
The Need For Help Model Can Reduce Anxiety Levels of Losing a Baby in Severe Pre-Eclampsia Pregnant Women

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Abstract : *The need for help model is expected to be able to handle patient complaints in an emergency situation appropriately and quickly through 4 stages such as identification, assistance, validation, and coordination by applying knowledge, assessment, skills, spiritual and material resources. This model is appropriate to be applied to pregnant women with severe pre-eclampsia in an emergency situation who experience psychological disorders in the form of anxiety about infant mortality by utilizing spiritual sources which is dhikr therapy in order to form adaptive coping mechanisms. General description of the problem in this study regarding the effect of dhikr therapy on the level of anxiety about losing a baby in severe pre-eclampsia pregnant women in the need for help model.. The purpose of this study was to identify the level of anxiety of severe pre-eclampsia pregnant women about losing their babies given the need for help model. This research method uses a pre-experimental design in the form of one group pretest-posttest. The sampling technique applied was accidental sampling as many as 35 severe pre-eclampsia pregnant women at the Comprehensive Emergency Neonatal Obstetric Service (PONEK) RSUD Dr. Moewardi Surakarta. Research result obtained before being given the need for help model through dhikr therapy, all respondents experienced anxiety, while after being given the intervention there were 12 respondents who did not experience anxiety and others still experienced anxiety.*

Keywords : *Anxiety, Severe Pre-Eclampsia, The Need for Help Model*

INTRODUCTION

Pre-eclampsia is a disease condition characterized by persistent hypertension of more than 140/90 mmHg with or without proteinuria during pregnancy, childbirth, or postpartum (Karlina et al. 2020) whereas severe pre-eclampsia showed blood pressure of more than 160/110 mmHg and proteinuria of more than 5 grams/day (Wijayanti and Marfuah 2019). The cause of pre-eclampsia is not known for certain, but there are factors that are at risk of causing pre-eclampsia, including primigravida, especially young primigravida, age above 35 years or under 20 years, have chronic hypertension and diabetes mellitus (Situmorang et al. 2016). The effects of pre-eclampsia can affect both the mother and the fetus. Mothers are at risk of having kidney, liver, brain, uterine problems. On the other hand, the fetus suffers from nutritional and oxygen disturbances, stunted fetal growth, low birth weight babies, and even premature babies. Therefore, it needs to be handled quickly and appropriately (Simanullang 2019).

In severe pre-eclampsia pregnant women, psychological changes occur in the form of excessive worries about themselves and the fetus caused by internal or external factors. Anxiety in severe pre-eclampsia pregnant women includes fear of themselves (fear of death, fear of separation from the baby, worry about health and complications during pregnancy, not getting help and treatment immediately), anxiety about the fetus (baby has a disability or abnormality, miscarriage, even stillbirth), and anxiety unrelated to pregnancy (absence of husband) (Trisiani and Hikmawati 2016).

Anxiety in pregnant women with pre-eclampsia can have a dangerous impact on the mother and fetus (Trisiani and Hikmawati 2016). The impact that occurs on the mother is cognitive,

emotional, and social disturbances while the impact that will occur on the baby includes the effects of neurodevelopment in the long term because during pregnancy, nutrition for the fetus decreases due to impaired blood flow to the placenta so that it affects the growth and development of the fetus (Huda, Kurniawati, and Juliningrum 2020).

However, until now, only a few studies have discussed the psychology of pre-eclampsia sufferers, even though this condition can have a dangerous impact. If psychological disorders in the form of anxiety are not handled properly, it will cause postpartum depression and a decrease in initiation and duration of lactation. Therefore, early detection of anxiety in pregnant women plays an important role in monitoring the health of the mother and fetus (Serudji and Machmud 2018).

