

DAFTAR PUSTAKA

- Almedhesh SA, *et all.* (2022). The effect of virtual reality on anxiety, stress, and hemodynamic parameters during cesarean section: A randomized controlled clinical trial. *SMJ* [Internet]. [cited 2023 Aug 8];43(4):360–9. Available from: <https://smj.org.sa/lookup/doi/10.15537/smj.2022.43.4.20210921>
- Anggita, I. M. & Nauri. (2018). *Metodologi Penelitian Kesehatan*;
- Arda D, Hartaty H. (2021). Penerapan Asuhan Keperawatan Post Op Section Caesarea dalam Indikasi Preeklampsia Berat. *fulltext pdf* [Internet]. [cited 2023 Aug 8];10(2):447–51. Available from: <https://akper-sandikarsa.e-journal.id/JIKSH/article/view/631>
- Azis HA, Retnaningtyas E, Sindarti GM. (2020). The Effect Of Deep Breathing Exercise On The Level Of Answer In Pre Operation Sectio Caesarea Patients In Lavalette Hospital, Malang City. *pendidik.kesehatan* [Internet]. [cited 2023 Aug 8];9(2):153. Available from: <https://ojs.poltekkes-malang.ac.id/index.php/jpk/article/view/2049>
- Bachri S, Cholid Z, Rochim A. (2017). Perbedaan Tingkat Kecemasan Pasien Berdasarkan Usia, Jenis Kelamin, Tingkat Pendidikan dan Pengalaman Pencabutan Gigi Di RSGM FKG Universitas Jember (The Differences Patients Anxiety Level Based on Age, Sex, Education level and Tooth Extraction Experience at Dental Hospital, Faculty of Dentistry, University of Jember). *Pustaka Kesehatan* [Internet]. Available from: <https://jurnal.unej.ac.id/index.php/JPK/article/view/4087>
- Butwick AJ, *et all.* (2017). Risk Factors for Severe Postpartum Hemorrhage After Cesarean Delivery: Case-Control Studies. *Anesthesia & Analgesia* [Internet]. [cited 2023 Aug 8];125(2):523–32. Available from: <https://journals.lww.com/00000539-201708000-00026>
- Carvalho Borges N, *et all.* (2017). Postoperative pain in women undergoing caesarean section. *eglobal* [Internet]. [cited 2023 Aug 8];16(4):354. Available from: <http://revistas.um.es/eglobal/article/view/267721>
- Fretrien Supardi, I Artawan, Prisca Pakan. (2020). Pengaruh Pemberian Terapi Musik Klasik Terhadap Tingkat Kecemasan Pasien Pre-Operasi Di RSUD Prof DR. W. Z. Johannes Kupang. *CMJ* [Internet]. [cited 2023 Aug 8];8(2). Available from: <https://ejurnal.undana.ac.id/index.php/CMJ/article/view/3355>
- Hidayat AAA. (2007). *Metode penelitian keperawatan dan teknik analisis data*. Jakarta: Salemba Medika;
- HIMPSI. (2020). Seri Sumbangan Pemikiran Psikologi untuk Bangsa Ke-5. *Kesehatan Jiwa dan Resolusi Pascapandemi di Indonesia* [Internet]. 2020. 1–13 p. Available from: <https://himpsi.or.id/blog/pengumuman2/post/kesehatan-jiwa-dan-resolusi-pascapandemi-di-indonesia-panduanpenulisan-132>

- Huque S, *et all.* (2018). Risk Factors For Peripartum Hysterectomy Among Women With Postpartum Haemorrhage: Analysis Of Data From The Woman Trial. *BMC Pregnancy Childbirth* [Internet]. 2018 Dec [cited 2023 Aug 8];18(1):186. Available from: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1829-7>
- Ismail Nurdin dan Sri Hartanti. (2019). *Metodologi Penelitian Sosial*. Surabaya: Media Sahabat Surabaya;
- Jitowiyono, S. K, Weni. (2012). *Asuhan Keperawatan Post Operasi Dengan Pendekatan Nanda, NIC, NOC*. Yogyakarta: Nuha Medika;
- Kallianidis AF, *et all* . (2018). Maternal Mortality After Cesarean Section in the Netherlands. *European Journal of Obstetrics & Gynecology and Reproductive Biology* [Internet]. 2018 Oct [cited 2023 Aug 8];229:148–52. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0301211518309540>
- Karakul A, Bolşık ZB. (2018). The Effect of Music Listened to During the Recovery Period After Day Surgery on the Anxiety State and Vital Signs of Children and Adolescents. *jpr* [Internet]. 2018 Jun 27 [cited 2023 Aug 8];5(2):82–7. Available from: http://cms.galenos.com.tr/Uploads/Article_18991/JPR-5-82-En.pdf
- Kawaguchi R, Haruta S, Kobayashi H. (2017). Efficacy and safety of venous thromboembolism prophylaxis with fondaparinux in women at risk after cesarean section. *Obstet Gynecol Sci* [Internet]. [cited 2023 Aug 8];60(6):535. Available from: <http://ogscience.org/journal/view.php?doi=10.5468/ogs.2017.60.6.535>
- Kementerian Kesehatan RI 2020. (2020). Kementerian kesehatan RI 2020. 2020; Available from: <https://sehatnegeriku.kemkes.go.id/>
- Kustiawan R, Hilmansyah A.(2017). Kecemasan Pasien Pre Operasi Bedah Mayor. *Media Informasi* [Internet]. 2017 Jul 1 [cited 2023 Aug 8];13(1):60–6. Available from: <http://ejurnal.poltekkestasikmalaya.ac.id/index.php/BMI/article/view/83>
- Maramis, A., Dharmono,S. Maramis,M. (2005). *Penanganan Depresi dan Anxietas di Pelayanan Primer*. Surabaya: Indopsy;
- Maramis, W.F. *Ilmu Kedokteran Jiwa*. Surabaya: Airlangga University; 2005.
- Medina Garzón M. (2019). Effectiveness Of a Nursing Intervention To Diminish Preoperative Anxiety in Patients Programmed For Knee Replacement Surgery: Preventive Controlled and Randomized Clinical Trial. *Invest Educ Enferm* [Internet]. [cited 2023 Aug 8];37(2). Available from: <https://revistas.udea.edu.co/index.php/iee/article/view/338895>
- Ni L, Elsharty A, McConachie I. (2018). Cesarean birth – What’s in a name? *International Journal of Obstetric Anesthesia* [Internet]. [cited 2023 Aug

