

The Relationship between Anxiety and Self-Efficacy Among Post Cesarean Patients at Bhayangkara Hospital Jambi

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Abstract

Anxiety is a common emotional response experienced by post-operative patients, such as those undergoing cesarean section. Primigravida mothers are more vulnerable to anxiety due to pain, the recovery process, and fear of medical procedures. One psychological factor that plays a role in reducing anxiety is self-efficacy, which refers to an individual's belief in their ability to cope with difficult situations. Low self-efficacy can increase anxiety and hinder the recovery process. This study aimed to determine the relationship between anxiety and self-efficacy in post-operative cesarean section mothers. This research is a quantitative study with a cross-sectional approach. A sample of 105 post-operative cesarean section mothers on the first day post-surgery was selected using purposive sampling technique. The variables studied included anxiety (independent) and self-efficacy (dependent). The Hamilton Anxiety Rating Scale (HARS) was used to assess anxiety, while the General Self-Efficacy Scale (GSE) was employed to measure self-efficacy. Data were analyzed using the Spearman Rho correlation test. Statistical analysis using the Spearman Rho test indicated a significant relationship between anxiety levels and self-efficacy in post-operative cesarean section mothers, with a p-value of 0.000 and $r = -0.771$. The study revealed that the majority of respondents experienced moderate anxiety and low self-efficacy. A significant negative relationship was found between anxiety and self-efficacy ($p < 0.05$), indicating that higher anxiety levels were associated with lower self-efficacy. It can be concluded that self-efficacy plays an important role in reducing anxiety in postoperative cesarean section patients.

Keywords: *Anxiety, Cesarean Section, Post-Operative, Self-Efficacy*

Introduction

Anxiety is an emotional response characterized by feelings of restlessness, tension, and discomfort when individuals face worrying situations.¹ A report from the World Health Organization (WHO) in 2023 has noted that approximately 25

million people experience anxiety disorders, with a global increase of 25% each year. In Indonesia, the Indonesian Psychiatric Specialist Association (PDSKJI) has reported that the prevalence of anxiety disorders has risen from 76.1% in 2021 to 82.5% in 2022.²

Anxiety is often caused by uncertainty stemming from fear and a perceived inability to cope with problems. Common physical symptoms include palpitations, increased heart rate, shortness of breath, and excessive sweating. Anxiety encompasses three main aspects: physical, cognitive, and affective.³ Surgical procedures, particularly for patients undergoing major operations, can heighten anxiety, as individuals have different ways of coping with pre- and post-operative situations.⁴

Approximately 80% of patients scheduled for surgery experience anxiety, especially during high-risk major operations.⁵ This anxiety is frequently associated with surgical procedures, post-operative pain, and potential threats to safety.⁶ Pain is a common consequence experienced by patients after major surgeries, including cesarean sections, which have seen a rising prevalence. Factors influencing post-operative pain after cesarean sections include age, culture, education level, previous pain experiences, and anxiety levels.⁷ Anxiety can exacerbate pain perception, impacting patients' confidence in their recovery.⁸

According to the World Health Organization (WHO), the rate of cesarean deliveries in developing countries has increased rapidly, estimated to be between 10% and 15% in each country. In the United States, the prevalence reaches 39.3%, while in Europe it is 25.7%, and in Asia, it stands at 23.1%, with projections indicating a continued rise until 2030.⁹ Data from the 2021 Basic Health Research (RISKESDAS) shows that 17.6% of deliveries in Indonesia occur via cesarean section, while the 2022 Indonesia Demographic and Health Survey (SKDI) reports this figure as 17% of total births in healthcare facilities.¹⁰

At Bhayangkara Hospital in Jambi, 1,848 mothers underwent cesarean sections in 2023. Interviews with five patients in the maternity ward revealed that three of them experienced anxiety and fear post-surgery, particularly concerning pain while learning to walk. The other two patients expressed that their cesarean

experiences made them fearful of giving birth again due to the pain they endured during the anesthesia process.

Self-efficacy reflects individuals' beliefs in their ability to manage actions to achieve goals and plays a crucial role in coping with anxiety. Low self-efficacy can increase anxiety, while high self-efficacy can support the recovery process.^{11,12}

Previous research conducted by Rahmayuni (2023) and Anandah Ayu (2022) has shown a significant relationship between self-efficacy and anxiety, where individuals with high self-efficacy tend to have lower levels of anxiety. This study aims to explore the relationship between self-efficacy and anxiety in post-operative cesarean section patients, focusing on primigravida mothers.^{13,14}

This study aims to explore the relationship between self-efficacy and anxiety in post-operative cesarean section patients, focusing on first-time mothers.

Methods

This study was quantitative research with a cross-sectional approach. A sample of 105 first-time mothers who underwent cesarean sections and were hospitalized in the maternity ward of Bhayangkara Hospital in Jambi was selected. The data collection took place from March 1 to March 29, 2024, in rooms Angso Duo 1, 2, 3, 4, and 5, across classes 1, 2, and 3.

The sampling technique employed was purposive sampling. The variables examined included anxiety (independent variable) and self-efficacy (dependent variable). The study utilized the Hamilton Anxiety Rating Scale (HARS) to assess anxiety levels and the General Self-Efficacy Scale (GSE) to measure self-efficacy. Data analysis was conducted using the Spearman Rho correlation test.

This study has first conducted an ethical review procedure and has obtained research permission with the number 758/UN21.8/PT.01.04/2024 from the Faculty of Medicine and Health Sciences at Jambi University.

