

The Relationship Between Family Support and Anxiety Levels of Preoperative Patients at Daya Regional General Hospital, Makassar City

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ABSTRAK

Latar Belakang: Dukungan keluarga merujuk pada sikap, tindakan, dan penerimaan yang ditunjukkan oleh anggota keluarga terhadap individu yang sedang sakit. Anggota keluarga memandang bahwa individu yang suportif adalah mereka yang selalu siap memberikan pertolongan dan bantuan ketika dibutuhkan. Kecemasan merupakan bagian dari kehidupan manusia yang ditandai dengan perasaan takut atau kekhawatiran yang mendalam dan berlangsung terus-menerus.

Tujuan: Penelitian ini bertujuan untuk mengetahui hubungan antara dukungan keluarga dengan tingkat kecemasan pasien preoperasi di RSUD Daya Kota Makassar.

Metode: Penelitian ini menggunakan metode kuantitatif dengan pendekatan cross-sectional. Populasi penelitian berjumlah 926 orang, dengan sampel sebanyak 30 responden yang dipilih menggunakan teknik accidental sampling.

Hasil: Hasil uji Chi-Square menunjukkan nilai $p < 0,05$, yang berarti terdapat hubungan antara dukungan keluarga dengan tingkat kecemasan pasien preoperasi di RSUD Daya Kota Makassar.

ABSTRACT

Background: Family support refers to the attitudes, actions, and acceptance shown by family members toward a sick individual. Family members perceive supportive individuals as those who are always ready to provide help and assistance when needed. Anxiety is a part of human life characterized by feelings of fear or deep and persistent worry.

Objective: This study aimed to determine the relationship between family support and the anxiety levels of preoperative patients at Daya Regional General Hospital, Makassar City.

Methods: This study used a quantitative method with a cross-sectional approach. The study population consisted of 926 individuals, with a sample of 30 respondents selected using accidental sampling technique.

Results: The Chi-Square test results showed a p -value < 0.05 , indicating that there is a relationship between family support and the anxiety levels of preoperative patients at Daya Regional General Hospital, Makassar City.

INTRODUCTION

Experiencing an illness to the point of undergoing surgery is a difficult experience for patients, especially when it is their first surgical procedure. Surgery is defined as a medical treatment process that uses invasive techniques by opening and exposing a part of the body to be treated through an incision, which is then followed by closing and suturing the wound (Khanal et al., 2021).

Planned surgical procedures can cause both physiological and psychological responses in patients. One of the psychological responses is anxiety experienced by preoperative patients. Preoperative anxiety can be felt from the time patients are scheduled for surgery until the operation takes place (Pefbrianti et al., 2018). Preoperative anxiety

is an anticipatory response that arises because patients perceive surgery as a threat to their role in life, bodily integrity, and even survival (Kelkar et al., 2019).

According to the World Health Organization (WHO), the number of patients undergoing surgery has increased. In 2021, there were 140 million patients in hospitals worldwide, and approximately 1.2 million surgical procedures were performed. The prevalence of preoperative anxiety ranges from 60–90%. The number of patients experiencing preoperative anxiety reached 534 million worldwide (WHO, 2019).

According to the Indonesian Ministry of Health (Kemenkes, 2021), surgical procedures rank 11th among 50 types of medical treatments in Indonesia, with 32% consisting of elective surgeries. The disease pattern in Indonesia indicates that 32% involve major surgical procedures. Based on Riskesdas data (2018), the prevalence of preoperative anxiety in Indonesia ranges from 75–90%.

Over the past three years, preoperative patients in South Sulawesi have experienced increased anxiety and sleep disturbances. According to data from the South Sulawesi Provincial Health Office, in 2021 there were 17,423 cases; however, in 2020 the number increased compared to the previous year, reaching 18,534 cases. This figure is estimated to continue increasing each year (South Sulawesi Health Office, 2020).