- 8];34:5–9. Available from:
<https://linkinghub.elsevier.com/retrieve/pii/S0959289X17302698>
- Notoatmojo, S. (2018). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta;.
- Nur Arifin, Wilis S, Suci. (2021). Gambaran Tingkat Kecemasan pada Pasien Pre Operasi dengan Indikasi Fraktur di Ruang Instalasi Bedah Sentral Rumah Sakit Siaga Medika Banyumas. SNPPKM [Internet]. [cited 2023 Aug 8];0(0). Available from:
<https://prosiding.uhb.ac.id/index.php/SNPPKM/article/view/708>
- Nursalam.. (2017). *Metode Penelitian Ilmu Keperawatan: Pendekatan Praktis*. Jakarta: Salemba Medika;.
- Obstetrics and Gynecology Department, Bucharest Emergency University Hospital, Romania, Bodean O, Bratu OG, „Carol Davila“ University of Medicine and Pharmacy Bucharest, 3rd Department; Clinic of Urology, Central Military Hospital Bucharest; Academy of Romanian Scientists, Munteanu O, Anatomy Department, „Carol Davila“ University of Medicine and Pharmacy, Bucharest, Romania, et al. (2018). Iatrogenic Injury Of The Low Urinary Tract in Women Undergoing Pelvic Surgical Interventions. Arch Balk Med Union [Internet]. 2018 Jun 25 [cited 2023 Aug 8];53(2):281–4. Available from: <https://umbalk.org/iatrogenic-injury-of-the-low-urinary-tract/>
- Palla A, Sukri M, Suwarsi S. (2018). Faktor-Faktor Yang Berhubungan Dengan Tingkat Kecemasan Pasien Pre Operasi. JIKP Jurnal Ilmiah Kesehatan Pencerah.;7(1):45–53.
- Pereira SL, *et al.* (2019). Pessoa MC, Matozinhos IP, et al. Factors associated with the length of hospital stay of women undergoing cesarean section. Rev saúde pública [Internet]. [cited 2023 Aug 8];53:65. Available from: <https://www.revistas.usp.br/rsp/article/view/161498>
- Prawirahardjo, S. (2017). *Ilmu Kebidanan Edisi 5*. 5th ed. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo; 548–559 p.
- Rahmawati D, Agustin L. (2020). Faktor Penyulit Persalinan Pada Persalinan Dengan Seksiosesaria di Kediri. JIK [Internet]. [cited 2023 Aug 8];11(1):8. Available from:
<https://ejournal.bhamada.ac.id/index.php/jik/article/view/204>
- Rahmawati I, Fernalia F, Safitria A. (2020). Pengaruh Terapi Musik Klasik Terhadap Kecemasan Pada Pasien Pra Operasi di RSUD DR. M. Yunus Bengkulu. JMU [Internet]. 2022 Jan 5 [cited 2023 Aug 8];6(2):111–22. Available from:
<https://www.ejurnalstikeskesdamudayana.ac.id/index.php/jmu/article/view/163>
- Rihiantoro T, *et al.* . . 2019). Pengaruh Teknik Relaksasi Otot Progresif Terhadap Kecemasan Pada Pasien Pre Operasi. JKEP [Internet]. 2019 Mar 29 [cited

2023 Aug 8];14(2):129. Available from: <http://ejurnal.poltekkes-tjk.ac.id/index.php/JKEP/article/view/1295>

Rokawie AON, Sulastri S, Anita A. (2017). Relaksasi Nafas Dalam Menurunkan Kecemasan Pasien Pre Operasi Bedah Abdomen. JK [Internet]. 2017 Aug 31 [cited 2023 Aug 8];8(2):257. Available from: <http://ejurnal.poltekkes-tjk.ac.id/index.php/JK/article/view/500>

Sakti, N.P, *et all.* (2019). Pengaruh Teknik Relaksasi Nafas Dalam terhadap Penurunan Nyeri pada Pasien Fraktur Tertutup di IGD RSUD Ir. Soekarno Sukoharjo. ; Available from: <http://hdl.handle.net/11617/11882>

Smeltzer, S. C Bar, B.G. (2013). Buku Ajar Keperawatan Medikal bedah. 8th ed. Jakarta: EGC;

Stuart, Gw. Sundeen. (2007). Buku Saku Keperawatan Kesehatan Jiwa. Jakarta: EGC;

Sugiono. (2019) Metode Penelitian Kuantitatif Kualitatif dan R&D. Bandung: Alfa Beta; 2019.

Ulia A. (2020). Gambaran Tingkat Kecemasan Pasien Pre Operasi di RSU Mayjen H.A Thalib Kerinci. Mal Nurse J [Internet]. 2022 Feb 1 [cited 2023 Aug 8];5(2):395–401. Available from: <http://ejurnalmalahayati.ac.id/index.php/manuju/article/view/5917>

Videbeck, S.L. (2008). Buku Ajar Keperawatan Jiwa (Renata Komalasari & Alfina Hani, Penerjemah). Jakarta: EGC;



Lampiran 1
OUT PUT SPSS

Statistics

		TINGKA T KECEMA SAN PRE	TINGKA T KECEMA SAN POST
N	Valid	55	55
	Missi ng	0	0
Mean		33.40	21.65
Std. Error of Mean		1.001	.946
Median		32.00	20.00
Mode		43	20
Std. Deviation		7.420	7.019
Minimum		20	8
Maximum		48	36
Percenti les	25	27.00	16.00
	50	32.00	20.00
	75	40.00	28.00

TINGKAT KECEMASAN PRE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20	2	3.6	3.6	3.6
	23	2	3.6	3.6	7.3
	24	1	1.8	1.8	9.1
	25	2	3.6	3.6	12.7
	26	4	7.3	7.3	20.0
	27	4	7.3	7.3	27.3
	28	3	5.5	5.5	32.7
	29	2	3.6	3.6	36.4
	30	4	7.3	7.3	43.6
	31	3	5.5	5.5	49.1
	32	2	3.6	3.6	52.7
	33	2	3.6	3.6	56.4
	35	1	1.8	1.8	58.2
	36	2	3.6	3.6	61.8
	37	1	1.8	1.8	63.6
38	4	7.3	7.3	70.9	

39	1	1.8	1.8	72.7
40	2	3.6	3.6	76.4
41	2	3.6	3.6	80.0
42	1	1.8	1.8	81.8
43	5	9.1	9.1	90.9
44	3	5.5	5.5	96.4
46	1	1.8	1.8	98.2
48	1	1.8	1.8	100.0
Total	55	100.0	100.0	

TINGKAT KECEMASAN POST

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 8	1	1.8	1.8	1.8
11	3	5.5	5.5	7.3
12	1	1.8	1.8	9.1
14	3	5.5	5.5	14.5
15	4	7.3	7.3	21.8
16	3	5.5	5.5	27.3
17	1	1.8	1.8	29.1
18	3	5.5	5.5	34.5
19	4	7.3	7.3	41.8
20	6	10.9	10.9	52.7
21	3	5.5	5.5	58.2
22	2	3.6	3.6	61.8
23	2	3.6	3.6	65.5
24	1	1.8	1.8	67.3
26	3	5.5	5.5	72.7
28	2	3.6	3.6	76.4
29	3	5.5	5.5	81.8
30	3	5.5	5.5	87.3
31	1	1.8	1.8	89.1
32	2	3.6	3.6	92.7
33	1	1.8	1.8	94.5
34	1	1.8	1.8	96.4
35	1	1.8	1.8	98.2
36	1	1.8	1.8	100.0
Total	55	100.0	100.0	

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
USIA RESPONDEN	.070	55	.200*	.986	55	.782

*. This is a lower bound of the true significance.
 a. Lilliefors Significance Correction

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
TINGKAT KECEMASAN PRE	55	33.40	7.420	20	48	27.00	32.00	40.00
TINGKAT KECEMASAN POST	55	21.65	7.019	8	36	16.00	20.00	28.00

Wilcoxon Signed Ranks Test

		N	Mean Rank	Sum of Ranks
POST TEST - PRE TEST	Negative Ranks	55 ^a	28.00	1540.00
	Positive Ranks	0 ^b	.00	.00
	Ties	0 ^c		
	Total	55		

- a. POST TEST < PRE TEST
- b. POST TEST > PRE TEST
- c. POST TEST = PRE TEST

Test Statistics^a

	POST TEST - PRE TEST
Z	-6.457 ^b
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

Statistics

	PRE TEST	POST TEST
N	Valid	55
	Missing	0
Mean	33.40	21.65
Std. Error of Mean	1.001	.946
Median	32.00	20.00
Mode	43	20
Std. Deviation	7.420	7.019
Minimum	20	8