Nurses can provide quality care with a nursing model approach to overcoming all complications during pregnancy, childbirth, or postpartum (Machmudah 2015). One of the nursing models that can be applied is the need for help model approach from Wiedenbach. In Machmudah's research in 2015 it was found that the application of the need for help model was effective for pregnant women with severe pre-eclampsia during an emergency in order to overcome the mother's psychological problems to form adaptive coping mechanisms (Machmudah 2015). However, the situation that is often found in the field, namely the application of the need for help model is not optimal because nurses are more likely to provide assistance to physiological problems. This is supported by the results of an interview with a health worker at PONEK RSUD Dr. Moewardi Surakarta, she said that in an emergency, health workers and medical personnel more often focus on physical problems so that psychological assessments have not been prioritized and are strengthened by observations made by researchers who describe the conditions when in an emergency situation health workers and medical personnel quickly provide action in handling physiological complaints. After the physiological complaints are resolved, health workers and medical personnel only monitor the condition of the patient.

Psychological problems in the form of anxiety felt by pregnant women with severe pre-eclampsia can be overcome through spiritual-based psychological therapy, namely dhikr therapy (Fitriani and Supradewi 2019). Dhikr can have a positive influence in the form of confidence and strength in the treatment and healing process, so that the anxiety experienced by the patient decreases (Sulastri, Ningrum, and Mufidah 2021). However, the results of interviews with 4 health workers at PONEK RSUD Dr. Moewardi Surakarta stated that patients who experience anxiety are only given comfort in the form of a deep breath and are sometimes advised to pray without guidance and assistance.

Machmudah's research in 2015 explained that psychological changes that need to be handled quickly in severe pre-eclampsia pregnant women are caused by the possibility that the mother is at risk of losing the baby in her uterus, so that comprehensive nursing actions are needed by nurses so that patients can accept their condition, including losing a baby or giving birth. little baby. If the problem is not addressed immediately, it can result in the mother experiencing depression or prolonged sadness (Machmudah 2015). Niko's in 2018 research revealed that psychological disorders in the form of anxiety in pregnant women can have an impact on emergency conditions experienced by the mother or fetus, causing the flow of oxygen in the blood to be obstructed and uterine contractions to weaken which risks fetal death so that the mother has the potential to lose the baby. Effective interventions that can reduce anxiety levels and are often used, one of which is dhikr (Niko 2018). Rahman's research in 2020 states that the decrease in anxiety in pregnant women occurs because respondents carry out the stages of dhikr therapy so that a positive perception is formed which believes that all problems will be resolved with the permission of Allah SWT (Rahman 2020).

In accordance with the description above, the researcher intends to apply the need for help model to the level of anxiety about losing a baby in severe pre-eclampsia pregnant women through dhikr therapy.

METHOD

This research applies quantitative research in the form of pre-experimental design in the form

of one-group pretest-posttest. This research was conducted at PONEK RSUD Dr. Moewardi Surakarta on October 7, 2021-December 7, 2021. The research subjects used were severe pre-eclampsia pregnant women who felt anxious about losing their baby as many as 35 respondents using accidental sampling. The samples included in the criteria were pregnant women with severe pre-eclampsia who were controlled at PONEK RSUD Dr. Moewardi Surakarta, a pregnant woman with severe pre-eclampsia who feels anxious, and is willing to be part of the research as a respondent. On the other hand, the sample exclusion criteria were pregnant women who did an examination at the PONEK RSUD Dr. Moewardi Surakarta, who had severe pre-eclampsia but withdrew from research.

This study uses the standard HRS-A instrument and the pronunciation of dhikr in the form of Subhanallah wabihamdihi and subhanallah hil'adzim 100 times for 10-15 minutes. In this study, the researcher did not test the validity and reliability of the HRS-A instrument because Huda et al in 2020 had tested the validity and reliability with the results of r count = 0.467 on the validity test and r count = 0.97 on the reliability test (Huda et al. 2020). On the HRS-A scale there is an assessment, namely a score of 0 there are no symptoms, a score of 1 mild symptom is indicated by the presence of one symptom from the available options, a score of 2 moderate symptoms is indicated by more than one/half of the existing symptoms, a score of 3 severe symptoms is indicated with more than half of the symptoms present, a score of 4 symptoms is severe; i is indicated by the presence of all symptoms. The final result categorization on the HRS-A instrument was <14 = no anxiety, 14-17 = mild anxiety, 18-24 = moderate anxiety, 25-30 = severe anxiety (Rudiyanti and Raidartiwi 2017).