Data from Daya Regional General Hospital, Makassar City, showed that in 2022 there were 804 patients, in 2023 there were 1,213 patients, in 2024 there were 1,445 patients, and from January to March 2025 there were 926 patients (Medical Records of Daya Regional General Hospital, Makassar City, 2025).

Surgery is not an easy experience for anyone, and patients generally experience anxiety both before and after the procedure. Each patient has different anxiety factors, such as moderate anxiety characterized by palpitations, increased blood pressure and pulse rate, and severe anxiety characterized by headaches and panic. Preoperative anxiety can have serious consequences for patients; therefore, support from close individuals—especially family members—is needed, both physically and mentally (Emelia, 2019). According to Handayari (2023), there is a significant relationship between family support and anxiety levels in preoperative cesarean section patients. The higher the positive appraisal and support from family and close relatives, the lower the risk factors for anxiety. This is consistent with research conducted by Nasrullah (2025), which found that most respondents (64.9%) experienced moderate anxiety levels, and more than half (54.4%) had inadequate family support. There was a relationship between family support and anxiety levels among preoperative patients in the Surgical Ward of Haji Abdoel Madjid Batoe Hospital, Muara Bulian.

METHODS

This study used a quantitative research design with a cross-sectional approach. The research was conducted at RSUD Daya Kota Makassar in May–June 2025. The population consisted of 926 preoperative patients recorded from January to March 2025. The sample included 30 respondents selected using an accidental sampling technique. Data were collected using structured questionnaires. Family support was measured using a 16-item family support questionnaire covering informational, emotional, appraisal, and instrumental support. Anxiety levels were assessed using the Hamilton Anxiety Rating Scale (HARS), consisting of 16 items with a Likert scale scoring system. Data analysis included univariate analysis to describe the distribution of family support and anxiety levels, and bivariate analysis using the Chi-square test to determine the relationship between family support and anxiety levels. A significance level of $p < 0.05$ was applied. Ethical principles such as informed consent, anonymity, and confidentiality were maintained throughout the study.

RESULTS

1. Characteristics of Respondents

Table 1. Frequency Distribution of Respondents' Characteristics of Preoperative Patients at RSUD Daya Kota Makassar (n = 30)

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	17	51
Female	13	49
Age (years)		
12-18	2	6,7
19-59	21	70
≥ 60	7	23,3
Sex		
Male	17	51
Female	13	49
Occupation		
Self-employed	11	36,7
Student	5	13,3
Private employee	4	16,7
Farmer	2	6,6
Others	8	26,7
Total	30	100

Based on the analysis of 30 preoperative patients at RSUD Daya Kota Makassar, the majority of respondents were in the productive age group (19–59 years), accounting for 70% of the sample. This indicates that most surgical patients in this study were adults in their economically and socially active phase of life. Patients aged ≥60 years constituted 23.3%, while adolescents (12–18 years) represented only 6.7%.

In terms of sex distribution, male respondents slightly predominated (51%) compared to female respondents (49%). The difference was minimal, suggesting that preoperative cases in this setting were relatively evenly distributed between sexes.

Regarding occupation, the largest proportion of respondents were self-employed (36.7%), followed by those categorized as others (26.7%). Students accounted for 13.3%, private employees 16.7%, and farmers 6.6%. This distribution suggests that most respondents were engaged in informal or non-governmental employment sectors, which may influence psychological responses to surgery, particularly related to concerns about income continuity and family responsibilities.

Overall, the demographic profile shows that preoperative patients were predominantly productive-age adults, slightly more male, and largely employed in self-managed occupations. These characteristics are important contextual factors when interpreting anxiety levels, as age, gender, and socioeconomic responsibilities are known to influence psychological responses before surgery.