Maximum		48	36
Percentiles	25	27.00	16.00
	50	32.00	20.00
	75	40.00	28.00

PRE TEST

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20	2	3.6	3.6	3.6
	23	2	3.6	3.6	7.3
	24	1	1.8	1.8	9.1
	25	2	3.6	3.6	12.7
	26	4	7.3	7.3	20.0
	27	4	7.3	7.3	27.3
	28	3	5.5	5.5	32.7
	29	2	3.6	3.6	36.4
	30	4	7.3	7.3	43.6
	31	3	5.5	5.5	49.1
	32	2	3.6	3.6	52.7
	33	2	3.6	3.6	56.4
	35	1	1.8	1.8	58.2
	36	2	3.6	3.6	61.8
	37	1	1.8	1.8	63.6
	38	4	7.3	7.3	70.9
	39	1	1.8	1.8	72.7
	40	2	3.6	3.6	76.4
	41	2	3.6	3.6	80.0
	42	1	1.8	1.8	81.8
43	5	9.1	9.1	90.9	
44	3	5.5	5.5	96.4	
46	1	1.8	1.8	98.2	
48	1	1.8	1.8	100.0	
Total		55	100.0	100.0	

POST TEST

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8	1	1.8	1.8	1.8
	11	3	5.5	5.5	7.3
	12	1	1.8	1.8	9.1
	14	3	5.5	5.5	14.5
	15	4	7.3	7.3	21.8
	16	3	5.5	5.5	27.3
	17	1	1.8	1.8	29.1
	18	3	5.5	5.5	34.5
	19	4	7.3	7.3	41.8
	20	6	10.9	10.9	52.7

21	3	5.5	5.5	58.2
22	2	3.6	3.6	61.8
23	2	3.6	3.6	65.5
24	1	1.8	1.8	67.3
26	3	5.5	5.5	72.7
28	2	3.6	3.6	76.4
29	3	5.5	5.5	81.8
30	3	5.5	5.5	87.3
31	1	1.8	1.8	89.1
32	2	3.6	3.6	92.7
33	1	1.8	1.8	94.5
34	1	1.8	1.8	96.4
35	1	1.8	1.8	98.2
36	1	1.8	1.8	100.0
Total	55	100.0	100.0	



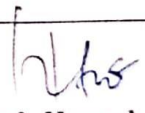






Lampiran 2



Lembar Konsultasi / Bimbingan Skripsi

Nama : Syaffitry Maryany
NPM : 225401446042
Program Studi : Sarjana Kebidanan
Judul Skripsi : "Pengaruh Pemberian Terapi Relaksasi *Deep Breathing* dalam Menurunkan Tingkat Kecemasan Pada Pasien *Operasi Sectio Caesarea* di RSIA Pasutri Bogor"
Dosen Pembimbing I : Dr. Nurul Husnul Lail, SST., Bdn., M.Kes
Dosen Pembimbing II : Putri Azzahroh, SST., M.Kes

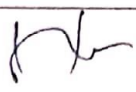


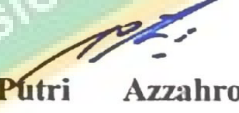

Kegiatan Konsultasi


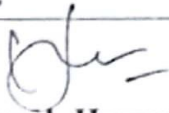
No	Hari / Tanggal	Materi Konsultasi	Saran Pembimbing	Tanda Tangan Pembimbing
1.	Selasa, 11 april 2023	Pengajuan Judul Outline	Arahan bu Nurul : Membuat Jurnal Pendukung dilatar belakang , bagaimana permasalahan yang ada sehingga masalah ini dianggap penting.	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
2.	Kamis, 13 april 2023	Melampirkan Jurnal Terkait tentang Penelitian	Arahan bu Nurul : Masalah seperti apa? Dalam latar belakang belum ada piramida terbalik berapa angka kecemasan di dunia, ASEN, Nasional, Provinsi dan kabupaten?.	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
3.	Minggu, 16 april 2023	Mengajukan Judul Proposal Skripsi di APPSTA	Melanjutkan Outline 2. Bab I - III	Putri Azzahroh, SST., M.Kes
4.	Selasa, 16 Mei 2023	Bab I – III	Arahan bu Nurul : Tolong diberikan halaman dan margin disesuaikan	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes

5.	Rabu, 17 Mei 2023	Perbaikan Bab I – III ke dosen pembimbing 1	Arahan bu Nurul : Penulisan hal dan lain lain sesuaikan pedoman skripsi fikes unas ya Tujuan khusus 1 bgmn mengukurnya? Alinea pertama ada who sudah baik di panjangkan. Namun untuk alinea berikutnya boleh disingkat. Halamannya sesuaikan pedoman	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
6.	Rabu, 24 Mei 2023	Konsultasi bab I – III revisi ke dosen pembimbing 2	Arahan bu Putri : Perbaiki pengaturan margin sesuai dengan panduan skripsi. Latar belakang dengan data terbaru, perjelas tujuan penelitiannya. Lengkapi berkas pengajuan studi pendahuluan Syarat uji etik dan pengajuannya.	 Putri Azzahroh, SST., M.Kes
7.	Jumat, 26 Mei 2023	Konsultasi bab I – III revisi ke dosen pembimbing 1	Arahan bu Nurul : untuk ganti judul	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
8.	Rabu, 07 Juni 2023	Mengajukan Pergantian Judul di APPSTA sesuai dengan arahan dosen pembimbing 1	Arahan bu Nurul : Pergantian judul telah dilakukan, menunggu ACC judul dari Kaprodi di APPSTA	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
9.	Kamis, 08 Juni 2023	Konsultasi via telpon skripsi bab I	Arahan bu Putri : Perbaiki pengaturan tulisan sesuai dengan panduan	

		- III ke dosen pembimbing 2	<p>skripsi.</p> <p>Prosedur pengumpulan data dipertegas dan bagaimana caranya dijabarkan?.</p> <p>Memilih responden seperti apa?.</p> <p>Cari penelitian tentang deep breathing dalam menurunkan tingkat kecemasan, berapa lama proses terjadinya?</p>	 Putri Azzahroh, SST., M.Kes
10.	Jum'at, 09 Juni	Melakukan Upload Skripsi Bab I - III via APPSTA	<p>Lembar Koreksi bu Nurul :</p> <p>Lihat pedoman penulisan dan berbagai literatur dalam uraian tujuan umum. Dahulukan KECEMASAN di kajian pustaka.</p> <p>Kerangka konsep Tingkat Kecemasan deep breathing sbm op SC tingkat kecemasan.</p> <p>Baca kembali teori cara pengambilan sampel dalam uji perlakuan</p> <p>Perlu kah kriteria inklusi dan ekslusi?</p> <p>Sehingga saat pelaksanaan penelitian peneliti sudah mempersiapkan pasien yg mana saja yang pas untuk sample.</p> <p>Buat tabel terbuka untuk defisi operasional</p> <p>Baca lagi teori metlit bagai mana hasil ukur?.</p> <p>Beri simbol angka untuk skoring.</p> <p>Kasih simbol angka ya setiap hasil ukur.</p>	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes

11.	Selasa, 27 Juni 2023	Konsultasi bab I-III kepada dosen pembimbing II	Arahan bu Putri : Perbaiki skruktur penulisan sesuai dengan panduan. Definisi operasional rapihkan kembali Krangka konsep diperbaiki Segera urus uji etik, dan prosedur pengumpulan data.	 Putri Azzahroh, SST., M.Kes
12.	Senin, 31 Juli 2023	Melakukan Upload Skripsi Bab I - V via APPSTA	Menunggu arahan dan bimbingan dosen pembimbing I dan II	 Putri Azzahroh, SST., M.Kes
13.	Rabu, 2 Agustus 2023	Bimbingan Bab IV dan V kepada dosen pembimbing II	Arahan bu Putri : 1. Perbaiki penulisan sesuai dengan panduan skripsi Unas. 2. penulisan table diperbaiki 3. pembahasan terdiri dari -Hasil -Teori terkait -Penelitian sebelumnya -Pendapat peneliti/ penulis terhadap hasil penelitian 4. Kesimpulan itu harus menjawab tujuan khusus 5. Saran dapat menjawab manfaat yang dapat di aplikasikan 6. Daftar pustaka diperbaiki lagi 7. Diarahkan untuk membuat manuskrip jurnal internasional.	 Putri Azzahroh, SST., M.Kes
14.	Sabtu, 5 Agustus 2023	Melakukan bimbingan bab IV dan V kepada dosen	Arahan bu Nurul : Merapihkan file skripsi sesuai dengan panduan pedoman Fikes Unas. Atur spacy dan rapihkan	

