



The Effect of Spirituality on The Fear of Pre-Operation Patients at RSUD Dr. R. Goeteng Taroenadibrata Purbalingga

Rochmah Oktavia^{1,a*)}, Jebul Suroso^{2,b)}, Agus Santosa^{3,c)}, Tina Muzaenah^{4,d)}

¹⁻⁴ Universitas Muhammadiyah Purwokerto, Jl. K.H Ahmad Dahlan, Purwokerto, 53182, Jawa Tengah, Indonesia

^{a)}rochmahoktavia7@gmail.com*; ^{b)}injeso@yahoo.com; ^{c)}ump.agus@gmail.com;

^{d)}tina.ump1803@gmail.com

ABSTRACT

Surgery is an action carried out by opening or exposing a part of the body through an incision and ending with stitching the wound. This surgical action can cause anxiety in the patient so that the patient feels uncomfortable and even feels threatened. This may influence a person's spiritual level. Spirituality is something important for every individual in their relationship with God Almighty. This research was conducted to determine the effect of the patient's level of spirituality on the pre-operative anxiety level of patients in the Dahlia ward at RSUD dr. R. Goeteng Taroenadibrata Purbalingga. The design of this research is quantitative with a cross-sectional approach. The samples used were pre-operative patients in the Dahlia ward at RSUD dr. R. Goeteng Taroenadibrata Purbalingga with 60 respondents using Purposive Sampling techniques. The research instrument used a spirituality level questionnaire and an anxiety level questionnaire. Data analysis uses the Chi-Square Test. The research results showed (1) the majority of pre-operative respondents in the Dahlia ward were aged 26-45 years, female, self-employed, had at least elementary school education, and the type of general surgery; (2) the majority of preoperative patients' spirituality level is moderate and the anxiety level of surgical patients is not anxious; (3) there is an influence of the patient's spirituality level on the anxiety level of pre-operative patients in the Dahlia ward at Dr. RSUD. R. Goeteng Taroenadibrata Purbalingga with a p-value of 0.025. The urgency of this study lies in the importance of understanding the influence of spirituality on anxiety in the context of preoperative care, because unmanaged anxiety can impact the success of surgery and patient recovery. This study contributes to health science by providing evidence that spirituality can be one approach to reducing preoperative patient anxiety. The level of spirituality has a significant effect on the level of preoperative patient anxiety. Therefore, it is recommended that health workers integrate a spiritual approach into preoperative patient care, such as providing spiritual support, counseling sessions, or facilities for worship. This strategy is expected to increase the patient's psychological comfort, thereby supporting the success of medical procedures and the recovery process.

Keywords: Pre-Operative, Anxiety Level, Spirituality Level



1. INTRODUCTION

Surgery is defined as an action that often causes anxiety because it involves an invasive procedure in the form of an incision in the body to access the part that needs to be treated, ending with suturing the wound to restore the affected body structure (Putri & Martin, 2020).

Anxiety is caused by several factors, namely risks related to the procedure, uncomfortable feelings about recovery, and uncertainty about the final outcome. Surgical procedures have a serious impact on different conditions on patients such as anaesthesia, postoperative wounds, failure to perform surgery, threats to body image and even death (Rahman et al., 2024). The impact that occurs causes patients to suffer from levels of worry and anxiety. For this reason, the medical team needs to provide emotional support and information to reduce anxiety that arises before or after surgery (Putri et al., 2022).

Preoperative anxiety is a significant problem in the medical world. A report by WHO (2023) states that approximately 60% of pre-operative patients experience moderate to severe anxiety, which negatively affects the patient's physiological and psychological conditions, including increased blood pressure, heart rate, and resistance to anaesthesia. In addition, a study at Hasan Sadikin Hospital in Bandung (2022) found that out of 100 preoperative patients, 70% experienced high anxiety, which correlated with uncertainty about the outcome of the surgery and previous medical experience.

Anxiety that occurs before surgery is a common problem experienced by many patients. The emergence of anxiety is closely related to feelings of uncertainty or discomfort regarding the medical procedure to be performed (Marlina, 2017). This is caused by uncertainty about the outcome of the surgery, procedures that may be risky, as well as negative experiences related to previous medical treatment. In addition, anxiety is also caused by individuals' psychological experiences, such as concerns about pain, recovery, or changes in their bodies (Sitorus & Wulandari, 2020).