2. Family Support and Preoperative Anxiety Distribution

Table 2. Distribution of Family Support and Anxiety Levels Among Preoperative Patients at RSUD Daya Kota Makassar (n=30)

Family Support	Anxiety Levels						Total	
	Mild		Moderate		Moderate			
	n	%	n	%	n	%	n	%
High	27	90	0	0	0	0	27	90
Moderate	0	0	2	6,7	1	3,3	3	10
Total	27	90	2	6,7	1	3,3	30	100

Based on the univariate analysis of preoperative patients at RSUD Daya Kota Makassar (n = 30), the majority of respondents had high family support, totaling 27 individuals (90%), while 3 respondents (10%) had moderate family support. This indicates that most patients received adequate emotional, informational, and instrumental support from their families prior to surgery.

Regarding anxiety levels, most respondents experienced mild anxiety (27 respondents; 90%). Meanwhile, 2 respondents (6.7%) experienced moderate anxiety, and 1 respondent (3.3%) experienced severe anxiety. These findings suggest that overall, the anxiety level of preoperative patients was predominantly mild.

Descriptively, the high proportion of family support appears to be aligned with the generally low levels of anxiety among respondents. This suggests that family support may play an important role in helping patients manage psychological responses before undergoing surgical procedures.

3. Relationship Between Family Support and Anxiety Levels Among Preoperative Patients at RSUD Daya Kota Makassar

Table 3. Relationship Between Family Support and Anxiety Levels Among Preoperative Patients at RSUD Daya Kota Makassar (n=30)

Family Support	Mild Anxiety n (%)	Moderate–Severe Anxiety n (%)	Total	p-value	OR (95% CI)
High	27 (100%)	0 (0%)	27		
Low	0 (0%)	3 (100%)	3	<0.001	385 (6,69–22170)
Total	27	3	30		

The analysis results showed a significant relationship between family support and anxiety levels among preoperative patients based on Fisher’s Exact test (p < 0,001). All respondents with high family support experienced mild anxiety, whereas all respondents with low family support experienced moderate to severe anxiety.

The Odds Ratio value of 385 (95% CI: 6,69–22170) indicates that patients with low family support were 385 times more likely to experience moderate–severe anxiety compared to those with high family support. The wide confidence interval reflects the small sample size and the data distribution showing perfect separation.

Clinically, these findings strengthen the role of family support as a protective factor in reducing preoperative anxiety among patients.

DISCUSSION

A. Family Support and Preoperative Anxiety Levels

The results of this study showed that the majority of preoperative patients received high family support, totaling 27 individuals (90%), while a small proportion received lower support, totaling 3 individuals (10%). Family support plays an essential role for patients, as it comes from the closest individuals in their lives. Social support from family enables individuals to function adaptively and enhances both physical and psychological well-being (Siagian et al., 2022). According to Kurniawati (2024), most respondents (68.5%) received good family support, while only 7.4% received poor support. This indicates that family involvement is generally strong in supporting patients undergoing medical procedures.

The distribution of anxiety levels showed that out of 30 respondents, 27 individuals (90%) experienced mild anxiety, while only 1 respondent (3.3%) experienced severe anxiety. Preoperative anxiety is commonly experienced by almost all patients undergoing surgery (Wicaksono in Barus, 2018). If not properly managed, anxiety can negatively affect surgical preparation and may even delay the procedure (Friedman in Mirza, 2017). Physiological responses to anxiety, such as increased heart rate, respiratory changes, and digestive disturbances, may interfere with preoperative physical readiness (Muladi & Setia, 2023).

The statistical analysis using Fisher's Exact Test demonstrated a significant relationship between family support and anxiety levels ($p < 0.001$). All respondents with high family support experienced mild anxiety, whereas those with low family support experienced moderate to severe anxiety. The Odds Ratio value of 385 (95% CI: 6.69–22170) indicates that patients with low family support were 385 times more likely to experience moderate–severe anxiety compared to those with high family support. Although the confidence interval is wide due to the small sample size and perfect separation in data distribution, the direction of association clearly demonstrates that family support acts as a strong protective factor.

