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## **Role of Health Workers Related to Anxiety Level of Third Trimester Pregnant Women in Face the Birth Process in Maternity Room Anutapura Palu General Hospital**

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### **Abstract**

Pregnancy is a dramatic episode of the condition of the biologicals, psychological changes and adaptations of a woman who never experienced it. Since during pregnancy, the mother has been experiencing anxiety. Anxiety increased towards birth, especially in the third trimester. The purpose of this study was to determine the role of health workers related to anxiety levels of third trimester pregnant women in face the birth process in maternity room Anutapura Palu General Hospital. The type of study was analytic survey used cross sectional approach. Sample total was 35 respondents with the sampling technique used purposive sampling method. The analysis in this study were univariate and bivariate. The results showed that with the good role of health workers, more respondents were at the mild anxiety level. Otherwise with the not good role of health workers, more respondents were at the moderate and severe anxiety levels. This study showed there was a relationship between the role of health workers with anxiety levels in the third trimester pregnant women ( $p = 0.016$ ,  $p = 0.023$ ,  $p = 0.003$ ,  $p = 0.005$ ,  $p = 0.009$ ). The role of health workers to the anxiety levels of third trimester pregnant women in the face of the birth process was essential to reduce the anxiety of the pregnant women.

**Keywords:** Anxiety Levels, Role of Health Workers, Third Trimester Pregnancy.

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## **1. Introduction**

Indicators of success of health development by the Ministry of Health of the Republic of Indonesia (2012) can be seen from the increase or decrease in health status. One indicator of the health status is the Maternal Mortality Rate (MMR) [1].

Human Resources (HR) of Health is seen as a key component to drive the development of health, which aims to raise awareness, willingness and ability of healthy life for everyone in order to realize optimal health status in terms of achieving the millennium development goals for health, it can be said nationally already in line with expectations, but some health problems still requires hard work by all parties, including reduced MMR [2]. Based on Demographic and Health Survey (IDHS) in 2012 showed that MMR in Indonesia amounted to 359/100,000 live births, while the Millennium Development Goals (MDG's) was 102/100,000 live births. Nationally, high of maternal mortality rate is also reflected at the provincial level, including in Central Sulawesi. In 2011 in Central Sulawesi with 220.9 per 100,000 live births. In 2012 the MMR of 181.3 per 100,000 live births and the increase in 2013 amounted to 244.5 per 100,000 live births [3]. Data from Health Office Palu City (2013), MMR in Palu in 2009 amounted to 96 per 100,000 live births. MMR for 2010 MMR increased to 173.75 per 100,000 live births, in 2011 amounted to 173.75 deaths per 100,000 live births, and in 2012 the number of deaths fell to 102.13 per 100,000 live births. As in 2013, MMR increased to 164.79 per 100,000 live births [4]. Prolonged birth process with various complications of maternity is one of the causes of high of MMR in Indonesia. Several factors contribute to the occurrence of prolonged birth process, among others, power of the mother in birth process is not effective, the baby is too large, pelvic size mismatch with the head of the baby and mother are psychologically unprepared for birth. So that mothers who are not psychologically prepared is what will influence the level of anxiety in pregnant women in face the birth process [5]. Based on medical records from Anutapura Palu General Hospital shows the number of births in 2012 was 1889, in 2013 was 2254 births, and in 2014 as many as 1857 births, while in the case of complications of pregnancy and birth as gestational hypertension, pregnancy complications and another maternity complications were 689 cases in 2013 and 390 cases in 2014, when seen from the proportion of complications of pregnancy and birth incidence that occurred at Anutapura Palu General Hospital an increase from 2013 amounted to 3.27% and in 2014 amounted to 4.76 % [6].

## **2. Materials and Methods**

This study was an analytic study with cross sectional study between independent and dependent variables by measured the instantaneous, observed simultaneously, and at a certain period of time.<sup>(7)</sup> This study was conducted in maternity room of Anutapura Palu General Hospital from July to August 2015. The population in this study was all of third trimester pregnant women who give birth at Maternity Room of Anutapura Palu General Hospital with 35 samples. The sampling technique in this study was purposive sampling. Collecting data used data from two primary data and secondary. The collection of primary data used questionnaires and secondary data took from medical records Anutapura Palu General Hospital. Processing data used univariate and bivariate analysis with Pearson's Chi-Square Test at 95% confidence level.

