



Original Research

Effectiveness Counseling Technique Applied Thinking, Feeling, and Acting on Anxiety in Appendicitis Pre-Operating Patients

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ABSTRACT

Introduction: Anxiety has been studied as the common finding in preoperative patients. For the most recent, nursing interventions aim to reduce anxiety were rely on counseling method. This study aims to determine the effectiveness of counseling applied thinking, feeling dan acting (TFA) on the level of anxiety in appendicitis pre-operative patients.

Method: This study was a Pre experimental one Group Pre-Test and Post Test Design. An Accidental Sampling, was applied to recruit 34 respondents. Data collection using the Anxiety Questionnaire The-Amsterdam Preoperative Anxiety and Information Scale (APAIS) for pretest before treatment with TFA and Post Test after the TFA approach counseling treatment. Data analysis using Statistical Test Paired Sample T-Test to determine the effectiveness of counseling with the TFA approach on reducing anxiety in appendicitis pre-operative patients.

Results: Counseling by approach TFA on the level of anxiety in patients with pre-operation appendicitis with value $p=0.000$ or $p < 0.05$ which means it effectively reduces anxiety levels. Counseling applied thinking, feeling, and acting (TFA) effectively reduced the anxiety level of appendicitis pre-operative patients.

Conclusions: Counseling with approach TFA on the level of anxiety in preoperative patients with appendicitis. Patients were able to express their feelings properly, have more rational thinking and prioritize useful actions so that anxiety can be reduced or even eliminated. Further studies should provide a comprehensive assessment of mechanisms anxiety realising in appendicitis pre-operative patients.

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1. INTRODUCTION

Appendicitis is inflammation of the vermiform appendix and is the most common cause of acute abdomen. This disease can affect all ages, both men and women, but more often affects men aged 10-30 years (Mansjoer, 2010). Appendicitis is an inflammation of the appendix that can occur without

a clear cause, after obstruction of the appendix by feces or the end of twisting of the appendix or its blood vessels (Corwin, 2009). Various kinds of inflammatory diseases of the digestive system are very common in hospitals so they become dangerous and can be life-threatening, one of which is appendicitis which is the most common cause of acute

abdomen and is an inflammation of the piriformis appendix (Darmawan & Rahayuningsih, 2014).

According to data from the Ministry of Health of the Republic of Indonesia, in 2008 the number of people with appendicitis in Indonesia reached 591.819 people. Then in 2009, as many as 596.132 people with a percentage of 3.36% reported suffering from appendicitis and this increased to 621.435 with a percentage of 3.53% in 2010. The Ministry of Health considers appendicitis a health priority issue at the local and national levels because it has a major impact on health. community (Kementrian Kesehatan Republik Indonesia / Kemenkes RI, 2018). Medical record data at Wawa Husada Kepanjen Hospital from October to December 2021, there were 57 patients had appendicitis and 38 had appendectomy operations. Most patients do surgery because inflammation is quite severe. management system in patients with appendicitis, namely the best treatment is appendix surgery to minimize the occurrence of complications. Surgery is a new experience for the patient which can cause a response, confusion, apathy, angry expression, or asking questions, all of which are signs of patient anxiety.

Anxiety in preoperative appendicitis patients is generally caused by apprehension about dealing with anesthesia, uncertain disease diagnoses, malignancy, pain, ignorance about surgical procedures, operating room environmental conditions that seem scary in the eyes of the general public, and fear of failure from surgical procedures. can cause disability. There are three disadvantages experienced by patients when experiencing anxiety before surgery, psychologically the patient is disadvantaged by feeling uncomfortable due to uncontrolled anxiety, physically there is an increase in pulse and respiration rates, increased blood pressure, decreased smooth muscle work in the bladder and intestine, and in terms of time and administration there is a possibility of a delay in the surgery schedule due to an increase in blood pressure (Riadi, 2012).

The preliminary study conducted by (Rismawan, 2019) showed that respondents with a mild level of anxiety were as many as 9 people (21.4%) moderate anxiety levels were as many as 21 people (50.0%) with severe levels of anxiety namely as many as 12 people 12 (28.6%) and 42 Respondents (100%) did not apply hypnotherapy to preoperative patients. Preoperative anxiety, especially in preoperative appendicitis patients, can be reduced by providing counseling referring to the thinking, feeling, and acting (TFA) approach, which is a systematic integrative approach that integrates various approaches and counseling techniques within a framework. Therefore, a study was conducted on the Effectiveness of Counseling with the Thinking, Feeling, and Acting Approach (TFA) on the Anxiety Level in Preoperative Appendicitis Patients at Wawa Husada Kepanjen Hospital.

2. METHODS

2.1 Design

The design used in this research is pre-experimental with an approach one group pretest-posttest design.

2.2 Population, Sample, and Sampling

The population in the study were patients who would be operated on for appendectomy and who have never had any surgery. The sampling technique used in this study was accidental sampling with 34 patients as the sample during the research period carried out.

2.3 Variable

This study has two variables, where the independent variable in this study is the counseling approach to thinking, *feeling*, and *acting* (TFA). In contrast, the dependent variable is the anxiety level of the patient who will carry out the appendectomy surgery.

