

Previous surgical experience and anxiety level of pre-caesarean section patient

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Abstract

Background: Preoperative patient anxiety is characterized by complaints of confusion, fear, or worry, as well as questions from patients regarding the upcoming surgery. In addition, both subjects complained of palpitations and sleeping disorder. These data were supported by objective data from vital signs examinations, which revealed increased blood pressure, increased pulse rate, and increased respiratory rate. Anxiety can lead to increased patient hemodynamics

Purpose: of this study is to analyze the relationship between previous surgical experience and pre-caesarean section patient anxiety levels at *RSU* (General Hospital) PKU Muhammadiyah Bantul.

Method: This study employed a descriptive correlational and cross-sectional approach. The study sample consisted of 38 respondents, selected using purposive sampling. Data collection was performed using a questionnaire, and data analysis was carried out using the Chi-square statistical test.

Results: The Chi-square test yielded a significance value of $0.004 \leq 0.05$, indicating a relationship between previous surgical experience and pre-caesarean section patient anxiety levels.

Keywords: anxiety levels of pre-caesarean section patient; previous surgical experience

1. Introduction

Preoperative patient anxiety is characterized by complaints of confusion, fear, or worry, and questions about the upcoming surgery. Both subjects also complained of palpitations and difficulty sleeping. This data is supported by objective vital sign examinations, which revealed increased blood pressure, increased pulse rate, and increased respiratory rate. Anxiety can lead to increased hemodynamic parameters (Gunawan and Mariyam, 2022).

According to the World Health Organization (WHO), the number of patients undergoing surgical procedures is increasing significantly each year. Every month there can be up to 165 million surgical procedures and every year there can be up to 234 million people who undergo surgery in 2020 worldwide. Surgical procedures in the Netherlands found 27.9% and 20.3% preoperative anxiety in patients undergoing surgery epidemiologically. Epidemiology in low- and middle-income countries found that the prevalence of preoperative anxiety ranged from 47% to 70.3% in India, 62% to 97% in Pakistan, and 39.8% to 70% in Ethiopia (Bedaso et al., 2022).

It is a concern for the public that many preoperative patients feel unable to

express their fears. However, it is important to recognize other signs of anxiety, such as excessive pallor, rapid eye movements, sweating, hand tremors, stiff posture, aggression, excessive talking, and not looking directly at the speaker. Other common preoperative responses include anxiety, anger, confusion, resistance, and asking too many questions (Taylor, 2013; Maulina et al., 2023). A preliminary study conducted by the author at PKU Bantul General Hospital to measure the number of previous surgical experiences and anxiety levels of patients undergoing pre-cesarean section surgery under spinal anesthesia collected data from approximately 40 patients per month in the AN NISA ward. Based on the background and preliminary study described, the author is interested in conducting research on "The Relationship Between Previous Surgical Experience and Anxiety Levels in Pre-cesarean Section Patients at PKU Bantul."

2. Methods

This study uses a descriptive correlational approach with a cross-sectional approach. The population in this study were 120 post-cesarean section patients at PKU Muhammadiyah Bantul Hospital per year, so an average of 30 patients per month, the researcher used a total sampling of an average of 30 patients per month. The data collection tool used in this study was a questionnaire, the study used a Guttman scale with two answer choices Yes and No, for each variable, namely previous surgical experience and patient anxiety levels using the APAIS questionnaire with an internal consistency test (Cronbach's Alpha). The Cronbach's Alpha value for the anxiety component (statements 1, 2, 4, and 5) was obtained at 0.825, while the Cronbach's Alpha value for components (statements 3 and 6) was obtained at 0.863. This shows that the questionnaire meets the standards used to identify the implementation of previous surgical experience and the level of anxiety of pre-cesarean section patients to determine whether there is a relationship or not. Data analysis of this study used the Chi-square statistical test.

This research has passed Ethical Approval with number 064/EC.KEPK/C/04.25 and has obtained research permit with number 1110/FIKES-UNISA/Ad/IV/2025.