		pembimbing I	kembali. Daftar pustaka sesuai dengan mendley dan rapihkan	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
15.	Senin, 7 Agustus 2023	Melakukan hasil perhitungan SPSS di APPSTA	Arahan bu Nurul : OK INI OUT PUT SPSS nya ya	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
16.	Selasa, 8 Agustus 2023	Mengirim Template Jurnal Manuskrip kepada dosen pembimbing II	Arahan bu Putri : Ini sitasinya pakai Vancouver yaa, Masih tidak sesuai. Font nya disesuaikan template. Pakai aplikasi mendeley dan formatnya Vancouver Tidak pakai abstrak, pembahasan secara keseluruhan saja, tidak perlu dipisah, maksimal 12 hal. Di manuskrip, uji normalitas tdk perlu dimasukkan yaa.	 Putri Azzahroh, SST., M.Kes
17.	Selasa, 8 Agustus 2023	Melakukan upload skripsi revisi di APPSTA	Menunggu respon bu Putri :	 Putri Azzahroh, SST., M.Kes
18.	Rabu, 9 Agustus 2023	Mengirim Template Jurnal Manuskrip Revisi kepada dosen pembimbing II	Arahan bu Putri : Ethical consideration isinya Penelitian ini sdh melalui uji etik dengan nomor surat Ok, nti waktu submit yg word ya Bu.. jgn pdf Bisa di submit	 Putri Azzahroh, SST., M.Kes

19.	Rabu, 9 Agustus 2023	Mengirim Manuskrip di APPSTA	Arahan bu Nurul : Perbaiki penulisan email, huruf depan di ganti huruf kecil	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes
20.	Rabu, 9 Agustus 2023	Mengirim Manuskrip Revisi di APPSTA	File disetujui	 Dr. Nurul Husnul Lail, S. ST., Bdn., M. Kes



Lampiran 2

HAMILTON RATING SCALE FOR ANXIETY (HARS)

Nomor Responden :

Nama Responden

Tanggal Pemeriksaan :

Skor :

- 0 = tidak ada
- 1 = ringan
- 2 = sedang
- 3 = berat
- 4 = berat sekali

Total Skor : kurang dari 14 = tidak ada kecemasan
 14 – 20 = kecemasan ringan
 21 – 27 = kecemasan sedang
 28 – 41 = kecemasan berat
 42 – 56 = kecemasan berat sekali

No	Pertanyaan	0	1	2	3	4
1	Perasaan Ansietas - Cemas - Firasat Buruk - Takut Akan Pikiran Sendiri - Mudah Tersinggung					
2	Ketegangan - Merasa Tegang - Lesu - Tak Bisa Istirahat Tenang - Mudah Terkejut - Mudah Menangis - Gemetar - Gelisah					

3	<p>Ketakutan</p> <ul style="list-style-type: none"> - Pada Gelap - Pada Orang Asing - Ditinggal Sendiri - Pada Binatang Besar - Pada Keramaian Lalu Lintas - Pada Kerumunan Orang Banyak 					
4	<p>Gangguan Tidur</p> <ul style="list-style-type: none"> - Sukar Masuk Tidur - Terbangun Malam Hari - Tidak Nyenyak - Bangun dengan Lesu - Banyak Mimpi-Mimpi - Mimpi Buruk - Mimpi Menakutkan 					
5	<p>Gangguan Kecerdasan</p> <ul style="list-style-type: none"> - Sukar Konsentrasi - Daya Ingat Buruk 					
6	<p>Perasaan Depresi</p> <ul style="list-style-type: none"> - Hilangnya Minat - Berkurangnya Kesenangan Pada Hobi - Sedih - Bangun Dini Hari - Perasaan Berubah-Ubah Sepanjang Hari 					
7	<p>Gejala Somatik (Otot)</p> <ul style="list-style-type: none"> - Sakit dan Nyeri di Otot-Otot - Kaku - Kedutan Otot - Gigi Gemerutuk - Suara Tidak Stabil 					
8	<p>Gejala Somatik (Sensorik)</p> <ul style="list-style-type: none"> - Tinitus - Penglihatan Kabur - Muka Merah atau Pucat - Merasa Lemah - Perasaan ditusuk-Tusuk 					
9	<p>Gejala Kardiovaskuler</p> <ul style="list-style-type: none"> - Takhikardia - Berdebar - Nyeri di Dada - Denyut Nadi Mengeras - Perasaan Lesu/Lemas Seperti Mau Pingsan - Detak Jantung Menghilang (Berhenti Sekejap) 					

10	<p>Gejala Respiratori</p> <ul style="list-style-type: none"> - Rasa Tertekan atau Sempit Di Dada - Perasaan Tercekik - Sering Menarik Napas - Napas Pendek/Sesak 					
11	<p>Gejala Gastrointestinal</p> <ul style="list-style-type: none"> - Sulit Menelan - Perut Melilit - Gangguan Pencernaan - Nyeri Sebelum dan Sesudah Makan - Perasaan Terbakar di Perut - Rasa Penuh atau Kembang - Mual - Muntah - Buang Air Besar Lembek - Kehilangan Berat Badan - Sukar Buang Air Besar (Konstipasi) 					
12	<p>Gejala Urogenital</p> <ul style="list-style-type: none"> - Sering Buang Air Kecil - Tidak Dapat Menahan Air Seni - Amenorrhoe - Menorrhagia - Menjadi Dingin (Frigid) - Ejakulasi Praecoaks - Ereksi Hilang - Impotensi 					
13	<p>Gejala Otonom</p> <ul style="list-style-type: none"> - Mulut Kering - Muka Merah - Mudah Berkeringat - Pusing, Sakit Kepala - Bulu-Bulu Berdiri 					
14	<p>Tingkah Laku Pada Wawancara</p> <ul style="list-style-type: none"> - Gelisah - Tidak Tenang - Jari Gemetar - Kerut Kening - Muka Tegang - Tonus Otot Meningkat - Napas Pendek dan Cepat - Muka Merah 					

Lampiran 3

LOA Jurnal IJMHS



INTERNATIONAL JOURNAL OF MIDWIFERY AND HEALTH SCIENCES

Email: editorialijmhs@gmail.com Webpage <https://ijmhs.id>

No. : 02/IJMHS/VIII/2023
Attachment : 1 (one) page
Subject : Conditional LoA (Letter of Acceptance)

Dear,
Mr/Mrs/Miss
Syaffitry Maryany, Nurul Husnul Lail, Putri Azahroh

Based on your article submitted to the editor of the International Journal of Midwifery and Health Sciences with the title:

THE EFFECT OF PROVIDING DEEP BREATHING RELAXATION TECHNIQUES IN REDUCING ANXIETY LEVELS IN SECTIO CAESAREAN SURGERY PATIENTS AT RSIA PASUTRI BOGOR

We hereby inform you that the results of the evaluation by the editorial team and reviewers have decided that your article can be published in the International Journal of Midwifery and Health Sciences if you send back your revised results to the journal's website according to the revisions from the reviewers. Your article will be published in the next issue.

Thank you for submitting your article to our journal. We wish you all possible success in the future.