The data collection process was carried out directly by meeting patients and then introducing themselves, explaining the aims and objectives of the study and then offering the availability of patients as respondents. If the patient is willing, then an informed consent form is given. Researchers took pretest data on the level of anxiety about losing a baby by filling out the HRS-A observation sheet. The process of filling out the HRS-A observation sheet was carried out by researchers by observing and interviewing respondents. Then proceed with giving actions in the form of dhikr therapy reciting subhanallahi wabihamdihi subhanallahil'adzim 100 times for 10-15 minutes. After that, the researchers conducted an evaluation by filling out the HRS-A observation sheet as posttest data on the level of anxiety about losing a baby.

Data analysis applied in the form of univariate analysis and bivariate analysis. The univariate analysis showed the level of anxiety about losing a baby in pregnant women diagnosed with severe pre-eclampsia before and after dhikr therapy. Bivariate analysis includes data normality test with the number of respondents <50 then the test is carried out *Shapiro Wilk*. After getting the results that the data is normally distributed, the Paired Sample T-Test test is carried out to identify whether H_0 is accepted or rejected.

RESULTS

Table 1. Age Distribution of Respondents

Age	Amount	Percentage (%)
<20	2	5.7
20-35	21	60
>35	12	34.3
Total	35	100

Source: Primary data

According to the table above, the data for the majority and minority groups are obtained. In the majority group, namely pregnant women aged 20 to 35 years as many as 21 people (60%) while the minority group is pregnant women aged less than 20 years as many as 2 people (5.7%).

Table 2. Distribution of Respondents' Last Education

Last education	Amount	Percentage (%)
Elementary School	2	5.7
Junior High School	16	45.7
Senior High School	14	40
Diploma/Bachelor	3	8.6
Total	35	100

Source: Primary data

According to the education distribution of respondents, data on the level of education was obtained from the most, namely SMP, as many as 16 respondents (45.7%). Meanwhile, the last education level for pregnant women with severe pre-eclampsia was at least elementary school with 2 respondents (5.7%).

Table 3. Distribution of History of Prior Hypertension in Respondents

History of Hypertension	Amount	Percentage (%)
Yes	28	80
Not	7	20
Total	35	100

Source: Primary data

According to the distribution of previous history of hypertension, 28 people (80%) had a history of hypertension, while 7 people (20%) had no history of hypertension. In the distribution of previous history of hypertension, the majority of respondents had a history of hypertension. The majority of respondents said that this happened because respondents did not seek treatment regularly and did an examination if they had complaints.

Table 4. Previous Pre-eclampsia History in Respondents

History of Pre-eclampsia	Amount	Percentage (%)
Yes	25	71.4
Not	10	28.6
Total	35	100

Source: Primary data

According to the distribution of previous history of pre-eclampsia, there were 25 people (71.4) who had pre-eclampsia in a previous pregnancy, while 10 people (28.6) had never had a history of pre-eclampsia during pregnancy. In the distribution of previous history of pre-eclampsia, most respondents had a history of pre-eclampsia than respondents without a history of pre-eclampsia.

Table 5. Anxiety Levels of Losing a Baby in Respondents Before Giving Therapy

Category	Amount	Percentage (%)
Light	1	2.9
Medium	28	80
Heavy	6	17.1
Total	35	100

Source: Primary data

All respondents experienced anxiety about losing a baby before being given dhikr therapy. 1 person (2.9%) experienced mild anxiety, 28 respondents (80%) included moderate anxiety, and 6 respondents (17.1) showed severe anxiety.