### 3. Results

#### 3.1 Relationship of Customer Service's Role with Anxiety Levels

The relationship of customer service's role with anxiety levels can be seen in Table 1.

**Table 1:** The relationship of customer service's role with anxiety levels in third trimester pregnant women in face birth process in maternity room Anutapura Palu General Hospital

Customer service	Anxiety Levels								Total	p	
	Not anxious		Mild		Moderate		Severe				
	n	%	n	%	n	%	n	%	n		%
Satisfactory	3	15.8	9	47.4	5	26.3	2	10.5	19	100.0	0.016
Dissatisfactory	1	6.3	1	6.3	7	43.8	7	43.8	16	100.0	
Total	4	11.4	10	28.6	12	34.3	9	25.7	35	100.0	

Source: Primary Data, 2015

Table 1 shows that the role of health workers as a satisfactory customer service, more respondents were at mild anxiety as many as 47.4% compared to respondents who not anxious as many as 15.8%, the moderate anxiety was 26.3% and severe anxiety was 10.5%. Based on the analysis used Chi Square Pearson committed to customer service's role with anxiety levels, the results obtained so that p value = 0.016 < 0.05 then H<sub>0</sub> in this study was rejected, it means that there was a relationship of the customer service's role with anxiety levels in third trimester pregnant women in the face birth process in maternity room of Anutapura Palu General Hospital.

#### 3.2 Relationship of Communicator's Role with Anxiety Levels

The relationship of communicator's role with anxiety levels can be seen in Table 2.

**Table 2:** The relationship of communicator's role with anxiety levels in third trimester pregnant women in face birth process in maternity room Anutapura Palu General Hospital

Communicator	Anxiety Levels								Total	p	
	Not anxious		Mild		Moderate		Severe				
	n	%	n	%	n	%	n	%	n		%
Satisfactory	3	15.8	9	47.4	4	21.1	3	15.8	19	100.0	0.023
Dissatisfactory	1	6.3	1	6.3	8	50.0	6	37.5	16	100.0	
Total	4	11.4	10	28.6	12	34.3	9	25.7	35	100.0	

Source: Primary Data, 2015

Table 2 shows that the role of health workers as a satisfactory communicator, more respondents were at mild anxiety as many as 47.4% compared to respondents who not anxious as many as 15.8%, the moderate anxiety was 21.1% and severe anxiety was 15.8%. Based on the analysis used Chi Square Pearson committed to communicator's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.023 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of the communicator's role with anxiety levels in third trimester pregnant women in the face birth process in maternity room of Anutapura Palu General Hospital.

### 3.3 Relationship of Motivator's Role with Anxiety Levels

The relationship of motivator's role with anxiety levels can be seen in Table 3.

**Table 3:** The relationship of motivator's role with anxiety levels in third trimester pregnant women in facebirth process in maternity room Anutapura Palu General Hospital

Motivator	Anxiety Levels								Total	p	
	Not anxious		Mild		Moderate		Severe				
	n	%	n	%	n	%	n	%			
Satisfactory	3	17.8	9	52.9	4	23.5	1	5.9	17	100.0	0.003
Dissatisfactory	1	5.6	1	5.6	8	44.4	8	44.4	18	100.0	
Total	4	11.4	10	28.6	12	34.3	9	25.7	35	100.0	

Source: Primary Data, 2015

Table 3 shows that the role of health workers as a satisfactory motivator, more respondents were at mild anxiety as many as 52.9% compared to respondents who not anxious as many as 17.8%, the moderate anxiety was 23.5% and severe anxiety was 5.9%. Based on the analysis used Chi Square Pearson committed to motivator's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.003 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of the motivator's role with anxiety levels in third trimester pregnant women in face the birth process in maternity room of Anutapura Palu General Hospital.

### 3.4 Relationship of Facilitator's Role with Anxiety Levels

The relationship of facilitator's role with anxiety levels can be seen in Table 4.

