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PROCEEDING

2nd International Nursing Conference

**Nursing Role
for Sustainable Development Goals Achievement
Based On Community Empowerment**



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GREETING MESSAGE

Assalamu'alaikum Wr.Wb.

Thanks Allah for all the blessings He has bestowed on us.

First of all, I would like to welcome you all at 2nd the International Nursing Conference 2015. I'm so pleased to see many colleagues, friends, and families from Indonesia; and speakers from University of Jember Indonesia, University of Philippines Manila, Burapha University Thailand, Kanazawa University Japan, National Cheng Kung Taiwan, and Representative from World Health Organization, all in one place, at Jember East Java Indonesia.

Health is expensive due to health care costs remain high. As developing country, the most of people skip out on medical or nursing care over cost concerns. Number of health professionals and health care facilities are not comparable with the needs of society. So we must innovate for strategic planning to overcome this issue. Community empowerment approach is the best way for attaining healthy communities. This the prime reason why this conference take the theme "**Nursing Role to Sustainable Development Goals Achievement Based On Community Empowerment**". We hope, who participate in this conference will facilitate our community to achieve their health by themselves.

Once again I would like to thank you all for coming. Please, enjoy your participation at this International Conference which held and memorable time visiting the Jember District, East Java, Indonesia. We hope you return next year with even more colleagues for 3rd International Conference.

Thank You. Have a wonderful conference.

Wassalamualaikum. Wr. Wb

Chairperson

Ns. Emi Wuri Wuryaningsih, M.Kep., Sp.Kep.J

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CORRELATION BETWEEN KNOWLEDGE LEVELS ABOUT PERIOPERATIVE CARE OF CATARACT AND ANXIETY LEVELS OF CLIENTS WITH CATARACT

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ABSTRACT

Background: Cataract is one of eye diseases due to many cases of blindness in Indonesia. One of treatment managements for cataract is surgery. Perioperative phase divided into pre, intra and post operatif. Surgery process may cause anxiety to a client. This research analyzed the correlation between knowledge levels about perioperative care of cataract and anxiety levels of clients with cataract in pre-surgery phase at RSD dr. Soebandi Jember. **Methods:** This study was a cross sectional with 32 cataract clients as sample. Sampling collection technique used non probability sampling technique with accidental sampling methods. Data were analyzed using chi square test with 95% CI ($\alpha = 0,05$). **Results:** Most of cataract clients at RSD dr. Soebandi Jember had good level of knowledge about perioperative cataract and had mild anxiety levels during the preoperative phase. Moreover, based on the analysis, the p value was 0,047 ($<\alpha = 0,05$). **Conclusion:** There is a relationship between the level of knowledge about perioperative cataract with the level of anxiety on the client pre cataract surgery in RSD dr. Soebandi Jember. The Correlation between the knowledge level about perioperative of cataract disease and the anxiety level of clients of cataract pre-surgery in RSD dr. Soebandi Jember exists, respectively.

Keywords : cataract, knowledge level, anxiety level, perioperative cataract care

Introduction

Sense of sight has an important role for the realization of Indonesian human resources quality. Most of informations (83 %) come from our eyes (Wahyu, 2007).

World Health Organization (WHO) launched a global commitment of Vision 2020: the right to sight to address visual impairment and blindness in the community. Policies of Indonesian Ministry of Health (MOH) in achieving the global vision is to issue a decree of the Minister of Health (Kepmenkes) No. 1473 /Menkes/SK/2005 concerning the National Strategy Plan Vision Impaired and Figures Blindness. There are four priorities, i.e cataract, glaucoma, refractive, and xeroftalmia (MOH, 2008).

The estimated prevalence of cataract increase every year, reaching 200,000 people per year. The number of clients handled through cataract surgery range around 80,000 per year, resulting in the accumulation of approximately 120,000 people per year. The high incidence of cataract caused by the limitation range of surgery services, the high cost of cataract surgery and the availability of ophthalmologists and eye care facilities that are still limited (Fadi, 2007). Reduction target of blindness in Indonesia is expected at 0.5% in 2020 (Renstranas PGPK, 2008).