Jakarta, August 11th 2023

Editor in Chief



Shinta Novelia, S.ST., Bd., MNS

Lampiran 4

THE EFFECT OF PROVIDING *DEEP BREATHING* RELAXATION TECHNIQUES IN REDUCING ANXIETY LEVELS IN *SECTIO CAESAREAN* SURGERY PATIENTS AT RSIA PASUTRI BOGOR

Syaffitry Maryany¹ , Nurul Husnul Lail² , Putri Azahroh³

Midwifery, Faculty of Health Sciences, National University, Jakarta

Email: nurulhusnul@civitas.unas.ac.id

ABSTRACT

Background: In patients who will perform *sectio caesarea* surgery in general feel feelings of excessive anxiety due to worry in the process of surgery, and fear of the equipment used in the operating room. **Objective:** This study aims to determine and analyze the effect of *deep breathing* relaxation techniques in reducing the anxiety level of *sectio caesarea* surgery patients in the Operating Room of RSIA Pasutri Bogor. **Method:** This study used a *quasy experimental* research design with One Group *pre test- post test*. The population in the study was 55 mothers who performed *sectio caesarea* surgery in the operating room of RSIA Pasutri Bogor. The sample technique used in this study was *purposive sampling*. **Results:** From the results of the analysis in this study using the *Wilcoxon signed test* obtained *p value* = 0.000 ($\alpha < 0.05$). **Conclusion:** So it can be concluded that there is a significant effect of providing *deep breathing* relaxation techniques in reducing the anxiety level of *sectio caesarea* surgery patients at RSIA Pasutri Bogor. **Suggestion:** Conduct more studies and the application of *deep breathing* relaxation techniques in reducing anxiety levels in *cesarean section* surgery patients.

Keywords: Anxiety, *Deep Breathing Relaxation Technique*, *Sectio Caesarea*

INTRODUCTION

The World Health Organization (WHO), states that the overall number of surgery cases is increasing every year around the world. Research conducted in more than 50 countries in the world estimates that the number of surgeries per year reaches 230 million¹. Where more than 4 million patients undergo surgery and it is estimated that 50% to 75% experience anxiety during the period leading up to surgery. In the same sense, anxiety is considered a public health problem, given that it affects 15% of the global morbidity rate².

Based on data obtained from WHO, the incidence of anxiety worldwide in 2017 reached more than 200 million people with a ratio between the population and anxiety of 3.6%³. In 2015, anxiety data in Southeast Asia reached more than 60 million people or about 23% of the population⁴.

In Indonesia, the prevalence of anxiety is estimated at 9%-12% of the general population, while the population rate of preoperative patients who experience anxiety is 80%, of which 65% experience severe anxiety, 35% experience moderate anxiety⁵. Basic Health Research data in 2018, shows the percentage of emotional disorders including anxiety is 9.8% in the adult population. The total adult population in Indonesia is approximately 185 million, so it can be said that there are currently 18 million adults experiencing emotional disorders of anxiety³.

The percentage of SC delivery in Indonesia is 17.6%, the highest in the DKI Jakarta region at 31.3% and the lowest in Papua at 6.7%⁶. Based on data on the number of deliveries at RSIA Pasutri Bogor, the total number of deliveries with *cesarean section* in May 2023 was 152 patients. The indications for *cesarean section* surgery include labor with dystocia, hypertension in pregnancy, pre-eclampsia, fetal distress, fetal disproportion, *oligohydramnios*, premature rupture of membranes, *CPD* and a history of previous *cesarean section* surgery.

Although *sectio caesarea surgery* has become a common and routine procedure in modern obstetric practice, it is not uncommon for patients to experience high levels of anxiety before and during surgery. Surgery is a stressor for patients because it can pose potential and actual threats to one's body, integrity and spirit, resulting in emotional reactions such as fear, anger, anxiety, and agitation. Everyone in the face of anesthesia or surgery 99% will have the potential for anxiety⁷.

The peak of anxiety of most individuals while in the waiting room for surgery with symptoms in the form of frequent questions, anxiety, rapid pulse, increased tension of 20% to 30%⁸. Preoperative patient anxiety is very noteworthy, one of

the nursing actions to overcome anxiety problems in patients can be independent actions by nurses such as teaching relaxation techniques and distraction techniques.

Babies who are born through *cesarean section* generally often experience respiratory distress because the birth is too fast. The baby does not adapt to the transition from the world inside the womb to outside the womb which can cause tachypnea in the baby. Complications that arise after SC in the mother such as pain in the incision area and the potential for thrombosis⁹. Other complications include the potential for decreased functional ability, decreased elasticity of the abdominal muscles and pelvic floor muscles, bleeding, bladder injury, infection, and acute pain¹⁰.

The selection of complementary therapies needs to be applied by nurses to support patient care and improve quality of life. The modality/complementary therapy will activate sensory perception to provide a relaxing effect, reducing physiological indicators such as pulse rate, blood pressure and respiration. Cognitive behavioral interventions include relaxation, the effects of relaxation are also beneficial in preventing sleep disorders, pain and anxiety.

Several types of relaxation techniques include pregressive muscle relaxation, diaphragmatic breathing, visualization, meditation, *massage*, music therapy, yoga and deep breath relaxation. The purpose of *deep breathing* relaxation techniques is to improve alveoli ventilation, maintain gas exchange, prevent lung atelectation, increase cough efficiency, reduce stress both physical and emotional stress, namely reducing pain intensity and also reducing anxiety¹¹.

Based on preliminary data from interviews on June 16, 2023 with 3 respondents, they tend to be anxious, afraid, worried about the operation process, afraid of all the equipment in the operating room and afraid after surgery whether the situation can return to its original state, whether it will be painful during surgery, whether when put to bed can wake up again as before. Based on this data, the researcher is interested in knowing how the effect of providing *deep breathing* relaxation techniques in reducing anxiety levels in *sectio caesarea* surgery patients at RSIA Pasutri Bogor.

Destination

Knowing and analyzing the effect of *deep breathing* relaxation techniques in reducing the anxiety level of *sectio caesarea* surgery patients in the Operating Room of RSIA Pasutri Bogor.

Methods

In this case the researchers used a quantitative type of research using the *Quasy Experiment* (Pre Test and Post Test) method¹². The population in this study were all *sectio caesarea* surgery patients in June 2023 in the operating room of RSIA Pasutri Bogor as many as 123 patients. The sampling technique used in this study used *purposive sampling* technique¹³. The sample size needed for this study was 55 samples¹⁴.

Research Results

A. Univariate Analysis

Table 1

Pre-test Frequency Distribution Based on Anxiety Level of SC Respondents at RSIA Pasutri Bogor

Anxiety Level	Frequency	Percentage
No anxiety	0	0
Mild Anxiety	2	3,63
Moderate Anxiety	13	23,64
Severe Anxiety	29	52,73
Very Severe anxiety/panic	11	20
Total	55	100,0

Based on table 1, the results of the frequency distribution of the anxiety level of the most respondents were severe anxiety levels, namely 29 respondents or 52.73%.

Table 2

Frequency Distribution of Post Test given Deep Breathing Relaxation Technique to Sectio Caesarea respondents at RSIA Pasutri Bogor

Anxiety Level	Frequency	Percentage
No anxiety	5	9,1
Mild Anxiety	24	43,63
Moderate Anxiety	11	20
Severe Anxiety	15	27,27
Very Severe anxiety/panic	0	0
Total	55	100,0

Based on table 2, the results of the frequency distribution of the anxiety level of respondents who appeared a lot were mild anxiety levels, namely 24 respondents or 43.63%.

B. Bivariate Analysis

Table 3

Differences in Pre Test and Post Test Anxiety Levels given Deep Breathing relaxation techniques to Sectio Caesarea respondents at RSIA Pasutri Bogor

Anxiety Level	N	Min	Max	Mean	Median	SD	P value
<i>Pre Test</i>	55	20	48	33.40	32.00	7.420	0.000
<i>Post Test</i>	55	8	36	21.65	20.00	7.019	

Discussion

A. *Pre and Post operative anxiety levels*

The results of descriptive data processing showed that the average anxiety of respondents, namely in severe anxiety during the *pre-test* was 52.73% while the *post-test* decreased to 27.27%. In the observation of respondents, it was found that out of 55 respondents, 11 respondents experienced a decrease in anxiety from severe anxiety / panic to 0, a decrease was also found in the level of severe anxiety from the initial 29 respondents to 15, at the moderate anxiety level a decrease of 2 respondents, an increase was experienced by 22 respondents at the mild anxiety level, and at no anxiety increased to 5 people, after the *post-test*.

