



CORRELATION FAMILY SUPPORT WITH ANXIETY LEVELS OF PREOPERATIVE PATIENTS DURING THE COVID-19 PANDEMIC IN THE YUDISTIRA ROOM, RSUD

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ABSTRACT

Operations in the midst of the Covid-19 pandemic have an impact, one of which is anxiety. Family support helps patients in dealing with a psychosocial problem that is felt during preoperation, especially to relieve anxiety. The purpose of this study was to determine the relationship between correlation family support with anxiety levels of preoperative patients during the Covid-19 pandemic in the Yudistira room, RSUD Jombang. Correlational research design with cross sectional design. The independent variable is family support, the dependent is the anxiety level of the preoperative patient, the sampling technique used: purposive sampling obtained a sample of 40 respondents, the research instrument used a questionnaire, the Spearman Rho statistic test with a significance level of 0.05. The results showed that most of the family support was in the good category (70%), and the patient's level of anxiety was in the severe anxiety category (50%). Based on the spearman rho statistical test, a significance value (0.000) ($p < \alpha$) was obtained. Health workers in providing nursing care for preoperative patients are expected to involve the family in handling anxiety in preoperative patients, where the role of the family is very important in handling the anxiety of preoperative patients during the Covid-19 pandemic in the Yudistira Room, Jombang Hospital, so that the surgery will run smoothly.

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1. INTRODUCTION

The Covid-19 disease outbreak is a pandemic in which the coronavirus has been identified as a result of an outbreak of respiratory disease (Zhanget al., 2020). The development of the Covid-19 disease, both reliable and not, has caused several impacts, one of which is anxiety, as well as the safety of operations in the midst of Covid 19 being a topic in all countries, especially by those whose operating table during the current pandemic has an impact on socio-economic and psychosocial. In general, operations when the pandemic is not over are indeed at higher risk. But that doesn't mean the operation isn't safe (Saiful, 2020). Operations in the midst of a pandemic that are emergencies require greater attention, this type of operation cannot be postponed because it is associated with the risk of the patient losing his life or suffering from a more serious illness. Emergency surgery is classified as urgent so it must be carried out immediately in less than 24 hours (Saiful, 2020).

At the time of the Covid-19 pandemic, it caused anxiety in pre-operative patients. This emergency is due to Covid 19 being contagious, death and there is no proper medicine (Alwaniet al2020), before undergoing surgery the patient is exposed to various stimuli that can trigger anxiety which can lead to stress until after surgery (Mulugeta,

2018). At this time, they need someone who provides physical and psychological support to reduce the anxiety they experience. The family has an important role in overcoming anxiety in preoperative patients (Ulfa, 2017).

According to the official website of the World Health Organization, as of March 7 2020, more than 100,000 people have been confirmed to have Covid-19 infection globally. Many advances in identifying in Covid-19, including virus information, symptoms

clinically, and a diagnosis has been reached, but there is no effective treatment (Zhanget al, 2020). A retrospective study in China that examined 34 asymptomatic patients aged 34-83 years who underwent elective surgery early in the pandemic, became symptomatic of COVID-19 post-surgery and was confirmed positive after a quantitative RTPCR laboratory examination. A total of 44.1% of patients required postoperative ICU care with a mortality of 20.5% due to ARDS(Acute Respiratory Distress Syndrome). Symptoms of Covid-19 develop very quickly (2-6 days on average) after surgery. From this study it was concluded that surgery might accelerate and exacerbate the progression of this disease. Surgery not only causes immune system disorders, but also induces an initial response of the inflammatory system (Leiet al, 2020). Based on a preliminary study in the Yudistira Room at the Jombang Hospital during the Covid-19 pandemic, the average preoperative patient was 90 people/month, the impact on preoperative patients during the Covid-19 pandemic as a whole, patients experienced anxiety due to worry about being exposed to Covid 19 and the action surgery performed by the patient.