Table 6. Anxiety Levels of Losing a Baby in Respondents After Giving Therapy

Category	Amount	Percentage (%)
There isn't any	12	34.3
Light	18	51.4
Medium	5	14.3
Total	35	100

Source: Primary data

According to the distribution of anxiety levels after being given therapy, it was found that after the intervention, the level of anxiety about losing a baby decreased as evidenced by 12 people (34.3%) not experiencing anxiety, 19 people (54.3%) including mild anxiety, and 4 people (11.4%) indicates moderate anxiety.

Table 7. Average Anxiety Levels of Losing Babies Before Treatment

Anxiety Level	mean	median	mode	SD	Min	Max
Pretest	21.97	22	22	2,955	16	29

Source: Primary data

In table 7. the average score before the intervention was 21.97 with a minimum score of 16 and a maximum of 29. The median and mode values in the pretest were 22.

Table 8. Average Anxiety Levels of Losing Babies After Giving Therapy

Anxiety Level	mean	median	mode	SD	Min	Max
Posttest	14.49	14	14	2.853	9	20

Source: Primary data

Table 8 shows the results after the intervention was given, namely a minimum value of 9 and a maximum of 20 with an average of 14.49. The median and mode values in the posttest are 14 with a standard deviation of 2.853.

Table 9. Paired Sample T-Test Level of Anxiety Losing Babies in Respondents

Anxiety Level	T count	Sig. (q-value)
Pretest		
Posttest	20,242	,001

Source: Primary data

Table 9. shows the magnitude of Sig which is 0.001 less than 0.05 so that it can be concluded that H_0 is rejected so that there is an influence of the need for help model on the anxiety level of losing a baby in pregnant women with severe pre-eclampsia with the help of dhikr therapy.

DISCUSSION

Characteristics of Respondents

Most pregnant women with a diagnosis of severe pre-eclampsia are aged 20-35 years. This is in line with the research of Srimulyawati et al that there were 187 respondents, the majority of whom were in the age group 20 to 35 years and diagnosed with severe pre-eclampsia at the 45 Kuningan Hospital in 2019 (Srimulyawati et al. 2021). Age 20 to 35 years is a good age to conceive because the uterus is ready to accept pregnancy. However, severe pre-eclampsia can be experienced by all age categories (Muzalfah, Santik, and Wahyuningsih 2018). Therefore, it is better for mothers to get

pregnant at the age of 20-35 years because if the mother is <20 or >35 years, there is a risk of pregnancy complications.

In the results of this study, the highest level of education is junior high school. This is supported by research by Legawati and Utama that there is a relationship between women's education level and severe pre-eclampsia (Legawati and Utama 2017). Bardja's research also explained that the results of bivariate analysis showed that there was a relationship between the education of pregnant women ($p < 0.000$) and severe pre-eclampsia because the p -value < 0.05 (Bardja 2020). Respondents who have a low level of education usually have low knowledge about information about their illness, including rarely doing check-ups during pregnancy because they do not feel complaints, while a high level of education will be easier to capture information about their health so they pay more attention to their condition.

Most of the respondents had a history of hypertension. The results of this study are consistent with the research of Muzalfah et al. There is a significant relationship between the incidence of previous hypertension and pre-eclampsia because pregnant women with previous hypertension are at risk of developing superimposed pre-eclampsia caused by disturbances in the body's organs since before pregnancy so that when pregnant the body's work increases which can be increased. exacerbate organ damage (Muzalfah et al. 2018). The results of this study were also strengthened by Bardja's research, namely there was a significant relationship between previously suffered hypertension ($p < 0.000$) and severe pre-eclampsia in pregnant women in the delivery room of Arjawinangun Hospital, Cirebon Regency in 2019 (Bardja 2020).