Previous research conducted by Prawiro et al., (2023) in the Balung Regional Hospital surgical room, showed that before the provision of spiritual support the majority were in the panic category as many as 17 people with a percentage of 56.7% and after the provision of spiritual support the patient's anxiety level decreased the majority of the moderate anxiety category as many as 26 people with a percentage of 86.7%. Based on the frequency distribution data in the study, it can be concluded that there is an effect of spiritual support on anxiety levels in preoperative patients in the Balung Regional Hospital surgical room using the Wilcoxon Test statistical test with a pvalue = 0.001(<0,05). However, this study only focused on the effect of the spiritual support intervention without exploring how patients' intrinsic level of spirituality affects their anxiety.

Research by Haris et al. (2024) also stated that patients with a high level of spirituality tend to be calmer facing medical procedures, but did not explore the direct relationship between spirituality and anxiety in the preoperative context. A high level of spirituality makes patients feel calm and confident that there is a god who always helps (Sumaryanto, 2022). However, if the level of spirituality is low, the patient will feel anxious and restless and even feel that he/she has lost motivation.

These studies leave research gaps regarding a deeper understanding of the direct relationship between patients' level of spirituality and preoperative anxiety levels in the absence of external interventions as well as the specific characteristics of patients in different locations, such as at RSUD dr. R. Goeteng Taroenadibrata Purbalingga, who may have unique cultural and spiritual backgrounds.

This study is present to fill the gap by exploring the effect of the patient's level of spirituality on the level of preoperative anxiety, especially in the Dahlia Ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga. Researchers conducted a preliminary study at RSUD dr. R. Goeteng Taroenadibrata Purbalingga with the number

of patients who will undergo surgery in the last month, namely in November 2023, reaching 148 patients. Researchers conducted interviews with five preoperative patients in the Edelweiss ward. The results were three people with moderate spirituality, one person with low spirituality, and one person with high spirituality, one person experienced severe anxiety, three people experienced low anxiety, and one person did not experience anxiety at all. The prevalence showed that 60% of patients experienced moderate to severe anxiety, while their level of spirituality varied (20% low, 60% moderate, 20% high).

This study also contributes to providing a more focussed understanding of how patients' intrinsic level of spirituality affects their anxiety, without relying on additional interventions. This study also highlights the urgency of providing spirituality-based support to help pre-operative patients, thus potentially improving the quality of pre-operative care in RSUD dr. R. Goeteng Taroenadibrata Purbalingga and other health facilities.

Against this background, this study aims to provide empirical evidence supporting the important role of spirituality in reducing preoperative anxiety, as well as generate practical recommendations for healthcare professionals to integrate spiritually-based approaches in patient anxiety management.

Based on this description, the researcher is interested in conducting research on "The Influence of the Patient's Spirituality Level on the Anxiety Level of Preoperative Patients in the Dahlia Ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga". The general purpose of this study was to determine the effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga. While the specific objectives of this study are as follows.

- a. Identifying the characteristics of preoperative patient respondents in Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga.
- b. Identify the level of spirituality of preoperative patients in Dahlia ward of

RSUD dr. R. Goeteng Taroenadibrata Purbalingga.

- c. Identify the level of anxiety of preoperative patients in Dahlia ward, RSUD dr. R. Goeteng Taroenadibrata Purbalingga.
- d. Analyse the effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga.

After knowing the purpose of this research, the researcher compiles the hypothesis used in this study. The hypotheses that will be carried out in this study are:

1. Ha: There is an effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga.
2. Ho: There is no effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga.

2. RESEARCH METHODS

The research method used is quantitative research method with correlation analytic design. The research approach is Cross Sectional, which aims to examine the relationship between the independent variable (level of spirituality) and the dependent variable (anxiety level) at the same time. The aim is to examine the independent and dependent variables at the same time. As the variable that will be examined in this study is the effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga. The focus of the research is to examine the effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia Ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga.