In developing countries, the incidence is even higher with 15.6% of pregnant women in developing countries experiencing anxiety during their pregnancy, and this increases to 19.8% in the lead up to and after delivery. In some cases, mothers who experience high levels of anxiety even contemplate suicide. In addition, mothers who experience anxiety will have a negative impact on the growth and development of their children, in this case, the fetus they are carrying will be negatively affected as well. This can certainly be overcome through the provision of effective interventions by health workers. In addition, WHO also said that 1 in 10 women in developed countries and 1 in 5 women in developing countries will experience anxiety during pregnancy or after childbirth. This is because many women experience changes, one of which is changes in mental health during pregnancy or after childbirth⁶.

Patients who are about to undergo *sectio caesarea* surgery experience anxiety because they often think, such as fear of pain after surgery, fear of malignancy, fear of facing the operating room and fear of surgery failure. Decreasing anxiety and fear is very important during the pre-anesthesia period, because emotional stress coupled with physical stress increases the risk of surgery. Empowering the patient by taking control of the situation can reduce anxiety. Involving the patient to make decisions or participate in care management will make the patient feel in control of the situation. Patients can also be assisted in choosing activities or exercises that can reduce anxiety such as distraction, relaxation, providing pre-surgical information and spiritual support (Anjar, 2019). In addition, non-pharmacological therapy is also given, namely *deep breathing* relaxation therapy to respondents in reducing their anxiety level.

Research conducted by Arifin et al., (2021), states that of the 70 respondents who experienced surgery 2 or 2.9% experienced mild anxiety, 26 people or 37.1% experienced moderate anxiety, 41 people or 58.6% experienced severe anxiety and 1 person or 1.4% experienced panic.

In the author's opinion, the success of reducing the anxiety level of preoperative *sectio caesaria* patients by giving *deep breathing* relaxation techniques is strongly influenced by the frequency and duration of implementation.

Where the effective time to perform this technique is 1 hour before surgery or when the patient is in the operation preparation room. Because in this period if the relaxation technique is given, it affects the decrease in anxiety felt by the respondent.

B. Effect of *deep breathing* relaxation technique on anxiety level of *sectio caesarea* surgery

In the results of bivariate data processing that compares between groups before giving *deep breathing* relaxation techniques and re-measuring anxiety levels after *sectio caesarea* surgery, the *p* value is 0.000 ($p < 0.05$), this means that there is a significant difference between anxiety levels in *sectio caesarea* surgery respondents before and after being given *deep breathing* relaxation techniques. Based on the results of the author's research, it can be concluded that H_0 is rejected and H_a is accepted, which means that there is a significant relationship between the provision of *deep breathing* relaxation techniques in reducing the anxiety level of *cesarean section* surgery patients at RSIA Pasutri Bogor.

The results of this study are in line with research conducted by Miming (2018) with the existence of therapeutic communication carried out which aims to approach, provide complete information, and focus on patient recovery can reduce anxiety in Pre Operative patients will help patients to reduce and eliminate anxiety.

Several types of relaxation techniques include pregressive muscle relaxation, diaphragmatic breathing, visualization, meditation, *massage*, music therapy, yoga and deep breath relaxation. The purpose of *deep breathing* relaxation techniques is to improve alveoli ventilation, maintain gas exchange, prevent lung atelectation, increase cough efficiency, reduce stress both physical and emotional stress, namely reducing pain intensity and also reducing anxiety¹¹.

Anxiety management in the form of providing *deep breathing* relaxation techniques in preparation 1 hour before surgery is proven to significantly reduce the anxiety level of preoperative patients at RSIA Pasutri Bogor. The results of this study can be used as a basis for improving surgical services at the RSIA Pasutri Bogor.

Limitations

From the results of direct experience in the research process, there are several limitations experienced so that it can be a number of factors that can be considered for future researchers to further refine their research, because this researcher himself certainly still has shortcomings that need to be improved. Some of these limitations include: There is no data on what actions were taken by midwives / nurses in an effort to reduce anxiety, In the questionnaire there were no specific anxiety statements, such as: the cause of fear of *cesarean section* surgery, the extent of knowledge related to *cesarean section* surgery.

Conclusion

Based on the results of the study, it can be concluded that there is a significant effect of providing *deep breathing* relaxation techniques in reducing the anxiety level of *sectio caesarea* surgery patients at RSIA Pasutri Bogor. For further researchers it is recommended to take a more diverse sample, conduct ongoing research to be able to see and assess any changes in respondent behavior over time and the addition of other variables that can affect anxiety levels before *cesarean section* surgery.

ETHICAL CONSIDERATIONS

This research has conducted an ethical test with Number: 313/LPPM/ITS.PKU/VII/2023.

Bibliography

1. Rahmawati D, Agustin L. FAKTOR PENYULIT PERSALINAN PADA PERSALINAN DENGAN SEKSIOSESAREA DI KEDIRI. JIK [Internet]. 2020 Mar 13 [cited 2023 Apr 2];11(1):8. Available from: <https://ejournal.bhamada.ac.id/index.php/jik/article/view/204>
2. Medina Garzón M. Effectiveness of a nursing intervention to diminish preoperative anxiety in patients programmed for knee replacement surgery: Preventive controlled and randomized clinical trial. Invest Educ Enferm [Internet]. 2019 Jun 19 [cited 2023 Mar 18];37(2). Available from: <https://revistas.udea.edu.co/index.php/iee/article/view/338895>
3. HIMPSI. Seri Sumbangan Pemikiran Psikologi untuk Bangsa Ke-5. Kesehatan Jiwa dan Resolusi Pascapandemi di Indonesia [Internet]. 2020. 1–13 p. Available from: <https://himpsi.or.id/blog/pengumuman2/post/kesehatan-jiwa-dan-resolusi-pascapandemi-di-indonesia-panduanpenulisan-132>
4. Fretrien Supardi, I Artawan, Prisca Pakan. PENGARUH PEMBERIAN TERAPI MUSIK KLASIK TERHADAP TINGKAT KECEMASAN PASIEN PRE-OPERASI DI RSUD PROF DR. W. Z. JOHANNES KUPANG. CMJ [Internet]. 2020 Jul 1 [cited 2023 Jun 8];8(2). Available from: <https://ejurnal.undana.ac.id/index.php/CMJ/article/view/3355>
5. Rihiantoro T, Handayani RS, Wahyuningrat NLM, Suratminah S. PENGARUH TEKNIK RELAKSASI OTOT PROGRESIF TERHADAP KECEMASAN PADA PASIEN PRE OPERASI. JKEP [Internet]. 2019 Mar 29 [cited 2023 May 6];14(2):129. Available from: <http://ejurnal.poltekkes-tjk.ac.id/index.php/JKEP/article/view/1295>
6. Kementerian Kesehatan RI 2020. Kementerian kesehatan RI 2020. 2020; Available from: <https://sehatnegeriku.kemkes.go.id/>
7. Stuart, Gw. Sundeen. Buku Saku Keperawatan Kesehatan Jiwa. Jakarta: EGC; 2007.
8. Smeltzer, S. C Bar, B.G. Buku Ajar Keperawatan Medikal bedah. 8th ed. Jakarta: EGC; 2013.
9. Kawaguchi R, Haruta S, Kobayashi H. Efficacy and safety of venous