According to the Association of Indonesian General Surgeons (PABI) in 2020, it has issued work guidelines in carrying out surgical services including limiting visits to surgical polyclinics, postponing operations such as uncomplicated hernias, chronic appendicitis, diabetic wounds without systemic complications, benign tumors, risky malignant tumors low, and goitre nodosa non toxic / without hormonal therapy. Meanwhile, emergency surgical cases are still served in the emergency room as emergency cases, such as patients with injuries with profuse bleeding, abdominal pain that is getting worse, hernias accompanied by pain or unable to defecate / flatus / vomiting, unable to urinate, unable to defecate / flatus,

acute gastrointestinal bleeding, and foreign bodies in the body. Prior to surgery, it is important to carry out a pre-operative assessment to identify high-risk patients and adjust the procedure accordingly. For patients who are identified as positive for Covid-19, they must optimize the patient's respiratory condition starting from patencyairway, oxygen requirements, chest x-ray changes, and blood gas analysis. It should also be seen organ failure, signs of shock, liver failure or kidney failure. Consider surgery that can reduce staff exposure and shorten the duration of the operation (Tanget al, 2020). Surgery or surgery is an experience that can cause anxiety. Anxiety is usually related to all kinds of strange procedures that patients have to undergo and also threats to life safety due to surgical procedures and anesthetics, 90% of preoperative patients have the potential to experience anxiety (Setiani, 2017). In Halina's researchet al(2014), family support is the enthusiasm given by the family to help patients deal with a psychosocial problem that is felt during preoperative especially to relieve anxiety, so that it has a positive impact, namely the progress of the healing process in patients undergoing the treatment process at the hospital. .

Nurses have a very important role in every surgical procedure both before, during and after surgery. Appropriate nursing interventions are needed to reduce the client's anxiety level by providing accurate information needed by the patient according to the condition and level of anxiety they experience (Setiani, 2017). Family support is the enthusiasm given by the family to family members who will undergo surgery, it is hoped that with family support it can help patients deal with a problem that is felt during preoperative time, especially to relieve anxiety (Effendi, 2019). Support from

Close people are a form of social support that can be used as motivation to increase physical activity (Ropyanto, 2013). Based on the background mentioned above, the researcher is interested in conducting research with the theme "Relationship of Family Support with Preoperative Patient Anxiety Levels During the Covid-19 Pandemic in the Yudistira Room of Jombang Hospital".

2. METHODS

In this research, the type of research used is correlational analytic research. Correlation research is research on the relationship between two variables in a situation or group of subjects, namely the relationship between family support and the anxiety level of preoperative patients during the Covid-19 pandemic in the Yudistira Room at Jombang Hospital. In research meng

use approachcross sectional, namely the research design by measuring or observing which includes general respondent data, family support variables, anxiety level variables are carried out simultaneously at one time (Hidayat, 2009).

The population in this study were all preoperative patients in the Yudistira Room of the Jombang Hospital with an average of 90 patients per month, the sampling technique used



use purposive sampling a sample of 40 patients was obtained. The instrument in the study used a questionnaire, namely a questionnaire related to family support, with a score of the application of the answers as follows: answers are always a score of 3, often a score of 2, rarely a score of 1, and never a score of 0. The anxiety level of preoperative patients uses questionnaire Amsterdam Preoperative Anxiety and Information Scale (APAIS), which consists of 6 question items, with two components, namely: anxiety in question numbers 1, 2, 4, and 5, information needs in question numbers 3 and 6. The value of the answer consists of: value 1 (not at all), value 2 (not always), value 3 (a little), value 4 (somewhat), and value 5 (very).

