2000), describes three primary ways in which anxiety may influence a patient's perception of a medical procedure. Firstly, there may be increased vigilance for negative sensations; secondly, anxious patients may make more negative interpretations of ambiguous stimuli and if one assumes some continuity between preand postoperative states, anxious patients may recall memories consistent with their mood (Hobson et al., 2006)

Operating indication sectio caesarea most of this research is placenta previa. Complications of pregnancy is detected long before the time of delivery with routine antenatal care to obstetricians and midwives. So that patients can be better prepared for delivery to the operation. The provision of pre-operative information that can effectively reduce maternal anxiety prior to surgery. Research from Hobson, et al, (2006) showed that lower preoperative anxiety was associated with greater maternal satisfaction with elective caesarean section. Higher satisfaction with preoperative information from the anesthesiologist and the perceived

emotional support larger of the pair is very predictive of postoperative maternal satisfaction by cesarean section (Hobson et al., 2006)

4.2 Self-Efficacy in Patients Section Caesarea

The results showed that self-efficacy among respondents classified as medium category, with a mean value of 102.43. This could be of respondents age factor, where the age of mothers classified as ready for delivery. While the education level of respondents are mostly elementary school and they had never had surgery before. It could the respondents have a low self-efficacy due to lack of experience and knowledge, but in fact the mother's self-efficacy in a medium category.

According to Bandura (1997), education is one of the factors that affect a person's self-efficacy. A high level of education a person more formal education than someone with a lower education level, this was due to the higher formal education a person would more have the opportunity to deal with issues that require cognitive aspects in the solution. Self-efficacy is a formation that is through cognitive processes in a person.

Bandura (1997) says there are some important factors that affect self-efficacy that mastery experience, the experience of others (vicarious experience or modeling), verbal persuasion, and physiological and affective state.

According to Bandura A (1997) vicarious experience to be an indicator forming a source of self-efficacy, the results showed that it can strengthen the belief that the mother is the experience of other women who have the same problem. Vicarious experience is the experience gained from other people who have the same characteristics, can pass through or perform successfully (Bandura A 1994). According to (Peterson, S, J., Bredow, T 2004) that if an individual does not have to experience it yourself then the individual will learn from the successful experience of others.

Stressor can also affect self-efficacy mothers in postoperative, one stressornya is anxious. According to Bandura A (1997) a person to be confident in its ability one of which is that a person's coping to stressors encountered. Emotion management by reducing stress and positive feelings will change the perception and interpretation of one's ability that had also positive that a good coping can be a way to change someone into a good self efficacy (Bandura A 1994). Coping can be an indicator and how to establish self-efficacy.

Self-efficacy is the most important thing in a person to form a strong motivation, according to the expectancy value theory states that motivation is formed through hope, effort someone based on how much hope to be achieved (Bandura A 1997). The research results of Rachmawati PD, et al, (2016), showed that the source of self-efficacy effect on self-efficacy, self-efficacy and maternal characteristics direct effect on maternal behavior.

5 CONCLUSIONS

Preoperative anxiety can occur at any age, education level, occupation, and history of the mother's own operations. Self-efficacy is the most important thing in a person to form a strong motivation. Self-efficacy is related to one's personal factors, to be confident in its ability mother should be able to manage emotions to reduce stress and increase positive feelings, so good coping can be a way to change a person's self-efficacy to be good in the exercise of postoperative sectio caesarea

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