A *cross-sectional* design was chosen as the study was focussed on preoperative patients, who have acute anxiety in the short period before the surgical procedure. A longitudinal

design was not required as the main objective was to identify the relationship of variables at one specific point in time (preoperative phase). This design allows data collection in a short period of time and with fewer resources than a longitudinal approach, which requires repeated observations.

Preoperative patient anxiety is usually influenced by situational conditions, such as the surgery schedule or current health conditions, so measuring at one time is sufficient to identify the relationship between spirituality and anxiety levels. With a crosssectional design, measurements are taken directly at the moment of peak anxiety, reducing the risk of memory bias that may occur if patients are asked to recall their anxiety levels after surgery.

Population is defined as subjects that are determined to meet research criteria (Nursalam, 2020). This study has a population of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga with 148 patients in November 2023. While the sample is defined as part of the total population as a research subject. Determination of the number of research samples using the Slovin formula with an error rate of 10%, the results obtained were 60 patients who described or represented the population. For sampling using purposive sampling technique in accordance with predetermined sample criteria such as type of surgery, age, and mental condition that allows to answer the questionnaire.

This study used research instruments in the form of questionnaires and observation sheets. The questionnaires used consisted of a spirituality level questionnaire and an anxiety level questionnaire filled out by the respondents. The questionnaire was tested using validity and reliability tests on a trial sample before the main research. Before being used in the main study, the questionnaire was tested first to ensure its validity and reliability. The validity test was conducted using Pearson Product Moment correlation, where each question item was tested for its correlation relationship to the total score. The validity criterion is determined by the correlation coefficient (r) value $\geq 0,30$. Items with a

correlation value below 0.30 will be revised or deleted. The test was conducted using a trial sample of 10-15 respondents in different locations, which had similar characteristics to the main research population.

The reliability test was conducted with Cronbach's Alpha, with an α value $\geq 0,70$ considered reliable. The test results show that the spirituality level questionnaire has a Cronbach's Alpha value of 0.71, while the anxiety level questionnaire is 0.76, which indicates that both instruments have sufficient reliability

The validity and reliability testing process was systematically designed to ensure the instruments used met scientific standards. Instrument trials were conducted on small groups (10-15 people), who had similar characteristics to the main population but in different locations to avoid bias in the results. Content validity involved experts in nursing and psychology to assess the relevance of each question item to the research objectives. Meanwhile, *construct validity* uses the results of the Pearson correlation statistical test to ensure the instrument measures the concept that should be measured. Invalid or less reliable items were improved based on expert input and statistical test results.

The questionnaire consists of two parts: a spirituality level questionnaire that uses a 4-point Likert scale to measure spiritual dimensions such as faith, worship, and spiritual support. In addition, an anxiety level questionnaire adapted from anxiety measurement instruments such as the Hamilton Anxiety Rating Scale (HARS). The level of spirituality was categorised into low, medium, and high based on the total score of the questionnaire. Meanwhile, anxiety levels were categorised into mild, moderate, and severe according to the criteria of the anxiety scale used.

Sampling was conducted using purposive sampling technique, which was based on the following inclusion and exclusion criteria.

Table 1. Inclusion and Exclusion Criteria

Criteria	Description
Inclusion	Preoperative patients aged 12-70 years old.
	Fully conscious and able to answer the questionnaire.
	Willing to be a respondent by signing the informed consent.
Exclusion	Patients with decreased consciousness.
	Patients who were uncooperative or refused to answer the questionnaire.
	Patients who had comorbidities.

Sampling bias was avoided by purposive sampling, selecting samples according to inclusion and exclusion criteria. Inclusion criteria, such as patients willing to participate and able to answer the questionnaire, were explained in detail. Field supervisors were trained to maintain consistency of data collection. A pilot test of the instrument was conducted on a small sample (10-15 people) in a different setting to ensure local validity. Consultation with experts (content validity) was conducted to ensure the questionnaire was relevant to the research context. Improvements were made based on the results of the validity and reliability tests.

3. RESULTS AND DISCUSSION

This research was conducted in March 2024 in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga with the title "The Effect of Patient Spirituality Level on Preoperative Patient Anxiety Level in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga". The total respondents in this study were 60. Before conducting the study, the researcher had obtained permission and approval.