Data collection procedures, namely: requesting a letter of introduction from to Head of S1 Nursing Study Program FIK Unipdu Jombang. to conduct research in Jombang Hospital. Submitting an application to conduct research to the director of the Jombang Hospital. Asked for research permission from the head of the Yudistira Room at the Jombang Hospital. Data collection was carried out after obtaining the feasibility of an ethical test. Set respondents according to the inclusion and exclusion criteria. Explaining the aims and objectives of the research, if the respondent agrees, then the respondent is asked to mark

handle the consent form to be a research respondent. Data collection was carried out by distributing questionnaires to respondents regarding family support, and questionnaires based on Amsterdam preoperative anxiety and information scale (APAIS). The result of The size is then recorded and data processing is carried out which includes: editing, coding, scoring, tabulating, and data analysis was performed using a correlation test Pearson with a significance level of ≤ 0.05 .

3. RESULT AND DISCUSSION

Table 1. Frequency Distribution of Respondents Based on General Characteristics of Families of Preoperative Patients in the Yudistira Room of Jombang Hospital.

No.	Karakteristik Umum Keluarga Pasien	F	%
1.	Jenis kelamin		
a.	Laki-laki	32	80
b.	Perempuan	8	20
2.	Umur		
a.	21-35 tahun	0	0
b.	36-45 tahun	6	15
c.	45-60 tahun	34	85
3.	Pendidikan		
a.	Dasar (SD, SMP)	5	12,5
b.	Menengah (SMA, SMK)	33	82,5
c.	Tinggi (perguruan tinggi)	2	5
4.	Pendidikan		
a.	Tidak bekerja	0	0
b.	Ibu rumah tangga	8	20
c.	Swasta	24	60
d.	Wiraswasta	6	15
e.	Pegawai Negeri Sipil	2	5
5.	Pendapatan per bulan keluarga		
a.	< UMR	20	50
b.	\geq UMR	20	50

Based on Table 1 above shows the gender of the family that most of the respondents were male (80%) and a small number of respondents were female (20%). At the age of most of the respondents aged 46-60 years (85%) and a small number of respondents aged 36-45 years (15%). In education, most of the respondents had secondary education (SMA, SMK) (82.5%) and a small proportion of respondents had higher education (university) (5%). At work, most of the respondents were private workers (60%) and a small number of respondents were civil servants (5%). In the family income, half of the respondents' monthly family income < UMR and > UMR respectively (50%).

Table 2 Frequency Distribution of Respondents Based on General Characteristics of Preoperative Patients in the Yudistira Room of Jombang Hospital

No.	Karakteristik Umum Pasien	F	%
1.	Jenis kelamin		
a.	Laki-laki	16	40
b.	Perempuan	24	60
2.	Umur		
a.	21-35 tahun	6	15
b.	36-45 tahun	27	67,5
c.	45-60 tahun	7	17,5
3.	Pendidikan		
a.	Dasar (SD, SMP)	0	0

4.	b.	Menengah (SMA, SMK)	29	72,5
	c.	Tinggi (perguruan tinggi)	11	27,5
	Pendidikan			
	a.	Tidak bekerja	10	25
	b.	Ibu rumah tangga	20	50
	c.	Swasta	8	20
	d.	Wiraswasta	0	0
	e.	Pegawai Negeri Sipil	2	5

Source: Primary Data

Based on Table 2 above, it shows the gender of the patient that most of the respondents were female (60%) and almost half of the respondents were male (40%). At the age of most of the respondents aged 36-45 years (67.5%) and a small number of respondents aged 21-35 years (15%). In terms of education, most of the respondents had secondary education (SMA, SMK) (72.5%) and a small number of respondents had higher education (university) (27.5%). At work, half of the respondents work as housewives (50%) and a small number of respondents do not work (25%).

Table 3 Frequency Distribution of Respondents Based on Family Support

No.	Dukungan keluarga	F	%
1.	Kurang	1	2,5
2.	Cukup	11	27,5
3.	Baik	28	70

Source: Primary Data

Based on Table 3 above, it shows that most of the respondents have good family support (70%), while a small number of respondents lack support (2.5%).