- thromboembolism prophylaxis with fondaparinux in women at risk after cesarean section. *Obstet Gynecol Sci* [Internet]. 2017 [cited 2023 Apr 8];60(6):535. Available from: <http://ogscience.org/journal/view.php?doi=10.5468/ogs.2017.60.6.535>
10. Carvalho Borges N, Costa E Silva B, Fortunato Pedroso C, Cavalcante Silva T, Silva Ferreira Tatagiba B, Varanda Pereira L. Postoperative pain in women undergoing caesarean section. *eglobal* [Internet]. 2017 Oct 1 [cited 2023 Jun 5];16(4):354. Available from: <http://revistas.um.es/eglobal/article/view/267721>
 11. Azis HA, Retnaningtyas E, Sindarti GM. The Effect Of Deep Breathing Exercise On The Level Of Answer In Pre Operation Sectio Caesarea Patients In Lavalette Hospital, Malang City. *j.pendidik.kesehat* [Internet]. 2020 Oct 25 [cited 2023 May 8];9(2):153. Available from: <https://ojs.poltekkes-malang.ac.id/index.php/jpk/article/view/2049>
 12. Sugiono. *Metode Penelitian Kuantitatif Kualitatif dan R&D*. Bandung: Alfa Beta; 2019.
 13. Notoatmojo, S. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta; 2018.
 14. Nursalam. *Metode Penelitian Ilmu Keperawatan: Pendekatan Praktis*. Jakarta: Salemba Medika; 2017.
 15. Anggita, Imas Masturoh & Nauri. *Metodologi Penelitian Kesehatan*. 2018;
 16. Huque S, Roberts I, Fawole B, Chaudhri R, Arulkumaran S, Shakur-Still H. Risk factors for peripartum hysterectomy among women with postpartum haemorrhage: analysis of data from the WOMAN trial. *BMC Pregnancy Childbirth* [Internet]. 2018 Dec [cited 2023 Jun 8];18(1):186. Available from: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1829-7>
 17. Kustiawan R, Hilmansyah A. KECEMASAN PASIEN PRE OPERASI BEDAH MAYOR. *Media Informasi* [Internet]. 2017 Jul 1 [cited 2023 Apr 11];13(1):60–6. Available from: <http://ejurnal.poltekkestasikmalaya.ac.id/index.php/BMI/article/view/83>
 18. Maramis, A., Dharmono, S. Maramis, M. *Penanganan Depresi dan Ansietas di Pelayanan Primer*. Surabaya: Indopsy; 2005.
 19. Ni L, Elsharty A, McConachie I. Cesarean birth – What’s in a name? *International Journal of Obstetric Anesthesia* [Internet]. 2018 May [cited 2023 Apr 15];34:5–9. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0959289X17302698>
 20. Nur Arifin, Wilis Sukmaningtyas, Suci Khasanah. Gambaran Tingkat Kecemasan pada Pasien Pre Operasi dengan Indikasi Fraktur di Ruang Instalasi Bedah Sentral Rumah Sakit Siaga Medika Banyumas. *SNPPKM* [Internet]. 2021 Nov 21 [cited 2023 Mar 10];0(0). Available from: <https://prosiding.uhb.ac.id/index.php/SNPPKM/article/view/708>
 21. Palla A, Sukri M, Suwarsi S. Faktor-Faktor Yang Berhubungan Dengan Tingkat Kecemasan Pasien Pre Operasi. *JIKP Jurnal Ilmiah Kesehatan Pencerah*. 2018;7(1):45–53.
 22. Pereira SL, Silva TPRD, Moreira AD, Novaes TG, Pessoa MC, Matozinhos IP, et al. Factors associated with the length of hospital stay of women undergoing cesarean section. *Rev saúde pública* [Internet]. 2019 Feb 7 [cited 2023 Apr

- 2];53:65. Available from: <https://www.revistas.usp.br/rsp/article/view/161498>
23. Sarwono Prawirahardjo. Ilmu Kebidanan Edisi 5. 5th ed. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo; 2017. 548–559 p.
24. Ulia A. Gambaran Tingkat Kecemasan Pasien Pre Operasi di RSUD Mayjen H.A Thalib Kerinci. *Mal Nurse J* [Internet]. 2022 Feb 1 [cited 2023 Jun 6];5(2):395–401. Available from: <http://ejournalmalahayati.ac.id/index.php/manuju/article/view/5917>
25. Videbeck, S.L. Buku Ajar Keperawatan Jiwa (Renata Komalasari & Alfina Hani, Penerjemah). Jakarta: EGC; 2008.



PENGARUH PEMBERIAN TEKNIK RELAKSASI DEEP BREATHING DALAM MENURUNKAN TINGKAT KECEMASAN PADA PASIEN OPERASI SECTIO CAESAREA DI RSIA PASUTRI BOGOR

ORIGINALITY REPORT

27%
SIMILARITY INDEX

15%
INTERNET SOURCES

14%
PUBLICATIONS

23%
STUDENT PAPERS

PRIMARY SOURCES

1	id.123dok.com Internet Source	8%
2	eprints.umm.ac.id Internet Source	4%
3	repository.unhas.ac.id Internet Source	1%
4	docobook.com Internet Source	1%
5	Submitted to Sriwijaya University Student Paper	1%
6	repository.itekes-bali.ac.id Internet Source	1%
7	Submitted to Universitas Respati Indonesia Student Paper	1%
8	digilib.unisayogya.ac.id Internet Source	1%

Internet Source

1%

9

eprints.poltekkesjogja.ac.id

1%

10

Internet Source

repository.poltekkes-denpasar.ac.id

1%

11

Internet Source

repository.stikesmukla.ac.id

1%

12

Internet Source

repository.stikesdrsoebandi.ac.id

1%

13

Internet Source

ejournal.stikestelogorejo.ac.id

1%

14

Internet Source

Kustiningsih. "EFEKTIVITAS TERAPI MUSIK DALAM MENURUNKAN KECEMASAN, TEKANAN DARAH DAN PERNAPASAN ANAK SETELAH OPERASI", Intan Husada: Jurnal Ilmu Keperawatan, 2020

1%

15

Publication

repo.stikesalifah.ac.id

1%

17

Internet Source

yankes.kemkes.go.id

1%

18

Internet Source

19	Submitted to Universitas Pamulang Student Paper	1%
20	repository.ump.ac.id Internet Source	1%
21	Submitted to ppmsom Student Paper	1%
22	Meriem Meisyaroh Syamson, Murtini Murtini, Rostini M. "Pengaruh Promosi Kesehatan Menstrual Hygiene Terhadap Pengetahuan Dan Sikap Remaja Menstruasi Awal", Jurnal Ilmiah Kesehatan Sandi Husada, 2022 Publication	1%
23	es.scribd.com Internet Source	1%
24	repository.poltekkes-kdi.ac.id Internet Source	1%
25	eprints.ukh.ac.id Internet Source	1%
26	Submitted to Forum Perpustakaan Perguruan Tinggi Indonesia Jawa Timur Student Paper	1%
27	Keumalahayati Keumalahayati, Supriyanti Supriyanti. "Pengaruh Terapi Musik Klasik	<1%
		<1%

Beethoven untuk Mengurangi Kecemasan pada Ibu Bersalin Pre Operasi Sectio Caesar", JKEP, 2018

Publication

28

Submitted to Universitas Pendidikan Indonesia

Student Paper

<1%

29

Submitted to Universitas Nasional

Student Paper

<1%

30

www.halodoc.com

Internet Source

<1%

31

Submitted to Universitas Jember

Student Paper

<1%

32

Submitted to Badan PPSDM Kesehatan Kementerian Kesehatan

Student Paper

<1%

33

id.scribd.com

Internet Source

<1%

34

Submitted to IAIN Surakarta

Student Paper

<1%

35

Denny Erica. "PENGARUH SANKSI PERPAJAKAN TERHADAP KEPATUHAN WAJIB PAJAK ORANG PRIBADI", Jurnal Ilmiah Manajemen Ubhara, 2021

