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Analysis Of Nursing Care In Appendictomy Pre-operative Patients With **Anxiety Using Application Of Pre-operative Education**

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Article Info Abstract Received: Surgery is a destructive action on a part of the body. Most March 05, 2023 operations can cause anxiety in patients. Anxiety that is not handled properly can cause physical and psychological **Revised:** June 08, 2023 changes. One of the non-pharmacological therapies to reduce anxiety, especially for patients who are about to undergo Online available: surgery, is preoperative education. Preoperative education is June 22, 2023 the provision of information from nurses to patients as well as **Keywords:** patient families including various information about surgery, preoperative preparation to postoperative care. The purpose of Anxiety, Preoperative this study was to describe care with the application of preoperative education to preoperative appendectomy patients Education, Nursing with anxiety problems at Soerojo Hospital. The research used was qualitative research with a case study approach on 3 patients who experienced preoperative anxiety about an appendectomy. The instrument used in this case study is the APAIS (Amsterdam Preoperative Anxiety and Information Scale) questionnaire for anxiety assessment. The result of this research is that the engagement problem found is anxiety associated with situational crises. The expensive intervention that was carried out was reducing anxiety by providing preoperative education which was carried out for 15-20 minutes. The result of the action evaluation is a decrease in

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anxiety levels.

INTRODUCTION

Anxiety or anxiety is a feeling of excessive and unclear worry, it is also a response to certain threatening situations and is also a normal thing that accompanies development, change, new experiences that have never been done, and in determining self-identity and the meaning of life (Basri & Lingga, 2019). Anxiety is the most common symptom in the preoperative stage (Savitri et al., 2016).

Surgery is a surgical procedure on a part of the body that is carried out in a hospital operating room with a predetermined procedure. One type of surgery that is often performed is an appendectomy. Preoperative anxiety can be caused by past surgical experience, fear of pain due to surgery, and even fear of complications after surgery. The general prevalence of preoperative anxiety disorder is 90%. The prevalence of preoperative anxiety disorder in the United States is more than 23 million people and less



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than 25% experience anxiety disorders, while in Indonesia it ranges from 6-7% of the general population (Wihartini, 2022).

Anxiety that is not handled properly can cause physical and psychological changes that can harm the patient. Interventions to deal with anxiety can be done with pharmacological therapy, namely drugs and non-pharmacology. One of the non-pharmacological therapies to reduce anxiety, especially for patients who are about to undergo surgery, is preoperative education. Preoperative education is the provision of information from the nurse to the patient as well as the patient's family including various information about surgery, preoperative preparation to postoperative care (Sukarini et al., 2019). This is in line with the results of a study conducted by Wihartini which showed that there was a significant effect of providing health education on the anxiety level of preoperative patients at RSUPN Dr. Cipto Mangunkusumo with a p-value of 0.00

METHOD

This research design uses a qualitative approach in the form of a case study. The research was conducted in the Surgical Room of Soerojo Hospital in February - March 2023. The study was conducted on 3 preoperative patients who experienced anxiety. The research instrument used was the Amsterdam Preoperative Anxiety and Information Scale (APAIS) questionnaire. The intervention was carried out using Evidence-Based Nursing Practice (EBNP) which has been analyzed previously, namely preoperative education to reduce anxiety levels. Preoperative education using leaflet media includes an explanation of the procedures to be performed, the meaning of surgery, surgical risk factors, preoperative preparation, physical preparation, psychological preparation, postoperative skills techniques. EBNP implementation is carried out for 15-20 minutes in one visit. The data collection method that will be used in this case study is in the form of interviews and direct observation of preoperative patients.

RESULTS AND DISCUSSION

The result of implementing the action of providing preoperative education is that the anxiety level of the three patients has decreased. Mrs D before being given preoperative education scored 20 (severe anxiety) while after being given preoperative education her score was 18 (moderate anxiety). Mrs. N also experienced a decrease in her anxiety level score. Before being given preoperative education the score was 19 (severe anxiety) and after being given preoperative education the score was 17 (moderate anxiety). Then on Mr. F, there was a decrease in anxiety scores before and after being given education. Before being given education the score was 16 (moderate anxiety) and after being given Benson relaxation the score was 12 (mild anxiety). The results of the evaluation of the three patients were decreased verbalization of worry, decreased verbalization of confusion, pale face, decreased restless behavior, decreased tense behavior, decreased blood pressure, decreased pulse frequency, and improved urinary patterns.

The nursing problem that emerged in this study was anxiety related to situational crises (D.0080). The characteristic limitations for making the diagnosis found in the three clinical patients included feeling worried about the consequences and conditions encountered, complaining of dizziness, looking restless, looking tense, increased pulse frequency, increased blood pressure, pale face, and frequent urination. The preparation of nursing interventions uses references based on SIKI (PPNI, 2018), in this case, each nursing plan is prepared based on a logically acceptable theory and by the patient's condition. Nursing Care Plans Related to Anxiety Nursing Diagnosis Related to Situational Crisis one of which is Anxiety Reduction (L.09093), namely the provision of preoperative education.

Providing preoperative information can help patients and families identify perceived concerns and overcome perceived anxiety. Pittman & Karle in Arif et al (2022) states that



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anxiety in preoperative patients occurs starting from the response of the five senses, then the stimulus is passed on to the cortex pathway which raises an anxiety response and then proceeds to the thalamus (brain center). When impulses or information has entered the thalamus, it will be sent to various lobes to be processed and interpreted, then the information will spread to other parts of the brain, including the frontal lobe where this lobe is also the recipient of information from the lobe. Cortical pathways are often a source of anxiety because the frontal lobe provides anticipatory, situational, and interpretive responses.

Anxiety Reduction Intervention (L.09093), namely the provision of preoperative education given before surgery for 15-20 minutes by measuring the level of anxiety using the Amsterdam Preoperative Anxiety Information Scale (APAIS) before and after being given preoperative education, monitoring signs of anxiety, creating a therapeutic atmosphere for foster trust, motivation identify situations that trigger anxiety, explain procedures including sensations that may be experienced, provide factual information about diagnosis, treatment, and prognosis, encourage families to stay with patients.

The results of the evaluation of the three patients were reduced worry and tension, no pale faces, decreased blood pressure and pulse rate, and improved urinary patterns. Based on the results of the APAIS questionnaire scores before and after the procedure, also showed a decrease in anxiety level scores in preoperative patients. In patients, Mrs. D and Mrs. N experienced a decrease in anxiety levels from severe anxiety to moderate anxiety. Likewise, Mr. F, who initially experienced mild anxiety.

According to Suara & Hutasoit (2018), preoperative health education can help patients and families identify perceived concerns. The nurse can then plan nursing interventions and supportive care to reduce the patient's anxiety level and help the patient to deal successfully with the stressors encountered during the perioperative period. Thus counseling or education on preoperative preparation can reduce patient anxiety and increase satisfaction with the surgical experience. This is in line with research conducted by Faramida et al (2019) entitled The Effect of Providing Information on Reducing Anxiety in Preoperative Appendicitis Patients in the Women's Surgery Room at Meuraxa Hospital, Banda Aceh City, showing that the results of the study found that there was an effect of providing information on reducing anxiety levels in patients preoperative appendicitis before and after giving information.

CONCLUSION

The results of the analysis after nursing care were carried out in the form of preoperative education for 15-20 minutes in 1 visit to the three preoperative patients whose anxiety levels decreased.

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