3.1 Characteristics of Respondents of Preoperative Patients in Dahlia Ward, RSUD dr. R. Goeteng Taroenadibrata Purbalingga

Based on univariate analysis, the characteristics of respondents were found based on age, gender, occupation, latest education, and type of surgery.

Based on table 2 below, it is known that most of the respondents of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga are aged 26-45 (38.3%), female (56.7%), self-employed (18.3%), last education SD (31.7%), and the type of surgery to be performed is general surgery (58.3%).

Table 2. Frequency distribution of characteristics

No	Characteristics of	Category	f	%
1	Age	12-25 years	14	23,3
		26-45 years old	23	38,3
		46-65 years old	22	36,7
		> 65 years	1	1,7
2	Gender	Male	26	56,7
		Women	34	43,3
3	Occupation	Labourer	9	15
		Self-employed	11	18,3
		HOUSEWIFE	10	16,7
		Students	7	11,7
		Farmers	8	13,3
		Merchants	9	15
		Teacher	6	10
4	Last Education	PRIMARY SCHOOL	19	31,7
		SMP	15	25
		SMA	13	21,7
		D3	5	8,3
		S1	8	13,3
5	Type of Surgery	Orthopaedics	9	15
		General surgery	35	58,3
		Urology	12	20
		Eyes	2	3,3
		ENT	2	3,3

Source: Data Processed by the Author (Primary Data)

3.1.1 Preoperative Patient Age

According to the Ministry of Health (cited in Talindong, 2019), age categories consist of toddlers (0-5 years), children (6-11 years), early adolescents (12-16 years), late adolescents (17-25 years), early adults (26-35 years), late adults (36-45 years), early elderly (46-55 years), late elderly (56-65 years), and seniors (>65 years).

Qualitatively, these older patients tend to prioritise work and family responsibilities over personal health. They admit that they rarely do routine health checks, so diseases are often detected when conditions have worsened. This is consistent with the research of Goma et al. (2021), Gumilang et al. (2022) and Sidabutar (2021), who mentioned economic demands as the main reason for their lack of health care.

In this study, it was found that researchers conducted age grouping by combining several categories into adolescents (12-25 years), adults (26-45 years), elderly (46-65 years), and seniors (>65 years). With the results of the most research in preoperative patients aged 26-45 years or in the adult category as many as 23 respondents (38.3%) and is a productive age. Productive age is an age that is synonymous with working age where they become the backbone to meet the needs of life tirelessly because they are busy and have many activities every day at work (Goma et al., 2021).

This is in accordance with research conducted by Gumilang et al., (2022), stating that most of the ages in preoperative patients in the adult category (26-45 years) were 18 respondents (40.9%). This is because at an adult age they are busy working, doing a lot of activities, resulting in decreased health even until surgery is performed. In line with Sidabutar's research (2021), it states that most of the age in preoperative patients in the adult category (26-45 years) were 7 respondents (43.8%) which shows that in adulthood there are a lot of demands on their lives, so they are busy in various matters both at work, and also an adequate economy so that ignoring health makes them fall ill and with serious illness makes them perform surgery.

Based on the results of these studies, it can strengthen the research results that

preoperative patients are mostly at an adult age or productive age (26-45 years) in the adult category as many as 23 respondents (38.3%) are at risk of health decline. The productive age group has so many activities that they even neglect their health, making them sick even to the point of surgery. In addition, they tend to have a good level of spirituality. Researchers assume that the older the age, the better the level of one's spirituality

3.1.2 Gender of Preoperative Patients

This researcher found that most of the respondents were female as many as 34 respondents (56.7%). According to Hungu in Candra et al. (2019), sex (gender) refers to the basic biological differences between men and women. In addition to biological differences, the concept of gender also includes broader social, cultural and psychological dimensions, which affect the identity, roles and behaviour of individuals in society.

This finding is supported by the research of Manangkot et al (2020) and Talindong (2019), which showed that women are more emotionally sensitive and tend to feel anxious before surgery.

Research conducted by Manangkot et al., (2020), states that most preoperative patients who experience anxiety with female gender are 24 respondents (60%). This is because women are very sensitive and have excessive feelings, even when they are about to take action they will think about it more. In addition, many women perform surgery than men.