Table 4 shows that the role of health workers as a satisfactory facilitator, more respondents were at mild anxiety as many as 45% compared to respondents who not anxious as many as 15%, the moderate anxiety was 35% and severe anxiety was 5%. Based on the analysis used Chi Square Pearson committed to facilitator's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.005 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of the facilitator's role with anxiety levels in third trimester pregnant women in the facebirth process in maternity room of Anutapura Palu General Hospital.

**Table 4:** The relationship of facilitator’s role with anxiety levels in third trimester pregnant women in face birth process in maternity room Anutapura Palu General Hospital

Facilitator	Anxiety Levels								Total	p	
	Not anxious		Mild		Moderate		Severe				
	n	%	n	%	n	%	n	%			
Satisfactory	3	15.0	9	45.0	7	35.0	1	5.0	20	100.0	0.005
Dissatisfactory	1	6.7	1	5.7	5	33.3	8	53.3	15	100.0	
Total	4	11.4	10	28.6	12	34.3	9	25.7	35	100.0	

Source: Primary Data, 2015

### 3.5 Relationship of Counselor’s Role with Anxiety Levels

The relationship of counselor’s role with anxiety levels can be seen in Table 5.

**Table 5:** The relationship of counselor’s role with anxiety levels in third trimester pregnant women in facebirth process in maternity room Anutapura Palu General Hospital

Counselor	Anxiety Levels								Total	p	
	Not anxious		Mild		Moderate		Severe				
	n	%	n	%	n	%	n	%			
Satisfactory	3	16.7	9	50.0	4	22.2	2	11.1	18	100.0	0.009
Dissatisfactory	1	5.9	1	5.9	8	47.1	7	41.2	17	100.0	
Total	4	11.4	10	28.6	12	34,3	9	25.7	35	100.0	

Source : Primary Data, 2015

Table 5 shows that the role of health workers as a satisfactory facilitator, more respondents were at mild anxiety as many as 50% compared to respondents who not anxious as many as 16.7%, the moderate anxiety was 22.2% and severe anxiety was 11.1%. Based on the analysis used Chi Square Pearson committed to counselor’s role with anxiety levels, the results obtained so that  $p \text{ value} = 0.009 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of the counselor’s role with anxiety levels in third trimester pregnant women in the facebirth process in maternity room of Anutapura Palu General Hospital.

## 4. Discussion

### 4.1 Relationship of Customer Service’s Role with Anxiety Levels

Customer service is the care in providing assistance to set goals and achieve these objectives by using energy

and minimal time [8].

The results showed that the condition of the role of health workers as dissatisfactory customer service most substantial impact on moderate and severe anxiety respectively of 43.8%. While the condition of the role of health workers as dissatisfactory customer service that had the lowest percentage were at not anxious and mild anxiety level respectively by 6.3%.

The results also showed that the role of health workers as satisfactory customer service that had large percentage were 47.4% at mild anxiety level as well as on the role of health workers as satisfactory customer service also showed the lowest percentage of severe anxiety level by 10.5%.

Based on the analysis used Chi Square Pearson committed to customer service's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.016 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of customer service's role with anxiety level in third trimester pregnant women in the facebirth process in maternity room of Anutapura Palu General Hospital.

The results were consistent with the theory according to Levey and Loomba in Pohan that the relationship between the health workers with patients can be qualified if the assistance relationship in which there are components of services provided to the maximum. Provided services to patients can vary and can reduce the anxiety experienced by patients in the facebirth process [9].

#### ***4.2 Relationship of Communicator's Role with Anxiety Levels***

Communication is interpersonal communication with the starting point of giving mutual understanding among health workers to patients. Fundamental problems and require mutual communication between health workers and patients, so getting a personal communication between health workers and patients in order to help patients receive help [10].

The results showed that the role of health workers as dissatisfactory communicator most substantial impact on moderate anxiety as many as 50%. While the role of health workers as dissatisfactory communicator who had the lowest percentage were at not anxious and mild anxiety levels respectively by 6.3%.