3. Results

3.1. Characteristics of Respondents at PKU Muhammadiyah Bantul Hospital

No	Characteristics	Frequency	Percentage
1	Gender		
	Woman	38	100%
	Total	38	100%
2	Age Criteria		
	Age 20-25	2	5.3%
	Age 26-30	15	39,5%
	Age 31-35	12	31,6%

	Age 36-40	6	15,8%
	Age 41-50	3	7,9%
	Total	38	100%
3	Education		
	Junior High School	1	2,6%
	High School/Vocational School	20	52,6%
	Associate Degree	5	13,2%
	Bachelor Degree	12	31,6%
	Total	38	100%
4	Work		
	Housewife	17	44,7%
	Government employees	10	26,3%
	Private/Self-Employed	11	28,9%
	Total	38	100%
5	Which birth was it		
	First delivery	6	15,8%
	Second delivery	21	55,3%
	Third delivery	11	28,9%
	Total	38	100%
6	Reasons for Caesarean Section		
	Umbilical cord entanglement	9	23,7%
	Premature rupture of membranes	13	34,2%
	Severe Preeclampsia	9	23,7%
	Oblox Location	1	2,6%
	Presbo	6	15,8%
	Total	38	100%

Based on the data in table 1 above, it is known that the majority of respondents in this study were female, namely 38 people (100%). In terms of age, the most respondents were 26-30 years old, amounting to 15 (39.5%). In terms of education level, the majority of respondents had a high school/vocational high school education, amounting to 20 people (52.6%). In terms of occupation, the most common respondents were housewives, amounting to 17 people (44.7%). Judging from the number of deliveries survey involving 38 respondents, it can be seen that the majority of respondents underwent a second cesarean section operation, amounting to 21 patients (55.3%). Judging from the results of the pre-operative cesarean section patient diagnosis survey, the most common diagnosis was Premature Rupture of Membranes (PROM) amounting to 13 respondents (34.2%).

3.2. Previous Operation Experience in the Anisa Room, PKU Muhammadiyah Bantul Hospital

No	ious operating experience	Frequency	Percentage
1	First time	12	31.6%
2	Second time	26	68,4%
	Total	38	100%

Based on the research results in Table 2, it is known that most respondents had experienced more than one caesarean section. This is indicated by 26 respondents (68.4%) who stated that they had undergone a caesarean section.

3.3. Caesarean Section Operation in the Anisa Ward, PKU Muhammadiyah Bantul Hospital

No	Anxiety level	Frequency	Percentage
1	Light	14	36,8%
2	Currently	24	63,2%
	Total	38	100%

Based on Table 4.3, the results of the patient satisfaction survey involving 38 respondents, it can be seen that the majority of respondents experienced a moderate level of anxiety 24 (63.2).

3.4. Tabulation of the syllabus of previous surgical experiences with the level of anxiety of patients preoperatively caesarean section at PKU Muhammadiyah Hospital, Bantul

Anxiety Level / Previous Surgical Experience			Total	p Value
	No	Yes		
Light	11	3	14	0, 004
Currently	6	18	24	
Total	17	21	38	

Based on Table 4.4, the results of the bivariate analysis using the Chi-Square test, a significance value (p) of <0.004 was obtained. This significance value is far below the threshold of 0.05 or a sign value of <0.05, which means that statistically there is a very significant relationship between previous surgical experience and the level of anxiety of pre- cesarean section patients.

3.5. Cross tabulation of anxiety levels of pre-operative caesarean section patients at PKU Muhammadiyah Hospital, Bantul

No	Absolutely not	Not too	A little	Rather	Panic	Total	
1	I'm afraid of being	0	0	12	26	0	38

No	Absolutely not	Not too	A little	Rather	Panic	Total
2	I keep thinking about 2 anesthesia	5	25	6	0	38
3	I want to know as much as 6 possible about the anesthesia procedure.	21	10	1	0	38
4	I'm afraid of surgery 0	1	3	27	7	38
5	I keep thinking about the 0 surgical procedure	5	21	11	1	38
6	I want to know as much as 0 possible about the surgical procedure.	4	10	21	3	38

Based on Table 4.5, the largest data obtained were that 'I was afraid of being anesthetized', with the highest level of anxiety being 26 respondents (68.4%) and I was afraid of being operated on, with the highest level of anxiety being 27 respondents (50.9%) and panic being 7 respondents (13.2%).

