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## **THE EFFECT OF PATIENT COOPING MECHANISM ON ANXIETY IN DEALING WITH MAJOR SURGERY IN THE SURGERY INPATIENT ROOM OF PUSKESMAS TIGA BALATA JORLANG HATARAN DISTRICT AT YEAR 2016**

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### ***Abstract***

*Patients with a history of hypertension when experiencing anxiety before surgery can result in insomnia of the patient and the blood pressure will increase so that the operation will be canceled. Surgery or surgery can cause anxiety. Anxiety is a normal adaptive response to stress due to surgery. Anxiety can be reduced what if the patient can see the surgery will heal. Signs of anxious surgery may not be the same for every individual. Every stress cause people to experience, for the automatic appears efforts to cope with a variety of coping mechanisms, to control coping and decrease anxiety in patients is the task of the team. Served in the room where the patients were treated. Having interactions to patients to anxiety in the face of major surgery that ascribed by Tiga Balata Health Center, Kec. Jorlang Hataran of 2016. The experience is descriptive analytic with the experience design cross sectional. Take in population in this study were an patients who ascribed. To undergo surgery used in this study is a questionnaire filled by respond. After the data was collected then for the percentage of data used by ghi-square  $\alpha = 0.05$  with the computer Which then obtained the effect of each independent variable. The result of data analysis and the result of ghi-square is  $P = 0.001$  ( $P < 0.005$ ), is  $H_a$  is accept and  $H_o$  is eject, is patient influence between the coping mechanisms of the anxiety in the face major operation. 05 with the computer Which then obtained the effect of each independent variable. The result of data analysis and the result of ghi-square is  $P = 0.001$  ( $P < 0.005$ ), is  $H_a$  is accept and  $H_o$  is eject, is patient influence between the coping mechanisms of the anxiety in the face major operation. 05 with the computer Which then obtained the effect of each independent variable. The result of data analysis and the result of ghi-square is  $P = 0.001$  ( $P < 0.005$ ), is  $H_a$  is accept and  $H_o$  is eject, is patient influence between the coping mechanisms of the anxiety in the face major operation.*

**Keywords : anxiety, major surgical, coping mechanic**

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### **INTRODUCTION**

Surgery or surgery is an experience that can cause anxiety. Anxiety is usually related to all kinds of foreign procedures that patients have to undergo and also threats to life safety due to surgical procedures and anesthesia. Surgery is a unique experience for each patient, depending on the psychosocial and physiological factors present. Even if the surgery is considered minor by health professionals, it should be remembered that any

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the same for each individual. Some show anxiety by talking too fast, asking lots of questions, but not waiting for answers to questions, repeating the same question, or changing the subject. Some say they are not worried, but their behavior shows anxiety or fear. There are also patients who do not want to talk about their surgery, answering questions in one or two words. There are patients who express anxiety by crying or getting angry. (Baradero, M, 2009, 18).

Physiological reactions to anxiety are the first reactions that arise in the autonomic nervous system, including increased pulse and respiration rates, shifts in blood pressure and temperature, relaxation of smooth muscles in the bladder and intestines, cold and clammy skin. Typical manifestations in the preoperative patient depend on each individual and can include withdrawing, muting, swearing, moaning and crying. Psychological responses in general relate to anxiety about anesthesia, uncertain disease diagnoses, malignancy, pain, ignorance of surgical procedures and so on.

If an individual is not able to deal with stress constructively, then this disability can be the main cause of pathological behavior. (Asmadi, 2008). Whenever there is a stressor that causes an individual to experience anxiety, efforts are automatically made to overcome it with various coping mechanisms. The use of coping mechanisms will be effective if supported by other strengths and there is confidence in the individual concerned that the coping mechanisms used can overcome anxiety (Asmadi, 2008, 168).

Controlling coping and reducing anxiety in patients is a task carried out by the medical team, both doctors, nurses, midwives or other health services on duty in the room where the patient is treated or who has interactions with patients and families. The medical team/health service is the closest person and spends more time with the patient. Health care providers can work more effectively if their actions are based on a model that recognizes health or illness as the result of various individual characteristics that interact with environmental factors.

Patients with a history of hypertension if they experience anxiety before surgery can cause the patient to have difficulty sleeping and their blood pressure will increase so that the operation will be canceled. Female patients who are too anxious about surgery can experience menstruation earlier than usual, so the operation has to be postponed.

Various reasons can cause fear / anxiety in patients facing surgery, including fear of pain after surgery, fear of physical changes, becoming ugly and not functioning normally (body image), fear of malignancy (if the diagnosis is uncertain), fear / anxiety experiencing the same condition as others who have

the same disease, fear / want to face the operating room, surgical equipment and staff, fear of dying while anesthetized / unconscious again, fear of operation - failure.