Most of the respondents had a history of pre-eclampsia in their pregnancy. The results of this study were strengthened by research by Luthfiyani et al. which revealed that the majority of pregnant women with severe pre-eclampsia had been previously diagnosed with pre-eclampsia. The results of the analysis showed that there was a significant relationship between the incidence of previous pre-eclampsia that had been suffered and severe pre-eclampsia because < 0.05 (Luthfiyani, Reksoprodjo, and Anisah 2017). The results of this study were also strengthened by Bardja's research. Respondents who had previously been diagnosed with pre-eclampsia had a risk of developing severe pre-eclampsia (Bardja 2020).

Models Need For Help

The need for help model is expected to be able to overcome physiological and psychological complaints in clients when experiencing emergency conditions quickly and precisely by identifying the assistance needed by patients, nurses utilizing support sources (spiritual and material), and evaluating the assistance provided to patients. Wiedenbach explains that the steps in this theory are to identify the help needed by the patient through observing the behavior of the patient's comfort, assessing the patient's behavior and its causes, determining the patient's ability to deal with his complaints (Prमितaresthi 2017).

The stages in the need for help model include identification, assistance, validation, and coordination. Nurses need to apply knowledge, skills, judgment, and sources of support (spiritual and material) in dealing with patient problems. In providing nursing care based on the Wiedenbach nursing model, nurses must be able to recognize the patient's needs so that assistance can be provided through observing the behavior felt by the patient, exploring the meaning of the behavior, identifying the cause, recognizing the patient's ability to solve problems or the assistance needed by the patient. If the patient requires the involvement of health workers in solving the problem, the nurse should facilitate it. One of the skills of nurses, namely critical thinking, has an important role in providing assistance to patients.

Wiedenbach states that there are 3 goals when providing assistance to clients, namely minimizing emergency conditions for the mother, minimizing anxiety caused by loss, helping clients form adaptive coping mechanisms in emergency and loss conditions through collaboration and coordination with other health teams so that clients get the right treatment. and effective so that the need for help model can be applied to pregnant women with severe pre-eclampsia when it is an

emergency situation with psychological disorders in the form of anxiety to form adaptive coping mechanisms (Machmudah 2015). If psychological disorders in the form of anxiety are not treated quickly and appropriately, it will cause postpartum depression and a decrease in initiation and duration of lactation. Nurses need to do early detection of anxiety when the mother experiences pregnancy which plays an important role in monitoring the health of the mother and fetus (Serudji and Machmud 2018). Anxiety about losing a baby experienced by pregnant women with severe pre-eclampsia in an emergency can be overcome with spiritual support sources to meet patient needs through dhikr therapy. Research by Widiastuti et al explained that spiritual-based non-pharmacological therapy, namely dhikr therapy, was effectively applied to pre-eclampsia pregnant women so that anxiety levels were reduced (Widiastuti et al. 2018).

Overview of Anxiety Levels Against Baby Loss in Severe Pre-Eclampsia Pregnant Mothers Before Being Given a Need For Help Model Through Dhikr Therapy

In accordance with the results of the study, all respondents experienced anxiety about losing their baby before being given dhikr therapy. The majority of respondents experienced moderate anxiety and the least group of respondents was mild anxiety. Respondents said that the anxiety they felt was caused by a feeling of fear if something bad happened to the baby, for example the death of the fetus or baby.

The results of this study are in accordance with the theory that if a person experiences moderate anxiety, symptoms such as an increase in pulse rate and blood pressure, dry mouth, restlessness, frequent shortness of breath, feelings of discomfort, feelings of worry, fear, and sleep disturbances will appear. mild symptoms experiencing signs such as shortness of breath, increased pulse and blood pressure, pale lips, feeling uneasy and comfortable, and shaking hands (Kusumawati and Hartono 2012). Trisiani and Rima's research explained that from 45 respondents there were 29 pregnant women with pre-eclampsia who felt anxious in the moderate category (Trisiani and Hikmawati 2016).