The most effective cure of cataract is surgery. Cataract surgery is the most surgery performed in people over 65 years

old. Currently, cataract surgery using local anesthesia. Surgery is a treatment that uses the action invasive way to open and display the body part to be handled. The opening of this body part is generally done by making an incision. After the parts to be handled visible, be further improvements, which ended with the closure and suturing wounds (Sjamsuhidajat and Jong, 2005). The success of the return of vision can be achieved in 95% of clients (Smeltzer, 2002).

Surgery is an experience that can cause anxiety. Stuart (2009) explains that anxiety is an emotional state that does not have a specific object, and the condition is experienced subjectively. According to Wilkinson (2007), anxiety is a feeling of discomfort accompanied autonomies individual response, also concern caused by the anticipation of danger or threat. Smeltzer (2002) explains that the decision to undergo surgery is individualized. Financial support, psychology, and the consequences of surgery should be evaluated for effective management for clients. Painkillers anxiety can be given to overcome feelings of anxiety before surgery.

Anxiety caused by predisposing and precipitation factors. One of anxiety precipitation factors is the level of knowledge. The knowledge gained can reduce feelings of anxiety experienced by clients. The knowledge received from the information obtained and the experiences (Stuart, 2009).

Preliminary studies conducted in outpatient ward of RSD dr. Soebandi Jember in 2012 found that there were 8033 patients treated because of eye diseases. Based on data, the

total cataract clients was 1,368 people (17.03%). The data from surgery center unit of dr. Subandi hospital stated that there werer 277 cases (20.24%) of cataract and became the 3rd rank after astigmatism and myopia. The surgical management was 294 cases (19.84%) and it was second ranks after astigmatism. In 2014 there were 8646 clients, with cataract clients as 1697 people (19.63%) and surgical management of as many as 434 cases (25.57%). Therefore, the number of cataract disease among cases is higher than other eye disorders in RSD dr. Soebandi Jember and number of clients increase every year (eyes outpatient unit dr. Soebandi Jember, 2014).

The purpose of this study was to analyze the relationship between the level of knowledge about perioperative cataract with anxiety levels of cataract clients in pre cataract surgery at RSD dr. Soebandi Jember.

Methods

The design of this research was descriptive analytic research using cross sectional method. The independent variable of this study is the level of knowledge about perioperative cataract and the dependent variable is the level of client anxiety pre-surgery. Alternative hypothesis (H_a) in this study is there is a relationship between the level of knowledge about perioperative cataract with the level of anxiety on the client pre cataract surgery in RSD dr. Soebandi Jember. H_a accepted if p value $< \alpha = 0,05$.

The study population was all clients who will perform cataract surgery at RSD dr. Soebandi Jember as many as 384 clients. The research sample used 32 clients. The

sampling technique in this study used non-probability sampling with accidental sampling method.

Inclusion criterias were clients who will do cataract surgery in dr. Soebandi Jember; clients have never experienced before surgery; and willing to become respondents. While the exclusion criteriaa were clients experience situational conditions such as the operation was canceled due to delayed; clients experiencing complications of glaucoma.

This research was an analytical study to analyzed the relationship between two categorical variables, by comparing the results of the questionnaire level of knowledge about perioperative cataract (ordinal scale) and anxiety level of client pre cataract surgery (ordinal scale). The statistical test used is Chi square (Machfoedz, 2008). The conclusion of the analysis was by looking the p value on the value of $\alpha = 0.05$ with 95% CI.

Results and Discussion

Characteristics of Respondents

Table 1 below figures characteristics of clients based on age.