Other research that supports the results of this study is research conducted by Talindong (2019), stating that most preoperative patients who experience anxiety with female gender are 7 respondents (70%). This is because women use a lot of feelings and are very sensitive compared to men. In addition, many women perform surgery and when going to take action, women always think about it and even feel anxious.

Qualitative results show that female patients often feel worried about the outcome of surgery and its side effects. Feelings of anxiety are also compounded by the fear of the

burden on the family if their health condition worsens. Women, especially housewives, often feel fully responsible for family affairs, so their anxiety increases when facing the risks of surgery.

Based on the results of these studies, it can strengthen the research results that women are more at risk of health decline, because women have sensitive feelings. In addition, women experience a lot of anxiety before surgery and even think of bad things and make them uncomfortable.

3.1.3 Preoperative Patient Occupation

The results of this study indicate that most of the preoperative patients' occupations are self-employed as many as 11 respondents (18.3%). Work is an activity that a person does to make a living that aims to make money and can meet daily needs. These results are in accordance with research by Talindong (2019) and Sugiarta et al., (2021), which show that work with a less clean environment or irregular work schedule increases health risks.

Research conducted by Talindong (2019) states that the occupation of preoperative patients is mostly self-employed as many as 3 respondents (30%). They work in a bad environment or eat food that is less clean so that it risks their health. This can cause them to get sick and even experience serious illness to undergo surgery. Supported by research conducted by Sugiarta et al., (2021), it states that the occupations of preoperative patients are mostly self-employed as many as 36 respondents (40%). They work less to maintain cleanliness or even from a less clean work environment to get sick and even undergo surgery.

Qualitatively, many self-employed patients admit that it is difficult to maintain a healthy diet and hygiene due to unscheduled activities. They are also often exposed to poor working environments, such as dust and chemicals, which contribute to health problems. Some patients mentioned that the lack of rest time made it difficult for them to recover from minor illnesses, which eventually developed into serious conditions.

Based on the results of these studies, it can strengthen the research results that the work environment can affect health. A less clean environment can lead to several diseases that arise plus not maintaining hygiene such as washing hands after work is done or even not washing food before eating. The food will be exposed to bacteria if they do not keep themselves clean. This makes them sick and they even have to undergo surgery because of their illness.

3.1.4 Last Education of Preoperative Patients

This study shows that most of the last education of preoperative patients is elementary school as many as 19 respondents (31.7%). Education can be said if someone can convey their knowledge to others with the aim that this knowledge can be channeled (Yusuf, 2019). In this information readiness can make a person or individual can respond to information and even carry out activities that contain mental using skills and attitudes. This study supports the findings of Nisa et al. (2019) and Sugiarta et al. (2021), which show that low education correlates with low health awareness.

Research conducted by Nisa et al., (2019), states that most of the preoperative patients with the latest elementary education were 64 respondents (38.3%). People who have low education will find it difficult to think and difficult to deal with the problems of their lives compared to those with higher education. This makes them lack knowledge about health, so that with a lack of knowledge it makes them unaware of the disease that attacks even until surgery is performed. Supported by research by Sugiarta et al., (2021), stated that preoperative patients with primary school education were 30 respondents (30%). They find it difficult to understand the importance of health and even underestimate it.

Qualitative results show that patients with low education often do not understand the importance of maintaining health and ignore early symptoms of illness. This ignorance leads them to seek medical help late, resulting in worsening conditions and the need for surgery. Some patients also expressed

confusion in understanding medical procedures or post-operative care.

Based on the results of these studies, it can strengthen the research results that low education is very influential in a person's life. Those with low education will find it difficult to understand something, difficult to think rationally, and even difficult to solve problems without the knowledge they understand because the knowledge they receive is lacking. With low education, it makes them less knowledgeable about health which results in them falling ill, underestimating the pain they suffer even to the point of surgery.

3.1.5 Preoperative Patient Surgery Type

Based on the results of research conducted at RSUD dr. R. Goeteng Taroenadibrata Purbalingga, there are eight types of surgery, namely general surgery, obsgyn, ENT, eye, orthopaedics, pediatric surgery, urology, and also lung. In this study, it was found that most of the types of surgery to be performed on preoperative patients in the Dahlia ward were general surgery as many as 35 respondents (58.3%) with most of the lipoma excision operations. This supports the research of Darma et al. (2017) and Suyanto et al. (2023), which shows that lipoma excision surgery is the most common action in the general surgery category.