2.4 Instruments

Data collection was carried out using a questionnaire *The Amsterdam Preoperative Anxiety and Information Scale* (APAIS) before and after the implementation of counseling with the approach of thinking, *feeling*, and *acting* (TFA). The APAIS questionnaire consists of 6 questions consisting of 4 questions about anxiety and 2 questions about information needs. The questions in the APAIS questionnaire are classified based on the range of anxiety levels, namely scores 0-6 (meaning no anxiety), scores 7-12 (mild anxiety), scores 13-18 (moderate anxiety), and scores 19-24 (severe anxiety) and a score of 25-30 (very severe anxiety/panic). While the instrument used to measure counseling actions with the TFA approach is a checklist of standard operating procedures.

2.5 Procedure

The initial step in this study was to conduct a pre-test on respondents using the APAIS instrument, after that, the researcher implemented counseling using the TFA approach in accordance with the TFA SPO on respondents who would then carry out a post-test using the APAIS instrument again.

2.6 Data Analysis

The univariate analysis used in this study is using the frequency distribution for each data studied using the mean, standard deviation, and minimum-maximum values. While the bivariate analysis starts from the normality test using the test *Shapiro-Wilk test* and because the data is normally distributed, the bivariate analysis used is the Paired Sample T-Test Statistical Test.

2.7 Ethical Clearance

This research has received ethical approval from Wawa Husada Hospital with No. SDN/2022/08/2863.

3. RESULTS

Table 1. Frequency distribution of the characteristics of respondents before surgery for appendicitis (n = 34)

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General data		
Age	f	%
< 45 years	22	64.7
≥ 45 years	12	35.3
Gender		
Man	15	44.2
Woman	19	55.8
Education		
basic education	15	44.2
Secondary Education	14	41.1
higher education	5	14.7
Work		
Work	22	64.7
Doesn't work	12	35.3
Total		
	34	100

Table 2. Frequency distribution of patient anxiety levels before and after being given TFA counseling therapy and analysis of the effectiveness of counseling with the TFA approach to the anxiety level of preoperative appendicitis patients

Action	PreTest			Post Test			Say. (2-tailed)	df
	Mean	SD	Min-Max	Mean	SD	Min-Max		
TFA	20.21	2.213	15-25	12.18	1.714	8-15	0.000	33
<i>Paired Sample Test 0.000 (p<0.05)</i>								

Based on table 1, the majority of respondents aged < 45 years were 22 respondents (64.7%), with the majority being female, 19 respondents (55.8%), had a majority education level of basic education (elementary school and junior high school) of 15 respondents (44.2%), and the majority of respondents worked as many as 22 respondents (64.7%).

Based on table 2, the mean data is obtained on the patient's anxiety level pre-operation appendicitis namely the pretest mean value of 20.21 and for the posttest mean value of 12.18 which means there is a significant difference in the study. Meanwhile, from the results Paired Sample Test significant value was obtained (2-tailed) namely 0.000 whose value is <0.05 it can be concluded that there is a significant difference between the effectiveness of counseling with the TFA approach in reducing anxiety levels in patients with preoperative appendicitis.

4. DISCUSSION

Based on the results of research on anxiety levels in preoperative appendicitis patients before and after counseling with the Thinking, Feeling, and Acting (TFA) approach, significant results were obtained in reducing anxiety levels. This is comparable to the results of Maryanti's study (2015), stating that there is a relationship between education and anxiety in

preoperative cesarean section (SC) patients. In addition, it is also comparable to the results of Kuraeisin's study (2009) which was conducted at Fatmawati Hospital, concluding that there is a significant relationship between experience and

anxiety levels.

Psychological stressors that cause anxiety include work, environment, finance, law, development, physical illness, family factors, and trauma. However, not everyone who experiences psychosocial stressors will experience anxiety disorders. This depends on the structure of a person's personality development, namely age, level of education, experience, and social support from family, friends, and society. There are various reasons that can cause fear or anxiety for patients in facing surgery, including fear of pain after surgery, fear of physical changes, becoming ugly and not functioning normally, disturbance of body image, fear of malignancy if the diagnosis is uncertain, fear or anxiety of experiencing the same condition as other people who have the same disease, fear or dread of facing the operating room, surgical equipment and staff, fear of dying when anesthetized or unconscious again (Mulawarman & Munawaroh, 2016)

A low level of education and lack of experience regarding surgery causes anxiety in dealing with appendicitis surgery. The level of education determines a person's ability to create effective coping mechanisms. The lower a person's educational level, the lower his ability to create coping. Experience also determines one's ability to deal with anxiety. The less experience a person has, the more

worried they will be about the impact that will occur after surgery, so it has the opportunity to increase anxiety (Soewito & Sulaiman, 2020).