The results also showed that the role of health workers as satisfactory communicator who had large percentage were 47.4% at mild anxiety level. Role of health workers as satisfactory communicator also showed that the lowest percentage as severe anxiety level of 15.8%.

Based on the analysis used Chi Square Pearson committed to communicator's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.023 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of communicator's role with the anxiety levels of third trimester pregnant women in birth process in maternity room of Anutapura Palu General Hospital.

The results were consistent with the theory of Mulyani [11]. Good communication skills of health workers will

be easier to establish a trusting relationship with the patients, so it will be more effective in achieving the objectives of care services. Communication gives purpose to help patients clarify and reduce the burden of mind and expected to relieve anxiety [11].

#### ***4.3 Relationship of Motivator's Role with Anxiety Levels***

Motivation is an impulse that will provide stimulus or the driving force that causes a person to perform an act in achieving certain goals.<sup>(12)</sup>

The results showed that the role of health workers as dissatisfactory motivator most substantial impact on moderate anxiety and severe anxiety levels respectively of 44.4%. The results also showed that the role of health workers as dissatisfactory motivator that had lowest percentage were at not anxious and mild anxiety levels as many as 5.6%.

Role of health workers as satisfactory motivator based on results that had largest percentage were at mild anxiety level as many as 52.9%. Results also showed the role of health workers as satisfactory motivator, which had lowest percentage were at severe anxiety level as many as 5.9%.

Based on the analysis used Chi Square Pearson committed to motivator's role with the anxiety level, the results obtained so that  $p \text{ value} = 0.003 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of motivator's role with the anxiety levels of third trimester pregnant women in birth process in maternity room of Anutapura Palu General Hospital.

This was in in line with the opinion of J. Finch in Rachmawati that support or motivation given by health workers to pregnant women patients to be the main thing that is most important. This is because the loving support reduces the anxiety felt by pregnant women, with the support of pregnant women will feel safe and comfortable, thereby reducing the anxiety felt in the face of the birth process [13].

#### ***4.4 Relationship of Facilitator's Role with Anxiety Levels***

The facilitator is the person or entity that provides ease or facilities. Health workers should be able to act as a facilitator for the patient to achieve optimal health status [14].

The results showed that the role of health workers as dissatisfactory facilitator most substantial impact on severe anxiety as many as 53.3%. As well as the role of health workers as dissatisfactory facilitator had the lowest percentage was at not anxious and mild anxiety levels respectively of 6.7%.

The results also showed that the role of health workers as satisfactory facilitator who had largest percentage were at mild anxiety level as many as 45% and the lowest was at severe anxiety level of 5%.

Based on the analysis used Chi Square Pearson committed to facilitator's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.005 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship

of facilitator's role with anxiety levels of third trimester pregnant women in birth process in maternity room of Anutapura Palu General Hospital. The results were consistent with Gonroos in Puspita which said that the physical condition of the hospital with a variety of facilities therein affect the image of the hospital that became the impression for the patient or the patient's family at the time of being in hospital, so that if a hospital facility is good, then patients will also feel comfortable when they are in hospital, so that health workers play an important role as a facilitator in terms of meeting patient facilities [15].

#### **4.5 Relationship of Counselor's Role with Anxiety Levels**

Counseling is a process of giving full information that aims to help people to recognize the current condition, the issue at hand and determine nets out or attempt to resolve the issue. The counselor is someone who has expertise in counseling [16]. The results showed that the role of health workers as dissatisfactory counselors most substantial impact on moderate anxiety level as many as 47.1% and the role of health workers as dissatisfactory counselors who had lowest percentage were at not anxious and mild anxiety levels respectively of 5.9%. The role of health workers as satisfactory counselor who had largest percentage of which were 50.0% at mild anxiety level. The results also suggested that the role of health workers as satisfactory counselor who had lowest percentage that were at severe anxiety level as many as 11.1%. Based on the analysis used Chi Square Pearson committed to counselor's role with anxiety levels, the results obtained so that  $p \text{ value} = 0.009 < 0.05$  then  $H_0$  in this study was rejected, it means that there was a relationship of counselor's role with the anxiety levels of third trimester pregnant women in birth process in maternity room of Anutapura Palu General Hospital. In accordance with the theory of Wolter Bingham, et al, the counselor helps the patient gain an understanding, awareness about their selves, their actions, and feelings, so that patients have confidence in them. Recognizing their feelings and thoughts. Moreover, in face anxiety at the time of the birth process so that patients do not feel the anxiety that impact on health [17].