Overview of Anxiety Levels Against Baby Loss in Severe Pre-Eclampsia Pregnant Mothers After Being Given a Need For Help Model Through Dhikr Therapy

After the intervention in the form of dhikr therapy, the anxiety about losing a baby in the respondents decreased. The majority of patients felt mild anxiety and the least anxious group of patients felt moderate anxiety. The patient said he felt calmer and relaxed after doing dhikr therapy. This is the sensitivity of nurses is needed in recognizing the responses given by different respondents when facing the same problem. Nurses need to provide assistance in order to shape the patient's coping mechanisms to be adaptive and anxiety to decrease. In accordance with the results of research that has been measured through instruments, it is explained that a decrease in the patient's anxiety level score is marked by a decrease in several symptoms that are complained of.

The results of this study are supported by research by Widiastuti et al., who said that dhikr relaxation was effective in reducing feelings of anxiety experienced by pregnant women with a diagnosis of mild pre-eclampsia (Widiastuti et al. 2018). In addition, Rahman's research revealed that the anxiety level of pregnant women decreased after the dhikr stages were carried out which could generate thoughts and beliefs if all trials were able to be faced properly with the help of Allah SWT (Rahman 2020). In reducing anxiety levels, nurses are expected to be able to build trusting and honest relationships, give attention, provide assistance to clients, provide emotional support, and provide non-pharmacological therapy in the form of relaxation (Mulhaeriah, Afyanti, and Rachmawati 2017).

The Influence of the Need For Help Model Through Dhikr Therapy on Anxiety Levels of Losing a Baby in Severe Pre-Eclampsia Pregnant Women

Based on this study, it was revealed that the level of anxiety about losing a baby decreased in pregnant women with severe pre-eclampsia after dhikr therapy with an average of 7.486. This

indicates that there is an effect of the need for help model on the level of anxiety about losing a baby in severe pre-eclampsia pregnant women. In the paired sample T-Test, the p -value is 0.001. The results were <0.05 , it was concluded that there was a change in the level of anxiety about losing a baby in severe pre-eclampsia pregnant women.

Pregnant women with severe pre-eclampsia in emergency conditions will have psychological complaints in the form of anxiety (Purwati and Noviyana 2020). With the emergence of these complaints, it is necessary to provide nursing actions so that they can improve mental well-being and peace of mind, control feelings and thoughts, reduce anxiety (Kordi et al. 2017). Other studies explain that psychological complaints can be done with spiritually based therapies, including dhikr therapy (Perwitaningrum, Prabandari, and Sulistyarini 2016). Dhikr therapy that is carried out with sincerity, enthusiasm, and cooperation will be able to affect the level of anxiety so that a person will feel the impact, one of which becomes relaxed (Perwitaningrum et al. 2016).

When the respondent experiences anxiety, it is recommended to do dhikr repeatedly. This is expected to help respondents in diverting feelings of fear, worry, and anxiety so that respondents focus more on dhikr, understand the meaning of the pronunciation of dhikr, reduce anxiety (Azmarina 2015). Although the symptoms experienced by the subject have not completely disappeared. However, if you do dhikr, the subject will gain strength and comfort to replace feelings of anxiety (Fitriani and Supradewi 2019).

The results of this study are in line with the research of Widiastuti et al. who explained the effectiveness of the dhikr relaxation intervention with a Sig value of 0.0001 so that the anxiety score decreased significantly for pregnant women with mild pre-eclampsia (Widiastuti et al. 2018). In addition, Niko's research also revealed that dhikr therapy has an influence on anxiety that occurs in pregnant women because it is able to provide a calm feeling with a Sig value of 0.001 (Niko 2018).

CONCLUSION

Based on the description above, it can be concluded that there is an effect of the need for help model on the level of anxiety of losing a baby in severe pre-eclampsia pregnant women as evidenced by a decrease in the level of anxiety about losing a baby after the need for help model is applied through dhikr therapy.

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