Table 4 Frequency Distribution of Respondents Based on Anxiety Levels

Preoperative Patient in Room

Yudistira Jombang Hospital

No.	Tingkat kecemasan pasien pre operasi	F	%
1.	Tidak cemas	0	0
2.	Ringan	10	25
3.	Sedang	10	25
4.	Berat	20	50
5.	Panik	0	0

Source: Primary Data

Based on Table 4 above, it shows that half of the respondents' anxiety levels in preoperative patients were in the severe anxiety category (50%), while a small number of respondents were in the mild and moderate anxiety categories respectively (25%).

Table 5. The relationship between family support and the anxiety level of preoperative patients during the Covid-19 pandemic in the Yudistira Room at the Jombang Hospital

Tingkat Kecemasan Pasien Pre Operasi													
No.	Dukungan keluarga	Tidak cemas		Ringan		Sedang		Berat		Panik		Total	
		f	%	f	%	f	%	f	%	f	%	f	%
1.	Kurang	0	0	0	0	0	0	1	2,5	0	0	1	2,5
2.	Cukup	0	0	0	0	0	0	11	27,5	0	0	11	27,5
3.	Baik	0	0	10	25	10	25	8	20	0	0	28	70
	Jumlah	0	0	10	25	10	25	20	50	0	0	40	100

Pearson correlation (r) = 0,614, p-value = 0,000; $\alpha = 0,05$

Source: Primary Data

Based on Table 5 above, it shows that almost half of the respondents were in the sufficient category of family support with the anxiety level of preoperative patients in the severe anxiety category (27.5%), good support with preoperative patient anxiety in the mild and moderate categories respectively (25%), while a small proportion of respondents lack family support with the level preoperative anxiety of patients with severe anxiety category (2.5%). Statistical test resultsspearman rho shows the relationship of family support with the level of anxiety of preoperative patients strong, where the value (r) is 0.614. This relationship has a positive pattern, meaning that the better the family support, the intensity of preoperative patient anxiety decreases. Statistical test results showp-value (0,000) which is smaller than alpha ($\alpha = 0.05$), meaning that there is a significant relationship between family support and the anxiety level of preoperative patients.

DISCUSSION



1. Family support for preoperative patients during the Covid-19 pandemic in the Yudistira Room at the Jombang Hospital

The results of the research in table 3 show that most of the respondents have good family support (70%), while a small number of respondents lack support (2.5%). Preoperative patients during the Covid-19 pandemic really needed support, specifically family support, this was related to fear of being exposed to Covid-19. Family support is a process that occurs throughout life, where all stages of the life cycle of family support make the family able to function with a variety of intelligence and reason to improve health and family adaptation in life (Andarmoyo, 2012). Family support can be emotional (i.e., resources that listen to and validate), instrumental (i.e., practical support), informational (i.e., suggestions), companion (i.e., people with whom to socialize), and feedback (i.e., feedback back to the expectations of people's behavior) (Halinaet al2014).

During the Covid-19 pandemic, in the observation of the patient's family researchers always paid attention to health protocols, it was found in the Yudistira Room of the Jombang Hospital that all patients used PPE, such as masks and broughthand sanitizer, this shows that the family really cares about preoperative patients. From the description above, most of the preoperative patients in the Yudistira Room at Jombang Hospital have good quality. Good support directly shows care and attention to family needs needed by preoperative patients, where seen from the emotional needs of preoperative patients the family supports well, this is evidenced from the results of the answers to the distribution of family support questionnaires (attachments), the family always gives responses and often provides motivation by inviting to communicate, the family always and often asks about the patient's feeling condition, and family really care about the feelings of patients who will undergo surgery. From an instrumental perspective, based on the results of the answers to the distribution of family support questionnaires (attachments), the family gave the most responses, always and often played an active role in preparing patients for surgery, such as costs and finding the right health service to perform the patient's surgery. In terms of assistance, based on the results of the answers to the distribution of family support questionnaires (attachments), the family always and often gives encouragement to recover, comforts the patient whenever the patient is sad, and providessupport so that patients do not worry about undergoing surgery. In the family support, a small portion of the category is lacking due to the lack of family readiness in accompanying preoperative patients, so that families depend on nurses. This is evidenced in the results of the answers to the distribution of family support questionnaires giving responses that rarely play an active role in preparing patients for surgery, such as costs and finding the right health service to perform patient operations. in terms of family assistance, they do not care about the needs of patients while in the hospital. In terms of feedback, the family rarely entertains or supports patients (attachment). This is due to the lack of readiness of the family in assisting preoperative patients, so that the family depends on the nursing staff.