#### **5. Conclusions**

The conclusions that can be drawn from this study was there a relationship between the role of health workers as customer service, communicator, motivator, facilitator and counselor with the anxiety levels of third trimester pregnant women in birth process in maternity room of Anutapura Palu General Hospital.

#### **6. Recommendations**

Based on these results, the researchers gave some suggestions and recommendations as follows :

1. Expected to health workers of Anutapura Palu General Hospital especially health workers in the maternity room further to improve service, communication, motivation, facilitation and providing counseling to patients, especially in patients who feel anxious when facing the birth process in terms of the psychological preparation of patients and assist pregnant women patients in reducing anxiety level that they felt that the patient can be more prepared, calm and comfortable when facing the birth process.
2. It is expected that it would need to pregnant women to prepare themselves both physically and



psychically. Physically can be done in a way to maintain health with nutritious foods, exercising allocated pregnant women, check the content on an ongoing basis, and so forth. A psychic is a positive attitude in the face of pregnancy, in order to control emotions ability to adjust in certain situations and gain knowledge about pregnancy and childbirth. All of it was shown to maintain the health of mothers and children and avoid the appearance of anxiety in pregnant women, especially in the face of birth.

## References

- [1]. Ministry of Health of Republic of Indonesia. 2012. Monitoring Guidelines for Local Regional Maternal and Child Health, Director General of Public Health : Jakarta.
- [2]. Prasetyawati, Arsita Eka. 2012. Maternal and Child Health (MCH)in Millenium Development Goals (MDGs). Nuha Medika: Yogyakarta.
- [3]. Health Office of Central Sulawesi Province. 2013. Health Profile of Central Sulawesi Province. Palu.
- [4]. Health Office of Palu City. 2013. Health profile of Palu City. Palu.
- [5]. Viebeck, S. 2012. Textbook of Psychiatric Nursing. EGC: Jakarta.
- [6]. Medical Records of Anutapura Palu General Hospital. 2014. Register of Kasuari Hospital maternity room's patients of Anutapura Palu General Hospital. Palu.
- [7]. Sastroasmoro, Ismail. 2008. The basics of clinical research methodology 3rd Edition. CV Sagung Seto: Jakarta.
- [8]. Potter. Perry. 2007. Fundamentals of Nursing, Concepts, Processes and Practices 4<sup>th</sup> Edition. 2<sup>nd</sup>Volume. EGC: Jakarta.
- [9]. Pohan, S Imbalo. 2008. Quality Assurance of Health Cares. EGC: Jakarta.
- [10]. Indrawati, T., Sujianto, U., Uripicini. 2003. Communication of midwifery. EGC: Jakarta.
- [11]. Mulyani, S. 2008. Communication and Therapeutic Relationship of Health Workers-Patients to Pre Major Surgery Anxiety. Society Medical News Vol. 24 No. 3 hal 151-155.
- [12]. Elliot, Stephen. 2000. Educational Pshychology, Effective Teaching, Effective Learning, Third Edition. The McGraw-Hill Companies: New York.
- [13]. Rachmawati, E. (2004). The quality of maternal health care and maternity: Between life expectancy and the fact of death. Kepustakaan Eja Insani: Bandung.
- [14]. Azwar, A. 1996. Maintaining Quality of Health Care. Jakarta: Bumi Aksara.
- [15]. Puspita, Ika. 2009. Relationship of Patient Perception about Hospital Facilities at Aceh Tamiang Regency General Hospital. FKM USU: Medan.
- [16]. Sukadji. 2000. Educational and School Psychology. LPSP3 Psychology Faculty Universitas of Indonesia: Depok.
- [17]. Bingham, Wolter, dkk. 2008. Counseling approach **Trait**and Factor. CV. Pustaka Bani : Bandung.