These findings are consistent with previous studies. Sitepu and Nasution (2020) reported that preoperative patients generally received good family support. Nasrullah (2025) also found a significant relationship between family support and preoperative anxiety ($p = 0.015$). Furthermore, Wahyuni et al. (2022) explained that common sources of preoperative anxiety include fear of anesthesia, fear of body image changes, fear of surgical failure, and fear of death. Adequate family support in the form of emotional encouragement, information, attention, and financial assistance helps patients feel loved, valued, and reassured, thereby reducing anxiety and promoting psychological stability.

Although most respondents experienced mild anxiety, special attention should still be given to patients with severe anxiety, as they may require additional psychological interventions. Anxiety levels are influenced not only by family support but also by individual characteristics such as age, gender, education, and occupation (Barnett et al., 2021).

Overall, this study reinforces the important role of family support as a protective factor in reducing preoperative anxiety. Strengthening family involvement in preoperative care may contribute significantly to better psychological outcomes and improved surgical readiness among patients.

B. The Relationship Between Family Support and Anxiety Levels Among Preoperative Patients at RSUD Daya Makassar

The results of this study showed that there is a significant relationship between family support and anxiety levels among preoperative patients (p -value = 0.001; $p < 0.05$).

The forms of family support provided include informational support, such as giving advice, suggestions, and information about the surgical procedure; emotional support, such as providing attention and listening to patients' concerns; appraisal support, by offering encouragement and positive reinforcement; and instrumental support, by attending to the patient's basic needs and health conditions (Fiscarina et al., 2023).

Studies conducted by Muladi & Setia (2023) and Wahyuni (2022) also found similar correlations between family support and preoperative anxiety levels at RSUD Karanganyar and RS PMI Bogor. Research by Mangera (2019) further supports these findings, demonstrating a correlation between family support and anxiety levels among preoperative patients at RSUD Andi Makkasau, Pare-Pare City. However, the researcher also found a study with contradictory results, in which the Spearman rank correlation test yielded a p -value of 0.525 (>0.05), indicating no significant relationship between family support and preoperative anxiety (Herlina, 2022).

One of the important preparations before surgery is the educational process. Education aims to enable families to provide support in order to reduce patient anxiety. Support among family members is a lifelong process. Good family health status and adaptation can be enhanced through strong family support. Individuals tend to function better when they are in a supportive environment (Garjito et al., 2020).

Family support can make individuals feel more cared for, secure, and comfortable. Preoperative anxiety experienced by patients includes fear of undergoing surgery, fear of not waking up after anesthesia, fear of surgical failure, and anxiety about being unable to afford surgical costs. Such anxiety may decrease when patients are able to openly express their feelings to family members and nurses, and when they have confidence in their recovery after surgery.

CONCLUSION

Based on the results of this study examining the relationship between family support and anxiety levels among preoperative patients at RSUD Daya Makassar City in 2025, it can be concluded that the majority of patients received high family support and most experienced mild anxiety prior to surgery. Statistical analysis using Fisher's Exact Test demonstrated a significant relationship between family support and preoperative anxiety levels ($p < 0.05$). Patients with low family support were at a substantially higher risk of experiencing moderate to severe anxiety compared to those with high family support. These findings emphasize that family support serves as an important protective factor in helping patients manage psychological responses before surgery and in improving mental readiness to undergo surgical procedures.

LIMITATIONS AND RECOMMENDATION

This study has several limitations. The small sample size ($n = 30$) may limit the generalizability of the findings and resulted in wide confidence intervals due to perfect separation in the data distribution. The cross-sectional design also restricts the ability to determine causal relationships between family support and preoperative anxiety. In addition, the use of self-reported questionnaires may introduce response bias, and other potential influencing factors such as previous surgical experience, type of surgery, and socio-demographic characteristics were not explored in depth.

Therefore, future research is recommended to involve larger sample sizes and multiple healthcare settings to enhance generalizability. Longitudinal or experimental study designs are suggested to better establish causal relationships. Clinically, healthcare providers should strengthen family-centered approaches in preoperative care by providing structured education and psychological support to both patients and their families in order to reduce anxiety and improve surgical readiness.

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