

RELATIONSHIP BETWEEN ANXIETY RATE WITH THE IMPROVEMENT OF BLOOD PRESSURE IN PATIENTS OF ELEKTIF PROPERATION ARE SURGERY

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ABSTRACT

Preoperative nursing action is an action performed by the nurse in order to prepare the patient for surgical measures in order to ensure the safety of intraoperative patients. When faced with surgery actions that are not hypertensive patients may increase their blood pressure temporarily due to the two most common factors of pain, and anxiety. This study aims to determine the relationship of anxiety levels with increased blood pressure in elective preoperative patients. This research using cross sectional approach, accidental sampling sampling method. The sample of this study were 30 elective preoperative patients with no history of hypertension. Measurement of anxiety using Hamilton Anxiety Rating Scale and blood pressure using Spymomanometer. Chi square test results showed that there is a significant relationship between anxiety levels with an increase in blood pressure (pvalue = 0.023).

Keywords: anxiety, nursing, preoperative, blood pressure

A. INTRODUCTION

Anxiety is an emotional state without a specific object and subjective experience of the individual and cannot be observed and seen directly. Anxiety is defined as a confusion, worry about something that will happen with a cause or object that is not clear and is associated with feelings of uncertainty and helplessness. As examples of concerns about surgery / surgery (eg fear of pain during surgery, fear of disability), anxiety of anesthesia / anesthesia (eg fear of failure of anesthesia / death, fear of not getting up again). Carpenito states that 90% of pre-operative patients have the potential to experience anxiety. Anxiety (anxiety) is a psychological response to stress that contains physiological and psychological components. Physiological reactions to anxiety are the first reactions that arise in the autonomic nervous system, including increased pulse frequency and respiration, shifts in blood pressure and temperature, relaxation of smooth muscles in the bladder and intestines, cold and moist skin. The typical manifestations in preoperative patients depend on each individual and can include withdrawal, silence, swearing, complaining and crying. Psychological responses generally relate to anxiety about anesthesia, diagnosis of uncertain illness, malignancy, pain, ignorance of surgical procedures. The Indonesian Ministry of Health carried out 642,632 operations in 401 Hospitals, with breakdown according to the level of hospital class and the data was classified by type of operation, namely in class A major operations were 104,106 (16.2%), class B major operations were 127,241 (19 , 8%), in class C major operations were 154,232 (24%), and in class D major operations were 257,053 (40%).

Failure due to surgery is caused by increased blood pressure along with physiological abnormalities of other organs such as the respiratory system (shortness of breath, and suffocation), and the digestive system: loss of appetite, nausea, discomfort in the epigastrium, diarrhea. Increased blood pressure during elective surgery due to hypertension, anxiety factors, and lack of information on the operations that will be performed. The hospital is one of the health organizations with all health facilities expected to help patients improve health and achieve healing both physically, psychologically, and socially. Anxiety is the most common feeling experienced by patients who are hospitalized, anxiety that often occurs is when patients who are hospitalized undergo a surgical process. Based on the description above, researchers are therefore interested in identifying the relationship of anxiety levels with increased blood pressure. This study aims to determine the relationship of anxiety levels with increased blood pressure in elective preoperative patients.

B. DISCUSSION

The design of this research is correlation using cross sectional approach. Method of collecting samples by accidental sampling. The sample of this study was 30 elective preoperative patients with no history of hypertension. Measurement of anxiety using the Hamilton Anxiety Rating Scale and pressure blood using a sphygmomanometer. The data obtained were analyzed using SPSS version 21 by univariate, bivariate (Chi square). Respondent characteristic data obtained is that of 30 respondents the age of the youngest patient is 18 years (6.7%), the oldest is 82 years (3.3) percent while the average patient is 50.2 years. Univariate analysis of the frequency distribution of elective preoperative patient anxiety levels can be seen in the following table:

Table 1
Frequency Distribution of Anxiety Levels of Elective Preoperative Patients

Level Worry	Frekuensi	Percentage (%)
Light- Is	13	43,3
Weights Once	17	56,7
total	30	100

Relationship with anxiety levels blood pressure in electrically preoperative patients can be seen in the table:

Table 2
Relationship of Anxiety Levels with Blood Pressure in Elective Preoperative Patients

No	Level Worry	Pressure Blood				p value	OR
		Normal		Hypertension			
		n	%	n	%		
1	Light- Is	5	38, 5	8	61, 5	0,023	0,893
2	Weights Once	7	41, 2	10	58, 8		
	Total	12	40	18	60		

Table 2 shows that respondents had mild-moderate anxiety levels, most had hypertension at 61.5% and respondents who had very severe anxiety levels mostly had hypertension blood pressure at 58.8%. Bivariate test results between Anxiety Levels and Blood Pressure P-Value values obtained 0.023, which means there is a relationship between anxiety levels with blood pressure. While the odds ratio / risk factor (OR) is 0.893, it means that respondents who have very severe anxiety levels have the possibility of 0.893 times for hypertension. Univariate analysis results showed that 17 respondents (56.7%) who experienced severe anxiety and 13 respondents (43.3%) experienced mild-moderate anxiety.

Anxiety is a response to certain situations that threaten, and is a normal thing to happen accompanying developments, changes, new experiences or that have never been done, as well as in discovering one's identity and meaning in life. Surgery is surgery on a part of the body. Operations (elective or emergency) are generally tense complex events. Perioperative is a compound term that includes three phases of surgical experience — preoperative, intraoperative, and postoperative. Blood pressure is the pressure of blood flow in the arteries (arteries). The heart beats 60 to 70 times in 1 minute during resting conditions (sitting or lying down), blood is pumped toward and through the arteries. The highest blood pressure occurs when the heart beats pumping blood, this is called systolic pressure and blood pressure decreases when the heart relaxes between two pulses, this is called diastolic pressure. Blood pressure is written as systolic pressure per diastolic pressure (for example, 120/80) 10. The results of bivariate analysis showed that p value 0.023 which means that there is a relationship between anxiety level and blood pressure in elective preoperative patients Based on the theory that preoperative action is the phase begins when the decision to undergo surgery or surgery is made and ends when the patient is transferred to the operating table. The preoperative phase is a tense complex event. Anxiety is a feeling of fear that is not clear and is not supported by the situation. This can cause a variety of physiological responses, one of which is an increase in blood pressure. Increased blood pressure will interfere with surgery because it can cause bleeding and can thwart surgical management.

Excessive fear and anxiety will make the client emotionally unprepared for surgery, and will face preoperative problems such as delayed surgery due to high peripheral pulses and affect heart palpation. The patient will experience physiological signs such as an increase in blood pressure. If the increased blood pressure is not resolved immediately, it could be one of the causes of obstruction of surgery, a standard blood pressure that can be a guideline for the implementation of activities in the premedication room and before the patient is decided to be anesthetized with a standard of 150 to 160 mmHg for systolic and 90 -100 mmHg for diastolic.

C. CONCLUSION

The results of this study indicate that there is a significant relationship between the level of anxiety in preoperative patients with blood pressure in elective preoperative patients in General Hospital. Ahmad Yani Metro City in 2015 with a p value of 0.023. Further research on providing nursing interventions to reduce anxiety in preoperative patients.

D. REFERENCES

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