The fear and anxiety that patients may experience can be detected by physical changes such as: increased pulse and respiration rates, uncontrolled hand movements, clammy palms, restlessness, asking the same questions over and over again, difficulty sleeping, pleasure to urinate. Health care providers need to examine the coping mechanisms commonly used by patients in dealing with anxiety. Besides that, health

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services need to examine things that can be used to help patients deal with this problem of fear and anxiety, such as the presence of people closest to them, the level of development of the patient, supporting factors / support systems.

The influence of the family on the patient's anxiety needs to be considered. Families who are able to handle anxiety and be calm can also help patients deal with their anxiety (Baradero, M, 2009, 20).

### **Formulation of the problem**

The research problem formulated based on the background above is how to influence the patient's coping mechanisms on anxiety in the face of major surgery in the surgical inpatient room of the Tiga Balata Health Center, Kec. Jorlang Harapan in 2016.

## **RESEARCH METHODS**

### **Research design**

This type of research is descriptive analytic with a cross-sectional study design which aims to determine whether there is influence of the patient's coping mechanism on anxiety in the face of major surgery in the Surgical Inpatient Room of the Tiga Balata Health Center, Kec. Jorlang Harapan in 2016.

### **Population and Sample**

The population taken in this study were all patients who were going to undergo major surgery in the Surgical Inpatient Room of Tiga Balata Health Center, Kec. Jorlang Harapan in 2016 with a total of 40 patients.

### **Sample**

The sampling method was carried out using a purposive sampling technique, which was carried out by taking subjects based on the existence of a specific purpose in which patients who were going to undergo major surgery were included in the research respondents.

### **Location and Time of Research**

The research location was carried out in the surgical inpatient room of Tiga Balata Health Center, Kec. Jorlang Harapan. This research was conducted in June-August 2016.

## RESULTS AND DISCUSSION

### Respondent Demographics

The demographics of the respondents in this study were obtained by the characteristics of the respondents which varied from age, gender and education. Table 1 shows that the majority of respondents aged 20-30 years were 16 people (40%), 31-40 years were 14 people (35%), 41-50 years were 8 people (20%), and 51-60 years as many as 2 people (5%). According to (Farozin, 2004) where the more mature age will be more prepared in facing surgery. Table 2 shows that the gender of male and female respondents is the same, namely 20 men (50%) and 20 women (50%). But in general, women who experience anxiety more often.

According to Varcoralis, (2000), panic disorder is an anxiety disorder characterized by spontaneous and episodic anxiety. This disorder is more common in women than men. Table 3 above shows that the majority of respondents with high school education level were 16 people (40%), undergraduate education level were 10 people (25%), junior high school education level were 6 people (15%), elementary education level were 5 people (12.5%), and academic level of education as many as 3 people (7.5%). Priyono (2000) is quoted from Nilamsari (2002), which states that a high level of education will broaden the outlook and scope of association,

Whenever there is a stressor that causes an individual to experience anxiety, efforts are automatically made to overcome it with various coping mechanisms. The use of coping mechanisms will be effective if supported by other strengths and there is confidence in the individual concerned that the coping mechanisms used can overcome anxiety (Asmadi, 2008, 168).

Table 4 above shows that the majority of respondents with less coping mechanisms are 26 people (65%) and respondents with good coping mechanisms are 14 people (35%).

Table S above shows that the majority of respondents with severe anxiety levels were 16 people (40%), respondents with panic anxiety levels were 14 people (35%), and respondents with mild anxiety levels were 10 people (25%). Whenever there is a stressor that causes an individual to experience anxiety, efforts are automatically made to overcome it with various coping mechanisms. The use of coping mechanisms will be effective if supported by other strengths and there is confidence in the individual concerned that the coping mechanisms used can overcome anxiety (Asmadi, 2008, 168).

From the table & above it shows that the results of the analysis using the ghisguare test obtained a P value of 0.001 ( $P < 0.005$ ) where  $H_a$  was accepted and  $H_o$  was rejected, which means that there is an influence between the patient's coping mechanisms on anxiety in the face of major surgery. Anxiety can be reduced when the patient can see that surgery will bring healing, can reduce troublesome symptoms, or can improve one's appearance. Anxiety can be exacerbated.

### **CLOSING**

1. The patient's anxiety level increases when the patient will undergo major surgical operations
2. Coping mechanisms are very influential on the patient's level of anxiety in facing major surgery
3. Respondents with female gender are more prone to have poor coping mechanisms because women are weak creatures and have sensitive feelings, while male respondents are more prone to have good coping mechanisms, because in general men are strong beings. .
4. The level of patient anxiety in facing major surgery is caused by their lack of understanding about the use of appropriate coping mechanisms and the lack of support from both nurses and families.
5. Anxiety can be reduced when the patient can see that surgery will bring healing, can reduce troublesome symptoms, or can improve one's appearance. This can happen with the intervention of the medical team / health services who participate in the treatment of these patients. The medical team's concern for the patient's psychological condition has a huge influence. With this concern, the patient will feel that he is embraced and valued as a human being who is sick or who is in need of psychological strength apart from family support. If the medical / health care team is able to handle patient anxiety, all actions, especially major operations, can go according to plan and be successful.

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