4. Discussion

4.1. Previous Operating Experience

It is known that out of 38 respondents, 26 respondents had previous surgical experience. This is consistent with Nurhayati's (2022) research, which found that 31 out of 40 respondents had previous surgical experience, with 30 experiencing moderate anxiety. This suggests that prior cesarean section surgery can influence respondents' anxiety levels. Similar research by Astuti (2021) showed that the majority of respondents (26 out of 35 respondents) had experienced surgical experience, with 29 experiencing moderate anxiety. Patients who have had previous surgeries with negative experiences can increase anxiety during subsequent surgeries.

Another study found similar results, indicating that out of 30 respondents, the highest level of anxiety in preoperative cesarean section patients was moderate (16 respondents), and 17 respondents who had experienced previous surgeries. In this study, the highest level of anxiety was in the moderate category because most preoperative cesarean section patients experienced feelings of anxiety and tension, characterized by anxiety, fear, and lethargy, preventing them from resting peacefully. This is because some respondents had never had surgery before, while others had had a cesarean section (Novi Kristanti et al., 2022).

The results of a study of 28 respondents showed that the majority (60.7%) had a history of cesarean section. Normally, this surgery is performed if the patient has special circumstances related to the patient's risk level if a vaginal delivery is

required. The results showed that 14 (50%) experienced very severe anxiety, while 10 (35.7%) experienced severe anxiety, and 3 (10.7%) experienced moderate anxiety (Mintarsih & Handayani, et al., 2023).

According to researchers, previous surgical experience can influence respondents' anxiety levels in preparation for surgery by helping them remain calm and providing a better understanding of what is happening. Therefore, 21 out of 40 respondents experienced moderate anxiety (Dealova et al., 2024). According to researchers, experience provides a person with a sense of familiarity with an event, thus making them better prepared to face it if it occurs again. These experiences make a person feel better physically and mentally, thereby reducing existing anxiety. Experiences can make a person feel better physically and mentally, which in turn reduces anxiety (Setyowati et al., 2022).

4.2. Anxiety Level of Patients Pre-Caesarean Section Operation

The results of the study showed that the total number of respondents was 38, of which 24 respondents experienced moderate anxiety. This is in line with Mutia's (2022) research, which showed that of the 52 respondents, the majority experienced moderate anxiety, namely 26 respondents. This result is in line with Putri's (2025) research, where the anxiety level of the majority of respondents was moderate, with 18 respondents out of a total of 30 respondents. The results of the study can be described that the level of pre- operative anxiety in cesarean section patients at Hj Anna Lasmanah Banjarnegara Regional Hospital was mostly in the moderate category, with 40 respondents. Researchers assume that anxiety is a feeling of fear of something happening and is a signal that helps individuals prepare to take action against threats. Pre-operative anxiety generally occurs in patients who will undergo anesthesia procedures and elective surgery (Raihan et al., 2023). In line with research by Astuti (2021), anxiety based on previous surgical history was predominantly experienced by respondents who had undergone surgery and experienced moderate anxiety. This is because initial experiences are an important and even crucial part of an individual's mental state later in life. A negative previous surgical experience tends to increase anxiety during subsequent surgeries.

The results of this study align with research conducted by Saputa (2023) on maternal anxiety before cesarean sections at PKU Muhammadiyah Bantul General Hospital, which concluded that post-cesarean section maternal anxiety was predominantly categorized as moderate. The most frequent respondents reported anxiety in question 3 of the APAIS questionnaire, which stated that many patients reported a lack of knowledge about anesthesia. The least anxiety-inducing statement was question 6, which stated that patients did not know much about the surgical procedure.

The results of a study by Latuihamallo (2022) showed that respondents who

experienced increased anxiety preoperatively with regional anesthesia experienced the most anxiety, with 60 respondents (58.8%). This is because every patient undergoing surgery and anesthesia has the potential to experience anxiety.