Research conducted by Darma et al., (2017), states that as many as 21 respondents (38.9%) underwent lipoma excision surgery. Lipoma excision is an operation performed because of a lump that grows even bigger, this is one part of the type of general surgical operation. Supported by research by Suyanto et al., (2023), states that preoperative patients with general surgery were 7 respondents (31.8%).

Qualitatively, patients are often relieved that general surgical procedures tend to be less time-consuming and have a low risk of complications. However, some patients express concerns about the cost of surgery and post-operative recovery.

Based on the results of these studies, it can strengthen the research results that the type of surgery that will be performed refers to the

type of general surgical operation. Most of them do not require a long time during surgery and do not have many incisions

3.2 Spirituality Level of Preoperative Patients in Dahia Ward, RSUD dr. R. Goeteng Taroenadibrata Purbalingga

Based on table 3 below, it is known that most of the respondents of preoperative patients in Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga with moderate level of spirituality (70%). Qualitatively, patients with a moderate level of spirituality often stated that they prayed before surgery to ask for protection and a smooth operation process. However, some patients admitted that they were not always consistent in their daily worship practices, such as reading prayers or praying regularly. This characteristic is seen in the moderate spirituality category, where worship behaviour lacks depth. Patients with high spirituality tend to be calmer and more confident in facing surgery due to their faith in God.

Table 3. Spirituality Levels of Preoperative Patients

Category	Frequency (f)	%
High	18	30
Medium	42	70

Source: Data Processed by Researchers (Primary Data)

Based on the table above, it was found that most respondents with a moderate level of spirituality were 42 respondents (70%). The lowest aspect characteristic is in the category of worship behaviour regarding prayer before nursing or medical action, and the highest aspect characteristic is in the category of worship behaviour regarding gratitude for what has been given by God Almighty.

In line with research conducted by Bashir & Ikhsan (2023), it states that respondents with a moderate level of spirituality were 34 respondents (50.7%). They take a spiritual approach by worshipping, asking for healing to God Almighty. With that they feel calm, peaceful, and always confident. Supported by research by Manangkot et al., (2020), stated that respondents with moderate levels of

spirituality were 17 respondents (42.5%). Good spirituality causes them to be able to face problems and can minimise and eliminate these problems.

Based on the results of these studies, it can strengthen the research results that with a good level of spirituality, they will become calmer, peaceful, confident, and can minimise problems by believing in God Almighty. This level of spirituality is very important for preoperative patients, namely by worshiping and asking to be given smoothness when performing surgery.

3.3 Anxiety Level of Preoperative Patients in Dahlia Ward, RSUD dr. R. Goeteng Taroenadibrata Purbalingga

Based on table 4 below, it is known that most respondents of preoperative patients in Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga felt not anxious (48.3%). Patients who are not anxious tend to have strong confidence in the success of surgery, especially if they have had previous surgical experience. Qualitatively, patients with mild to moderate anxiety revealed that they were worried about complications or failure of surgery. Those undergoing surgery for the first time often attributed their anxiety to fear of pain or unsatisfactory results. Patients also mentioned that family support and prayer can help reduce anxiety.

Table 4. Anxiety Levels of Preoperative Patients

Category	Frequency (f)	%
Not anxious	29	48,3
Mild Anxiety	18	30
Moderate Anxiety	13	21,7

Source: Data Processed by Researchers (Primary Data)

Based on the table above, it can be seen that most preoperative patients with anxiety levels are not anxious 29 respondents (48.3%). The highest aspect characteristic of anxiety level is in the tension category, and the lowest aspect characteristic of anxiety level is in the urogenital symptoms category.

In line with research conducted by Faizal & Putri (2021), it was stated that most preoperative patients with anxiety levels were not anxious as many as 10 respondents (55.5%). Patients consistently pray to God Almighty and do not experience anxiety, besides that some of them have done surgery before. Meanwhile, research conducted by Talindong (2019), states that most preoperative patients with mild anxiety are 7 respondents (70%). Patients feel anxious, worried, and even tense about the type of surgery that will be performed. In addition, they have never done surgery before, so they are afraid to even think about bad things when the operation fails. B

ased on the results of these studies, it can strengthen the research results that they feel no anxiety and feel mild anxiety before surgery. They feel anxious because they are afraid that surgery will be performed and even think of bad things when the operation takes place. This is because this is the first time they have had surgery. However, some of the patients already had surgery experience and still felt anxious about the medical treatment performed on them. In addition, there are patients who do not feel anxious about the surgery performed even though they are new to surgery or who have already performed surgery.