Table 1
Characteristics of clients age at RSD dr. Soebandi Jember May-June 2015 (n = 32)

Client characteristics	Mean	SD	Min - Max
Age	49,00	8,576	35- 65

Table 1 shows the average age of clients is 49 years old, with minimum age is 35 years and maximum of 65 years.. Classification of cataract by age, in a theoretical overview of cataract are categories into congenital cataract (cataract

that occur in men aged less than 1 year), cataract juvenile that occurre at the age of thirty years, cataract presenil occur at the age of thirty to forty years and cataract senil that occurred at the age of more than forty years (Elias, 2003). This study, most clients are clients with senil cataract that occurs in the age of more than forty years.

This is supported also by the Ilyas statement (2003) that one of the predisposing of cataract is aging or degenerative process. Aging or degenerative processes are characterized by the decline of the lens fibers that make a decrease in vision. In addition, the concept of aging of the lens at the age of further changes that occur in the capsule, epithelial thinner and more irregular lens fibers.

Table 2
Characteristics of cataract clients gender and level of education at RSD dr. Soebandi Jember May-June 2015 (n = 32)

No	Client characteristics	f	%
1.	Gender		
	a. male	21	65,6
	b. female	11	34,4
	Total	32	100
2.	Education levels		
	a. Not School / Elementary / Junior high school	9	28,1
	b. High School	14	43,8
	c. Diploma / Bachelor	9	28,1
	Total	32	100

Table 2 illustrates that the majority of clients are men by 65.6%, while the level of clients mostly is high school education (43.8%). Inggga research citations (2010), explained that there was no significant association between sex and community knowledge about eyes health care, especially cataract. Research conducted in Inggga Seva Canada Society (2010) stated

that women, especially in developing countries had low knowledge about eye health services because of the many obstacles in accessing resources.

The level of education obtained was mostly high school 43.8%. Meliono (2007) stated that education is a process of changing attitudes and code of conduct of a person or group of mature business man and also through teaching and training efforts. Mantra (in Bayora, 2005) stated that the higher a person's education level, the more easily a person receives information both from others and from the mass media.

Cataract Client Knowledge levels about Cataract Perioperative at RSD dr. Soebandi Jember

Table 3
Distribution of client's level of knowledge about perioperative cataract (n = 32)

Knowledge levels	f	%
Good	24	75
enough	6	18,75
less	2	6,25
Total	32	100

Table 3 shows the distribution of client's level of knowledge about the disease of cataract by 75% had good knowledge level. Notoatmodjo (2007) states that knowledge has 6 levels of cognitive domain, among others: know (know), understanding (comprehension), application (user application), analysis (analysis), synthesis (synthesis), and evaluation (evaluation).

The study states that the distribution of client's level of knowledge about cataract

disease mostly at good level (24 clients or 75%). Meliono (2007) stated that the factors that can affect a person's level of knowledge is education, media, exposure of information and experience, as well as the environment.

WHO explained the determinants of behavior analyzes that causes a person it behaves one of them due to the thoughts and feelings in a person who is formed in the knowledge, perceptions, beliefs, and assessment of a particular object, a person can gain knowledge from both personal experience and the experience of people another.

The level of anxiety in the client pre cataract surgery in RSD dr. Soebandi Jember

Table 4
Distribution of Anxiety Level of Clients in Pre Cataract Surgery (n = 32)

Anxiety levels	f	%
No anxiety	6	18,8
mild anxiety	19	59,4
moderate anxiety	7	21,8
Total	32	100

Table 4 shows the distribution of the level of anxiety in the client pre cataract surgery 59.4% had mild anxiety levels. Stuart (2009) explained that anxiety is an emotional state that does not have a specific object, and the condition is experienced subjectively. The signs and symptoms of anxiety for each person are varies, depend on the the level perceived by individual (Hawari, 2009).

Factors causing anxiety according to Stuart (2009) are predisposing factors and the

precipitation factors. Predisposing factors described through some theory such as psychoanalytic theory, the theory of interpersonal, behavioral theory, family studies, and biological studies. While the precipitation factors are external and internal factors.