Good family support is inseparable from the general characteristics of the patient's family. In terms of family age, table 1 shows that most of the respondents were aged 46-60 years (85%) and a small number of respondents were aged 36-45 years (15%). The more mature, the level of maturity and strength of a person will be more mature in thinking and working. In terms of public trust, someone who is more mature is trusted by someone who is not yet mature enough. This will come from experience and maturity of the soul (Wawan and Dewi, 2016). From the description above, most of the patient's family ages are 46-60 years old, this age directly shows the level of maturity in having a very good mindset and the awareness of the patient's family is quite good. With a good mindset, it can raise awareness and concern for the patient's family that preoperative patients need support, not only economically but also attention, such as giving enthusiasm to recover, comforting the patient whenever the patient is sad and supporting the patient so that he does not worry about undergoing surgery.

In terms of family education, table 5.1 shows that most of the respondents had secondary education (SMA, SMK) (82.5%) and a small proportion of respondents had higher education (university) (5%). Education is needed to get information, for example things things that support health so as to improve the quality of life. Education can affect a person, including a person's behavior towards lifestyle, especially in providing family support. In general, the higher a person's education, the easier it is to accept information (Notoatmodjo, 2015). From the description above, the education of the patient's family greatly influences family support to patients in the good category, where education is one of the aspects that plays a role in increasing intelligence and thinking patterns that can raise awareness of the patient's family that preoperative patients need support from the family. High school and tertiary education owned by respondents are quite capable of analyzing information about the condition and condition of patients obtained from health workers when compared to the level of basic education, so this has a positive impact on family members to provide good support to patients who aim to provide comfort to the patient.

In terms of family work, table 1 shows that most of the respondents work in the private sector (60%) and a small proportion of respondents work as civil servants (5%). Work is not a source of pleasure, but more a boring, repetitive and challenging way of earning a living. While work is generally a time-consuming activity (Wawan and

Dewi, 2016). From the description above, work is an activity to make a living and takes up quite a lot of time. However, work is an activity that interacts with the outside world, with interaction with the outside world, it adds information, for example getting information about the care of preoperative patients who need the assistance of one of their family members, this can have a positive impact on family support, namely raising awareness of the patient's family that the patient Those who are going to undergo surgery need the assistance of their families.

In terms of income, table 1 above shows that half of the respondents' monthly family income is <UMR and> UMR each (50%). Family income is the provision of material support that can provide direct assistance such as money loans, provision of goods, food and services. This form of support can reduce stress because individuals can immediately solve material-related problems (Effendi, 2019). From the description above, that half of the respondents' income per month is above the minimum wage, this shows the family's ability to provide assistance in the form of finance which has a positive impact, namely reducing the anxiety of preoperative patients.

2. The anxiety level of preoperative patients during the Covid-19 pandemic in the Yudistira Room at the Jombang Hospital

From the results of the study in table 4, it shows that half of the respondents' anxiety levels in preoperative patients were in the severe anxiety category (50%), while a small number of respondents were in the mild and moderate anxiety categories respectively (25%). The increase in sufferers of Covid-19 has had several impacts, one of which is anxiety. Anxiety is a feeling that is experienced when a person is too worried about the possibility of a frightening event that will occur in the future that cannot be controlled and if it occurs it will be assessed as unknown (Hidayat, 2018). Signs and symptoms of anxiety in general include the following: psychological symptoms: statements of anxiety/worry, bad feelings, fear of their own thoughts, irritability, feeling tense, uneasy, restless, easily startled. Disturbed sleep patterns, tense dreams.