Publication

<1%

36

repository.unair.ac.id

	Internet Source	<1 %
37	repository.upi.edu Internet Source	<1 %
38	Submitted to Canada College Student Paper	<1 %
39	repo.poltekkes-medan.ac.id Internet Source	<1 %
40	repository.stikim.ac.id Internet Source	<1 %
41	ojs.poltekkes-malang.ac.id Internet Source	<1 %
42	poltekkesbdg.info Internet Source	<1 %
43	repository.poltekkes-smg.ac.id Internet Source	<1 %
44	repository.ar-raniry.ac.id Internet Source	<1 %
45	repository.stikes-bhm.ac.id Internet Source	<1 %
46	Submitted to Universitas Dian Nuswantoro Student Paper	<1 %
47	repository.umsu.ac.id Internet Source	<1 %



48

idalamat.com

Internet Source

<1%

49

www.dictio.id

Internet Source

<1



quotes

On

Exclude

bibliograp



Bogor, 26 Juni 2023

Perihal : **Surat Balasan**
No. Surat : 099-S-EXT/DIR-RSIAP/VI/2023
Lampiran :-

Kepada Yth,
Kepala Universitas Nasional Fakultas Ilmu Kesehatan
Di Tempat

Dengan Hormat,

Berdasarkan surat yang kami terima dari Universitas Nasional Fakultas Ilmu Kesehatan mengenai Permohonan melakukan Penelitian untuk Skripsi, dengan judul "**Pengaruh Pemberian Teknik Relaksasi Deep Breathing Dalam Menurunkan Tingkat Kecemasan Pada Pasien Operasi Sectio Caesaria di RSIA Pasutri Bogor**". atas nama :

Nama : Syaffitry Maryany
Nomor Induk Mahasiswa : 225401446042
Jurusan : Kebidanan Program Sarjana

Menyatakan bahwa mahasiswa yang tersebut telah disetujui untuk melakukan Penelitian pada rumah sakit kami sebagai syarat Penyusunan Skripsi.

Demikian surat ini kami sampaikan. Atas perhatian dan kerjasamanya, kami ucapkan terimakasih.

Bogor, 26 Juni 2023


RUMAH SAKIT IBU DAN ANAK
PASUTRI

dr. Dhima Paramitha Oktacynara
Direktur Utama RSIA Pasutri Bogor

Tembusan :

1. SDM
2. Yang Bersangkutan
3. Kepala Unit

Jl. Merak No. 03
Tanah Sareal
Bogor 16161

Telp. (0251) 8319707
Fax. (0251) 8331938

Hospitality Hospital



HEALTH RESEARCH ETHICS COMMITTEE (HREC)

KOMISI ETIK PENELITIAN KESEHATAN (KEPK)

ITS PKU MUHAMMADIYAH SURAKARTA

Alamat : Jl. Tulang Bawang Selatan No. 26 Tegalsari 01/08 Kadapiro Banjarsari Surakarta Jawa Tengah
Kode pos 57136 Telp. / Fax. (0271) 734955

ETHICAL CLEARANCE

KELAIKAN ETIK

Nomor: 313/LPPM/ITS.PKU/VII/2023

The Health Research Ethics Committee of ITS PKU Muhammadiyah Surakarta

Komisi Etik Penelitian Kesehatan ITS PKU Muhammadiyah Surakarta

after reviewing the research protocol here with to certify

setelah menilai dokumen protokol penelitian yang diajukan, dengan ini menyatakan

that the research protocol titled

bahwa protokol penelitian dengan judul :

PENGARUH PEMBERIAN TEKNIK RELAKSASI DEEP BREATHING DALAM MENURUNKAN TINGKAT
KECEMASAN PADA PASIEN OPERASI SECTIO CAESAREA DI RSIA PASUTRI BOGOR

Protocol ID : 23/7/301

Nomor Protocol

Principal Investigator : Syaffitry Maryany

Peneliti Utama 225401446042

Is Ethically Approved

Dinyatakan Laik Etik

Issued on, 06 July 2023

Chairman

Ketua

Dewi Marfuah, S.Gz., MPH.

NPP. 32014020121



UNIVERSITAS NASIONAL

FAKULTAS ILMU KESEHATAN

Jl. Harsono RM No. 1 Ragunan, Jakarta Selatan 12550, Telp. 27870882
Website: www.unas.ac.id; Email: fikes@civitas.unas.ac.id

Jakarta, 09 Juni 2023

Nomor : 277/D/SP/FIKES/VI/2023
Lampiran : -
Perihal : **Izin Studi Pendahuluan dan Penelitian**

KepadaYth : Direktur RSIA Pasutri Bogor.
Jl. Merak No 3 RT. 03 RW. 06 Tanah Sareal, Kecamatan Tanah Sareal,
Kota Bogor Kode Pos 16161, Jawa Barat.

Dengan hormat,

Pimpinan Fakultas Ilmu Kesehatan Universitas Nasional Jakarta dengan ini menerangkan bahwa :

Nama : Syaffitry Maryany
NPM : 225401446042
Program Studi : Kebidanan Program Sarjana
No. Telepon/HP : 087875145230

Mahasiswa tersebut bermaksud melakukan Studi Pendahuluan dan Penelitian yang diperlukan dalam rangka penulisan skripsi dengan judul : **"Pengaruh Pemberian Teknik Relaksasi Deep Breathing Dalam Menurunkan Tingkat Kecemasan Pada Pasien Operasi Sectio Caesaria Di RSIA PASUTRI BOGOR"**. Adapun sebagai pembimbing skripsi mahasiswa tersebut, yaitu :

Pembimbing 1 : Dr. Nurul Husnul Lail, SST., Bdn., M.Kes.
Pembimbing 2 : Putri Azzahroh, SST., M.Kes.

Sehubungan dengan hal tersebut mohon kiranya Bapak/Ibu dapat memberikan bantuan.

Demikian surat ini kami sampaikan, atas perhatian dan kerjasamanya kami ucapkan terimakasih.



Dekan,

Retno Widowati
Dr. Retno Widowati, M.Si.



UNIVERSITAS NASIONAL

FAKULTAS ILMU KESEHATAN

Jl. Harsono RM No. 1 Ragunan, Jakarta Selatan 12550, Telp. 27870882
Website: www.unas.ac.id; Email: fikes@civitas.unas.ac.id

Jakarta, 04 Juli 2023

Nomor : 378/D/SP/FIKES/VII/2023

Lampiran : -

Perihal : **Permohonan *Ethical Clearance***

Kepada Yth : Kepala Komisi Etik Penelitian Dan Kesehatan Its Pku Muhammadiyah Surakarta
Di –
Tempat.

Dengan hormat,

Sehubungan dengan dilakukannya penelitian yang berjudul "**Pengaruh Pemberian Teknik Relaksasi Deep Breathing Dalam Menurunkan Tingkat Kecemasan Pada Pasien Operasi Sectio Caesarea Di Rsia Pasutri Bogor.**" maka dengan ini kami bermaksud mengajukan permohonan surat kelayakan etik (*Ethical Clearance*) di Komisi Etik Penelitian dan Pengembangan Kesehatan Its Pku Muhammadiyah Surakarta. Adapun mahasiswa yang akan melakukan penelitian tersebut adalah:

Nama : **Syaffitry Maryany**

NPM : **225401446042**

Program Studi : **Kebidanan Program Sarjana**

Dosen Pembimbing : **1. Dr. Nurul Husnul Lail, SST., Bdn., M.Kes.**

2. Putri Azzahroh, S.ST., M.Kes.

Demikian surat ini kami sampaikan, atas perhatian dan bantuannya kami ucapkan terimakasih.

Hormat kami,

Dekan,



M.Si

Dr. Retno Widowati,