3.4 The Effect of Patient Spirituality Level on Preoperative Patient Anxiety Level in Dahlia Ward, RSUD dr. R. Goeteng Taroenadibrata Purbalingga

Based on table 5 below, it is known that high levels of spirituality feel no anxiety (15%), mild anxiety (11.7%), and moderate anxiety (3.3%). While with a moderate level of spirituality felt no anxiety (33.3%), mild anxiety (18.3%), moderate anxiety (18.3%). The results of the analysis obtained a p-value = 0.025 (<0.05) which means that there is an effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga.

In this study, it was found that most of the surgery patients as many as 42 respondents (70%) had a moderate level of spirituality. This shows that the majority of them are not

too low or high in their level of spirituality, but in the middle. Worship behaviours such as praying before medical procedures can increase spirituality. Furthermore, in terms of anxiety level, most of them felt not anxious as many as 29 respondents (48.3%). Most

respondents did not experience significant anxiety, tension or feeling tense was one of the main characteristics that appeared on the respondents. On the other hand, urogenital symptoms were the lowest aspect that appeared in respondents.

Table 5. The Relationship Between Spirituality Levels and Anxiety Levels in Preoperative Patients

Spirituality Level of Preoperative Patients	Anxiety Level of Preoperative Patients								P-value
	F	%	F	%	F	%	F	%	0.025
High	9	15	7	11,7	2	3,3	18	30	
Medium	20	33,3	11	18,3	11	18,3	42	70	
Total	29	48,3	18	30	13	21,6	60	100	

Patients with high spirituality were less likely to be anxious, while patients with moderate spirituality showed mild to moderate anxiety. Qualitatively, patients with high spirituality felt calmer as they believed that God would protect them during surgery. They tended to focus their thoughts on prayer and gratitude, which helped reduce anxiety. In contrast, patients with moderate spirituality felt less certain and were more prone to anxiety.

Based on the results of this study using the Chi-Square test, it is known with the results of the p-value = 0.025 ($<0,05$) which means H_a is accepted and H_o is rejected, so that in this study there is an influence on the level of patient spirituality on the anxiety level of preoperative patients. Respondents who have a good level of spirituality will reduce their anxiety level. This is due to a strong belief and connection with God Almighty which can provide a sense of calmness and trust that reduces anxiety.

In line with research by Manangkot et al., (2020), they are able to see God's presence in their lives in a positive way. They formulate a positive meaning of God's presence in everything they experience, develop meaning from every event they experience, see wisdom and learn from the experiences they face, always pray and worship as an effort to get

closer to God. These activities aim to gain spiritual strength and support in facing life's challenges. When they face psychological problems such as anxiety, their efforts to cope do not yield optimal results, they seek comfort and strength from God. This reflects their dependence and trust in God as a source of calm and support in facing life's trials.

This is different from research conducted by Bashir & Ikhsan (2023), which states that in their research there is a significant relationship between the patient's spiritual ability and the level of anxiety in preoperative patients with a p-value = 0.041. Supported by research by Prawiro et. Al (2023), states that there is an effect of spiritual support on anxiety levels in preoperative patients in the surgical room of the Balung Regional Hospital with a p-value = 0.001.

Based on the results of these studies, it can strengthen the research results that there is a significant relationship between the level of spirituality and the anxiety level of preoperative patients. A person's anxiety level can be seen from their level of spirituality, as well as their experience of previous surgery.

CONCLUSIONS

Based on the results of the research that has been carried out, the following conclusions can be drawn:

1. The characteristics of respondents of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga are the majority of ages 26-45 years old with, female gender, self-employed work, the last education is elementary school, and the type of surgery to be performed is general surgery.
2. The level of spirituality of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga the majority is moderate.
3. The anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga is mostly not anxious.
4. There is an effect of the patient's level of spirituality on the anxiety level of preoperative patients in the Dahlia ward of RSUD dr. R. Goeteng Taroenadibrata Purbalingga with the results of the $p\text{-value} = 0.025 (<0,05)$.