Table 4 describes that 59.4% of clients were in mild anxiety level. Stuart (2009) explained that mild anxiety associated with stress experienced daily. People are still alert and able to motivate individuals to learn and be able to solve problems effectively.

Kaplan and Sadock (2005) stated that the anxiety of preoperative clients are influenced by several factors such as age, experience of clients undergoing surgery, self-concept and role, levels of education, socioeconomic levels, medical conditions, access to information process of adaptation, type of medical treatment and communication therapeutic. Potter and Perry (2005) said that the nurses actions during pre operative phase are conducting initial operation assessments, planning extension to the method according to the client's needs, involving family or significant others in the interview, ensuring the completeness of investigation and examining other purpose of surgery, assessing client's needs in post-operative care.

The correlation between knowledge levels of perioperative cataract and anxiety levels of pre operative cataract clients RSD dr. Soebandi Jember

Based on table 5 below, it is clear that 24 clients (75%) at good level of knowledge, 21 clients (65.6%) were feel mild anxiety

and the remaining three clients (9.4%) had moderate anxiety. Meanwhile, 8 clients (25%) with less knowledge level, 4 clients (12.5%) had mild and moderate levels of anxiety.

Table 5
Correlation between knowledge levels and anxiety levels of pre operative cataract clients (n = 32)

Know- ledge level	Anxiety levels				Total		p
	Mild		moderate		N	%	
	n	%	n	%			
Good	21	65,6	3	9,4	24	75	0,0
less	4	12,5	4	12,5	8	25	47
Total	25	78,1	7	21,9	32	100	

Results of statistical test used chi square analysis with 95% CI ($\alpha = 0.05$), obtained p value = 0.047 which means H_a was fail rejected. It can be interpreted that there is a relationship between of knowledge levels about perioperative cataract with anxiety levels of the client in cataract pre surgery phase at RSD dr. Soebandi Jember.

Asmadi (2009) explained that the individual's ability to respond to threat are may different from others. The differences in this ability correlates with the levels of anxiety experienced. Individual response to anxiety are varies from no anxiety to panic. Every stressor anxious, it will automatically appear an attempt to cope with various coping mechanisms. The use of coping mechanisms become effective when supported by other forces and their belief that the individual concerned shall coping mechanisms used to overcome anxiety. Coping mechanism is the individual's ability to cope with anxiety. Anxiety is needed as to achieve a state of homeostasis within the individual, both physiological and psychological. If

individual is not able to cope with the anxiety constructively, then that inability become the main cause of pathological behavior.

Baradero (2008) stated that the requirements during surgical procedure are doing perioperative care in pre, intra, and postoperative phase, giving comfort to clients and preventing nosocomial infections. Potter and Perry (2005) explained that perioperative nursing in the preoperative phase of surgery begins when a decision is taken and ends when the client was transferred to operating room.

During preoperative phase, nurses must do assessments performed the initial operation, plan extension to the method according to the client's needs, involve family or significant others, ensure complete preoperative examination, and assess the client's needs in postoperative care. Assessments cope all clients condition clients including physical function, biological, and psychological aspects (Smeltzer, 2001).

Conclusions

The average age of cataract clients at dr. Jember Soebandi was 49 years old, most of clients was male, and pursued high school education. Clients with cataract at RSD dr. Soebandi Jember most have good level of knowledge about perioperative cataract and performed mild anxiety levels during preoperative phase. Therefore, there is a relationship between the level of knowledge about perioperative cataract with the level of anxiety of cataract clients in pre operative phase at RSD dr. Soebandi Jember.

Furthermore, clients are expected to increase the knowledge of the cataract perioperative process to minimize the anxiety, thus the surgery can be give the best result. Besides, it is important for hospital to facilitate a consultation room or health education during pre operative phase.

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