Counseling affects the level of anxiety which is a psychological response that occurs when a person feels threatened both physically and psychologically. To minimize anxiety, self-control is needed, namely the process of changing behavior by directing oneself in solving problems without the help of others. One effort to help patients exercise self-control is to do counseling. Counseling is an effort to change cognitive and understanding, emotions, and behavior. Counseling aims to create individual development and growth, with the main focus on changing maladaptive behavior to be adaptive. In this case, the main problem faced by most patients with preoperative appendicitis is anxiety about facing surgery (Mulawarman & Munawaroh, 2016).

Counseling is effective in reducing the level of anxiety of patients facing appendicitis surgery. Through counseling, nurses listen to patient complaints, build relationships with patients, help patients identify problems, and facilitate therapeutic changes in patients so that the patient's anxiety problems facing appendicitis surgery can be reduced. This phenomenon is supported by data that all patients who received counseling experienced a decrease in anxiety levels (Rondonuwu et al., 2014).

Research conducted by Tuncay, et al, (2008) in (Rismawan, 2019), showed a positive effect on the management of psychological problems by counseling patients with diabetes mellitus (DM), where which will reduce anxiety in patients. In this study, counseling was carried out which included an understanding of the disease, how much they could accept their illness, their spiritual beliefs or beliefs, plans designed to deal with their illness, exploring the positive things they had, utilizing all available facilities, using psychological support, and family. Research conducted by Nikibakht, et al, (2009) in (Setyawan, 2017), shows that controlling psychological conditions, especially anxiety, will have a positive effect on the management of Diabetes Mellitus patients.

Research conducted by Collins, et al (2008) in (Setyawan, 2017), also shows that anxiety management in diabetics is done well, one of which is counseling will increase success in controlling blood sugar levels (Rahmat, 2010). Anxiety occurs when a person feels threatened both physically and psychologically. The manifestations of anxiety that occur depend on personal maturity, understanding of dealing with tension, self-esteem, and coping mechanisms. To help patients reduce anxiety, an appropriate intervention is needed. Counseling with the thinking, feeling, and acting (TFA) approach is one of the nurse's intervention options in reducing anxiety in preoperative appendicitis patients.

From the TFA perspective, the process of reducing anxiety in individuals is oriented toward thoughts, feelings, and actions. A thought-oriented

approach has the basic assumption that, if an individual has illogical thought, then he is in trouble (unhealthy), and he will become a healthy person if the nurse can help the patient change these illogical thoughts into logical ones. In a feeling-oriented approach, there is a basic assumption that if an individual cannot express the feelings he is experiencing then he is in trouble, and he will be healthy if he can express the feelings he is experiencing. In this case, the nurse helps the patient express the emotions that arise from within him, and helps facilitate solving the problem. In an action-oriented approach, an individual who cannot change from behavior that is not useful to be beneficial is considered to be experiencing problems. In this case, the nurse can help the individual by doing something that supports effective action or behavior change, for example by giving examples or teaching deep breathing techniques when the individual shows signs of experiencing anxiety (Mulawarman & Munawaroh, 2016).

Counseling with the thinking, feeling, and acting (TFA) approach influences the patient's level of anxiety facing appendicitis surgery. Counseling with the TFA approach has advantages that other methods do not have. In the TFA counseling approach, nurses help overcome patient anxiety problems through a more comprehensive approach to psychological aspects, namely aspects of thinking, feeling, and acting, so that holistically, patients are more assisted in overcoming their anxiety problems. Patients are better able to express their feelings correctly, have more rational thinking, and prioritize useful actions so that anxiety can be reduced or even eliminated (Fahyuni et al., 2020).

Based on test results paired *Sample Test* The result shows that there is a significant difference in the method of reducing anxiety levels by using counseling with the TFA approach with value *Sig. 2-Tailed* 0.000. The results of this study indicate that the counseling method with the TFA approach is very effective in reducing the anxiety level of preoperative patients *Appendicitis*. This result is proven by the average patient's feelings about the operating room both in terms of being afraid of the operating equipment, fear of the sounds that will be heard in the operating room, and many even think that the healing of the surgical wound has decreased after the therapy was carried out with the surgical method. TFA.

The decrease in the value of anxiety levels in the counseling group with the TFA approach could be due to the process of reducing anxiety in individuals oriented towards thoughts, feelings, and actions. A thought-oriented approach has the basic assumption that, if an individual has illogical thought, then he is in trouble (unhealthy), and he will become a healthy person if the nurse can help the patient change these illogical thoughts into logical ones. In a feeling-oriented approach, there is a basic assumption that if an individual cannot express the feelings he is experiencing then he is in trouble, and he will be

healthy if he can express the feelings he is experiencing (Soewito & Sulaiman, 2020).

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5. CONCLUSION

Preoperative patient anxiety level appendicitis prior to counseling with the approach thinking, feeling, and acting (TFA) has an average anxiety which means severe anxiety. Meanwhile, the anxiety level of preoperative patients with appendicitis after doing counseling with the approach thinking, feeling, and acting (TFA) has an average anxiety score which means between mild to moderate anxiety. Counseling by approach thinking, feeling, and acting (TFA) on the level of anxiety in preoperative patients with appendicitis is very effective in reducing the anxiety level of preoperative patients with appendicitis.

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