Impaired concentration and memory. Somatic symptoms: fear of muscles and bones, palpitations, shortness of breath, respiratory problems, headaches, urinary disorders, hands feeling cold and clammy, and so on (Kaplan & Sadock's, 2015).

The patient's anxiety in the Yudistira Room is due to the surgery he will be undergoing, while during the Covid-19 pandemic his worries are reduced because the patient uses health protocols, namely by wearing a sterile mask and hand sanitizer, and most importantly the patient can perform surgery, it was found in the Yudistira Room of the Jombang Hospital that there were 40 preoperative patients. Of these, it was found that half of the respondents were in the severe category, and half of the respondents were in the mild and moderate categories of anxiety. Severe anxiety in preoperative patients, this is related to the tension felt by the patient, which the patient most likely has never experienced or even never had surgery. Feelings of caution in undergoing preoperative procedures appear, this is related to the desire for recovery. Patients with mild and moderate anxiety due to decreased patient perception due to the operating room environment. Preoperative patients think that the operating room will be in place when undergoing surgery, so that the mind is focused on the equipment used for surgery.

Anxiety in preoperative patients is influenced by several factors, one of which is the patient's age. In table 2 most of the respondents are aged 36-45 years (67.5%) and a small number of respondents are aged 21-35 years (15%). Adults will more easily understand the surrounding environment including treatment and impact risks

disease experienced by patients as a result of experience and mental maturity (Nisa, 2018). From the description above, the patient's anxiety can interfere with the operation process that he will undergo, this can hinder the patient's recovery. Most of the respondents with severe anxiety, namely aged > 35 years, are of age who have maturity and can have a mindset so that patients should not feel anxious, but the level of severe anxiety is caused by surgical procedures that have not even been experienced at all.

In terms of age, table 2 shows that most of the respondents had secondary education (SMA, SMK) (72.5%) and a small number of respondents had higher education (university) (27.5%). Improved education can also reduce feelings of inadequacy to deal with stress. The higher a person's education, the easier it will be and the more able to deal with existing stress (Suparyanto, 2011). From the description above, the levels of severe, mild and moderate anxiety in patients, half of the respondents, mostly have high school family education and a small number of universities, where this level of education is capable of understanding and analyzing a problem, especially regarding the surgical procedure that will be undertaken, so that the patient is able deal with the stress caused by the disruption of the course of the operation. However, the patient still feels anxious, this is due to the surgical procedure that he has not even experienced at all.

Viewed in terms of financial or family income, in table 1 half of the respondents' monthly family income <UMR and> UMR each (50%). Assets in the form of abundant treasures will not cause the individual to experience stress in the form of financial chaos, if this happens compared to other people whose financial assets are limited (Suparyanto, 2011). From the description above that financial or family monthly income is the main factor affecting the level of anxiety in preoperative patients. This relates to the administrative needs of the operation. Family income per month <



UMR or > UMR, the family is able to meet the administrative needs of the patient's surgery, as indicated by savings or family savings (according to the family's statement), the family is able to meet the administrative needs of the patient's surgery, in this case the patient should not have feelings of anxiety. However, preoperative patient anxiety is due to surgical procedures that have not even been experienced at all.

3. The relationship between family support and the anxiety level of preoperative patients during the Covid-19 pandemic in the Yudistira Room at the Jombang Hospital.