According to researcher Risqi (2024), preoperative anxiety experienced by patients can arise from a lack of information regarding surgery. Providing education, either directly or indirectly, such as using leaflets or posters that patients can read at any time before surgery, may reduce the level of anxiety felt. Researchers also argue that educational attainment can influence anxiety. Low levels of education can lead to patients lacking knowledge, leading to a lack of knowledge about preoperative preparation. Furthermore, based on surgical history, patients who have never had surgery are more anxious due to their lack of experience than those who have. Therefore, appropriate nursing interventions are needed to prepare patients physically and psychologically. Kristian (2020) showed that patients with low levels of education, such as junior high school and high school, tend to have moderate to high levels of preoperative anxiety compared to those with a bachelor's degree, because they have difficulty understanding the medical information provided.

According to Nurillahi's (2025) research, the majority of respondents had never undergone a surgical procedure, with 41 respondents (70.6%) fearing surgery, with 27 respondents having moderate anxiety and 83 respondents having severe anxiety. Preoperative patient anxiety was characterized by complaints of confusion, fear, or worry, as well as questions from the patient regarding the upcoming surgery. In addition, both subjects complained of palpitations and difficulty sleeping. This data was supported by objective data from vital signs examinations, which showed increased blood pressure, increased pulse rate, and increased respiratory rate. Anxiety can cause an increase in the patient's hemodynamic values (Gunawan & Mariyam, 2022).

4.3. The relationship between previous surgical experience and the level of anxiety in patients undergoing pre-caesarean section surgery

The results of the statistical tests conducted by the researchers showed a relationship between previous surgical experience and pre-caesarean section anxiety levels in patients at PKU Muhammadiyah Bantul General Hospital, with a significance value (p) of <0.004. This finding aligns with Sukamti & Ega Ayu Rutiani (2021) with a p-value of 0.012. Previous childbirth experiences influence maternal anxiety levels during labor. First-time mothers are particularly anxious, as they have a unique impression of the birth process. Another study found that out of 30 respondents, the highest level of anxiety among pre-caesarean section patients was moderate (16 respondents) (Kristanti et al., 2022).

Surgical experience is the experience a person undergoes during a surgical procedure. This can encompass various aspects, from pre-operative preparation,

the surgical process itself, to the post-operative recovery period, which can lead to high to moderate levels of anxiety in pre-cesarean section patients, or surgery in general, depending on various factors. This anxiety is very common and can affect the mother's physical and psychological condition before undergoing surgery (Novi Kristanti et al., 2022).

The involvement of healthcare workers can help patients overcome anxiety about cesarean sections. Anxiety increases if the staff's role is lacking during cesarean section preparation. Patient education, including information about the cesarean section procedure, including the stages of the procedure, risks, benefits, recovery expectations, and care, will help reduce anxiety, especially if the patient has concerns about awareness during surgery or side effects from anesthesia. Understanding what to expect can help patients feel more mentally and emotionally prepared. Psychological support, including providing counseling or psychological support services, can help patients overcome anxiety and manage stress before surgery (Hartanti et al., 2024).

5. Conclusion

Based on the results of a study involving 38 respondents regarding the relationship between previous surgical experience and pre-cesarean section anxiety levels in patients at PKU Muhammadiyah Bantul General Hospital, the following conclusions can be drawn:

The majority of respondents had a second surgical experience (16 respondents (68.4%).

The pre-cesarean section anxiety level was mostly moderate (24 respondents (63.2%).

Statistical analysis showed a relationship between surgical experience and pre-cesarean section anxiety levels with a p-value of <0.004 ($p < 0.05$).

Based on the results of the study, it can be concluded that there is a relationship between previous surgical experience and pre-cesarean section anxiety levels in patients at PKU Muhammadiyah Bantul General Hospital

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7. Author Contributions

The specific contributions of each author to the research and writing of the article.

Andika served as the principal investigator, designing, implementing, and analyzing the research results, as well as drafting the initial draft of the scientific article.

Mamnuaah provided guidance and direction throughout the research process, including developing the methodology, data analysis, and editing the article's substance.

Deasti Nurmaguphita contributed as a research reviewer, providing critical input on the validity and reliability of the findings and helping refine the article until it was ready for publication.

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