Results

1. Respondent Characteristics

Table 1

Frequency Distribution of Respondent Characteristics

Respondent Characteristics		Frequency (f)	Percentag (%)
Age	< 20 years	2	1,9
	20 – 35 years	103	98,1
Total		105	100
Gravida Status	Primigravida	105	100
	Total	105	100
Education	Senior Hugh School	52	49,5
	Diploma	15	14,3
	Bachelor	38	36,2
Total		105	100
Working	Working	14	13,3
	Not Working	91	86,7
Total		105	100

Based on Table 1, It can be observed that the respondents are predominantly aged between 20 - 35 years, with a total of 103 respondents. All respondents are classified as primigravida (first-time mothers). In terms of educational background, 52 respondents (49.5%) have completed high school and 38 respondents (36.2%) have a bachelor's degree. Regarding employment status, 91 respondents are not working (86.7%).

2. Description of anxiety levels

Table 2

Description of Anxiety Levels

Variabel	Frequency (f)	Percentag (%)
Moderate anxiety	53	50,5
Severe anxiety	45	42,9
Panic	7	6,7
Total	105	100%

Based on Table 2, it shows that the majority of respondents experience moderate anxiety, with 53 patients (50.5%).

3. Description of Self-Efficacy

Table 3

Description of Self-Efficacy

Variabel	Frequency (f)	Percentag (%)
Low Self-Efficacy	64	61
High Self-Efficacy	41	39
Total	105	100%

Based on the Table 3, it shows that the majority of respondents experience low self-efficacy, with a total of 64 patients (61%).

4. Relationship Between Anxiety and Self-Efficacy

Table 4

Relationship Between Anxiety and Self-Efficacy

Anxiety Levels	Self-efficacy						r	p-value
	Low		Hight		Total			
	n	%	n	%	n	%		
Moderate	12	11,4%	41	39	53	50,5%	-0,771	0,000
Severe	45	42,9%	0	0	45	42,9%		
Panic	7	6,7	0	0	7	6,7		
Total	64	61%	41	39%	105	100%		

Based on Table 4, It can be seen that there is a strong relationship between anxiety levels and self-efficacy in post-operative patients who underwent cesarean section at RS Bhayangkara Jambi. After conducting a correlation test between anxiety factors and self-efficacy using the Spearman test, the significance value obtained was $p\ value = 0,000 < \alpha 0,05$ as the established threshold ($p < \alpha$). Therefore, it can be concluded that the alternative hypothesis (H_a) is accepted and the null hypothesis (H_0) is rejected. This indicates a significant relationship between anxiety and self-efficacy.

Discussion

The results of the study on the relationship between anxiety and self-efficacy among 105 post-operative cesarean section patients at Bhayangkara Hospital in Jambi indicate that the majority of respondents experienced moderate levels of anxiety, with 53 individuals reporting this condition, and 64 individuals exhibiting low self-efficacy. Analysis using the Spearman Rho correlation test revealed a strong negative relationship between anxiety and self-efficacy.

These findings align with the theory proposed by Lazarus and Folkman (1984), which explains that anxiety arises when individuals perceive a situation as threatening and feel they lack the resources to cope with it. In this context, post-operative cesarean patients face pressures such as undergoing major surgery, experiencing pain, uncertainty about outcomes, and the new responsibilities of motherhood. When confidence in handling these situations is low, anxiety levels tend to increase.^{15,16}

Bandura's theory (1997) also supports these findings, stating that belief in one's abilities influences thoughts, feelings, and behaviors. Negative emotions such as anxiety, fear, and stress are known to diminish self-efficacy.¹⁶

The majority of respondents are first-time mothers who lack experience in childbirth and infant care, leading to high anxiety levels that result in difficulties with concentration, decision-making, and feelings of inadequacy. This, in turn, further reduces self-efficacy. Conversely, low self-efficacy can discourage patients from engaging in recovery efforts, ultimately reinforcing their anxiety.¹⁷

Questionnaire data reveal that more than half of the respondents frequently feel tense and worried, with many expressing a lack of solutions or ideas when facing problems. The characteristics of the respondents also play a role, as most are of productive age (20–35 years), have a secondary education (high school), and are unemployed.

Lower educational attainment limits access to information and problem-solving skills, while unemployment can diminish confidence in facing new challenges. Research by Dewi et al. (2021) has also found a strong correlation between education level and employment status with self-efficacy in mothers after childbirth.¹⁸

Additionally, a study by Anandah (2021) supports these findings, demonstrating a significant relationship between anxiety and self-efficacy in post-operative patients at Bhayangkara Hospital in Makassar.¹⁴ Patients with low self-efficacy tend to experience severe anxiety and difficulties in the recovery process. Therefore, anxiety plays a crucial role in diminishing self-efficacy among post-operative cesarean section patients.

Conclusion

In this study, there are 150 first-time mothers who undergo cesarean sections at Bhayangkara Hospital in Jambi. The results indicate that the majority of respondents experience moderate levels of anxiety, with 53 patients reporting this condition, while 64 patients demonstrate low self-efficacy. The study also finds a significant negative relationship between anxiety and self-efficacy in post-operative cesarean section patients, with a p-value of 0.000, which is less than the alpha level

of 0.05. The correlation coefficient obtained is $r = -0.771$, indicating that as anxiety levels increase, self-efficacy decreases, and vice versa.

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