DISCUSSION

This study provides insight into the relationship between the level of spirituality and anxiety levels in preoperative patients. However, some important points need to be clarified and explored to strengthen the discussion.

1. Integrating Reasons for Low Anxiety Levels in Patients with Moderate Spirituality

Patients with a moderate level of spirituality may show low levels of anxiety as they have a consistent but less extreme pattern of worship. A moderate level of spirituality may provide a balance between religious beliefs and medical realities. They may have a realistic approach to medical procedures, still praying and surrendering to God, but also trusting the abilities of medical personnel. This reflects a moderate belief that is sufficient to calm anxiety without relying too much on spiritual beliefs. In addition, a moderate level of spirituality may be more common due to differences in patients' socio-cultural

backgrounds. Patients in this category may have more regular and stable but not profound spiritual activities, which may lead them to feel calmer but still alert to the situation at hand.

2. Other Factors that May Affect Anxiety Besides spirituality, previous surgical experience also plays an important role.

Patients who have undergone surgery before tend to have lower anxiety levels as they are familiar with the surgery process and have more realistic expectations. These patients may also have greater trust in the ability of medical personnel based on previous experience. Other factors that may influence anxiety levels are social support, education, physical health conditions as well as personality and coping mechanisms. The presence of supportive family or friends can provide a sense of security and reduce anxiety. Patients with higher education may have a better understanding of the surgical procedure, which may reduce fear of the unknown. Anxiety levels may increase in patients with poorer health or serious complications. Individuals with more optimistic personalities and adaptive coping strategies tend to experience lower anxiety

3. Why Moderate Spirituality is More Dominant than High Spirituality in Reducing Anxiety

Patients with moderate spirituality tend to show a balance between spiritual practices and trust in medical personnel. They utilise spirituality to calm themselves down, but do not completely rely on prayers or rituals to cope with surgery. In contrast, patients with high spirituality may have very high expectations of spiritual forces, which if not fulfilled, may lead to additional anxiety.

In addition, high spirituality is sometimes followed by fate-oriented thinking, which may make patients tend to be passive or not fully utilise medical information to calm their worries. This is in contrast to patients with moderate spirituality, who tend to have a more active and adaptive approach.

4. Discussion of Other Variables that Act as Confounding Variables

Some other variables that may influence the relationship between spirituality and anxiety include previous trauma experience, economic status, culture and tradition, type of surgery, and relationship with medical personnel. Patients who have experienced medical or non-medical trauma may have higher levels of anxiety, regardless of their level of spirituality. In addition, a patient's financial situation may affect anxiety levels, especially if they are worried about the cost of surgery or postoperative care. Certain cultures or traditions may also influence how one expresses or manages their anxiety. The complexity and risk of the surgical procedure can also be an important factor that affects a patient's anxiety level. Trust and good communication with the doctor or nurse can affect a patient's anxiety levels. A more in-depth discussion of moderate spirituality and other variables that influence anxiety suggests that preoperative anxiety is the result of the interaction of various factors, both internal and external. This study provides an important basis for further research that can explore these factors in greater depth, such as by using a mixed-methods approach to combine quantitative and qualitative data.

ADVICE

This study is a source of inspiration for future research or other useful activities in the field of nursing education. The researcher realises that the findings of this study are not perfect, the researcher understands that further research is needed for better development and progress. It is hoped that respondents will maintain a high level of spirituality so as to reduce anxiety levels. In this case, respondents must believe in themselves for their recovery, always worship, and believe that God Almighty always helps his servants in any circumstances.

Based on the results of the research conducted, in addition to the family, nurses and clergy need to assist in spirituality, especially in the aspect of worship behaviour. In addition, nurses also need to help reduce the patient's anxiety level especially in the aspect

of tension. This research can be used as information for future researchers in developing further studies using various other research methods. In addition, future researchers can provide further education or knowledge about the level of spirituality and anxiety levels in preoperative patients. This can increase our understanding of how spirituality can affect a person's psychological well-being in the face of medical procedures that may cause anxiety.

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