From the research results in table 5 that almost half of the respondents were in the sufficient category of family support with the anxiety level of preoperative patients in the severe anxiety category (27.5%), good support with preoperative patient anxiety in the mild and moderate categories respectively (25%), while a small proportion of respondents lacked family support with the anxiety level of preoperative patients with severe anxiety category (2.5%). Statistical test result spearman rho shows a strong relationship between family support and the anxiety level of preoperative patients, where the value (r) is 0.614. This relationship has a positive pattern, meaning that the better the family support, the intensity of preoperative patient anxiety decreases. Statistical test results show p-value (0.000) which is smaller than alpha ($\alpha = 0.05$), meaning that there is a significant relationship between family support with the anxiety level of preoperative patients.

According to PPNI (2020), the Perioperative Protocol for the Covid-19 Pandemic Period, namely: postponement of surgery is very dependent on human resources and facilities and whether the hospital is handling Covid-19 patients. Operations that are recommended to be canceled or postponed during the Covid-19 pandemic are elective (planned) operations. The postponement of elective surgery is aimed at increasing the availability of medical personnel, personal protective equipment, ventilators, inpatient rooms and ICUs for sufferers of Covid-19. Before surgery is carried out, it is advisable to carry out an early evaluation/detection to rule out the possibility of Covid-19 in the patient. Done over via telephone/electronic medical record.

Operations both elective and emergency are stressful complex events. Most surgical procedures are performed in a hospital operating room, although some of the simpler procedures do not require hospitalization and are performed in surgical clinics and ambulatory surgery units. Individuals with health problems that require surgical intervention also include administration of anesthesia which includes local, regional or general anesthesia (Brunner & Suddarth's, 2010). Patients must be mentally prepared to face surgery, because there are various reasons that can cause fear or anxiety in patients who will be operated on, including fear of pain after surgery, fear of physical changes (disabilities), fear of facing the operating room, fear of equipment surgeons and staff, fear of death during anesthesia, and fear that the operation will fail (Potter & Perry, 2013). In this case, relationship between sufferers, families and health workers are very helpful to provide family support (support system). This anxiety is a normal reaction that can be faced with an open attitude and explanation from doctors and other health care workers (Set al. 2015).

From the description above, good family support can prevent problems from developing due to the pressures faced, especially in preoperative patients. Patients with good family support will be more successful in facing and overcoming their problems than those who have less and sufficient support. Through family support, the patient will feel that someone is still paying attention, where family support for the patient is manifested by giving attention, being empathetic, giving encouragement, giving advice, so that the support obtained by the patient from a good family is able to provide positive value and encouragement to move forward for patients in preparing themselves for surgery, so as to reduce fear, tension which can cause preoperative patient anxiety during the Covid 19 pandemic in the Yudistira room at Jombang Hospital.

From the closeness of the relationship between family support and the anxiety level of preoperative patients during the Covid-19 pandemic, there is a strong relationship. This shows that preoperative patients during the Covid-19 pandemic had good family support, which indirectly had a positive impact, namely half the respondents preoperative patient anxiety with mild and moderate intensity. This is in line with Halina's research, et al, (2014), Family support felt by patients has a positive impact, namely decreasing intensity of anxiety disorders in patients. This is in accordance with Stuart's theory (2006) cited in his research by Ulfa (2017), which states that support is a form of coping strategy that can be used to overcome anxiety in patients, because with family support, patients can identify, express and express fear. and anxiety so that anxiety can be reduced.

4. CONCLUSION

1. Most of the respondents who had family support for preoperative patients during the Covid-19 pandemic in the Yudistira Room at the Jombang Hospital were in the good category.
2. Half of the respondents' anxiety levels for preoperative patients during the Covid-19 pandemic in the Yudistira Room at the Jombang Hospital were in the category of severe anxiety.

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3. There is a significant relationship between family support and the anxiety level of preoperative patients during the Covid-19 pandemic in the Yudistira Room at Jombang Hospital.

5. SUGGESTION

It is expected that health workers provide nursing care for preoperative patients by involving the family in handling anxiety in preoperative patients, where the role of the family is very important in handling anxiety. preoperative patients during the Covid 19 pandemic in the Yudistira Room of the Jombang Hospital, so that the operations that will be carried out will run smoothly

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