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The effectiveness of video counseling (vidcon) education on anxiety levels in 'fast-track' peri-operative care protocols in minor and major surgeries

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Abstract

Background: Anxiety in patients with planned surgery, especially major surgery, is unavoidable. However, the role of medical personnel, particularly nurses, can provide stimulation to reduce anxiety. Approximately 80% of patients undergoing surgery report experiencing anxiety. Unresolved anxiety can lead to psychological problems and delays in scheduled surgeries, resulting in delayed treatment.

Purpose: To analyze the effectiveness of video counseling education (Vidcon) on anxiety levels in pre-operative patients.

Method: Experimental research (quasi-experimental) with a With Control Group Pretest Posttest Design with Purposive sampling of 110 respondents (control: 55 and intervention: 55).

Results: Most were aged 19-35 years, female gender, higher education did not work in minor surgery and did not have comorbidities. The pre-anxiety level with a mean of 18.2 and post with a mean of 12.7. There was a difference in anxiety levels before and after the intervention in the treatment group with a value of 0.000 and the control group p-value: 0.065.

Conclusion: Effectiveness in providing Video Counseling education (Vidcon) on anxiety levels in pre-operative patients with acceleration in the basic with a p-value of 0.000.

Keywords: Anxiety; Pre-Operation; Video Counseling (Vidcon) Education.

INTRODUCTION

Surgery or an operation is any medical treatment performed using invasive procedures, involving stages of opening or exposing the body part to be treated. The opening of the body part during a surgical procedure is generally carried out by making an incision; once the targeted area is exposed, the necessary repair is performed followed by closure and suturing of the wound (Sjamsuhidajat, 2017). The purpose of surgery is to diagnose or treat a disease, reduce the risk of disability or injury, and

manage conditions that cannot be cured through simple treatments or medications; therefore, surgery is essential to achieve better therapeutic outcomes (Polit & Beck, 2024). Approximately 34.2 million major surgical procedures are performed annually across 192 developed and developing countries. In the United States, about 51.4 million surgical procedures are carried out each year (Black & Hawks, 2024). Globally, the number of surgical procedures is very large; research conducted in 56

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countries in 2020 estimated approximately 234 million surgeries per year, nearly double the annual birth rate. In Indonesia, based on the National Tabulation Data of the Ministry of Health of the Republic of Indonesia in 2022, surgical procedures accounted for 32% and ranked 11th among the top 50 disease patterns in hospitals nationwide. Data on surgical patients at Dr. Kariadi Hospital Semarang in 2024 showed that major postoperative cases accounted for an average of 68.7% per month of all hospitalized patients, while minor surgeries comprised 32.2% of all recorded cases (Hutabarat, Risal, Munir, Mulyanti, Vilbra, Lestari, & Hotimah, 2022).

The positive impact of surgery is healing and reducing the risk of disability; however, one negative impact of the surgical process is the emergence of anxiety. Anxiety before medical procedures, especially surgery, is a common and natural human response. Anxiety is a general feeling in which a person experiences fear or loss of self-confidence without a clear source or form (Ardianto & Aghadiati, 2024). Prior to surgery, patients may experience excessive anxiety that can affect the planned surgical procedure. Anxiety in patients scheduled for surgery, particularly major surgery, is unavoidable; however, healthcare professionals, especially nurses, play a significant role in reducing anxiety (Sutinah, 2019). Approximately 80% of patients undergoing surgery report experiencing anxiety (Ekasari, 2023). Physiological and psychological stress responses commonly arise during surgical procedures and represent a difficult experience for almost all patients, influencing their preoperative responses. Thus, anxiety in surgical patients is unavoidable, and the body's response to anxiety may negatively affect the patient. Causes of preoperative anxiety include the risk of postoperative pain, physical changes, altered body image, fear of malignancy, fear of experiencing the same condition as others, fear of the operating room, surgical equipment and staff, fear of death or not regaining consciousness after anesthesia, and fear of surgical failure (Harkensia, Susanti, & Tahlil, 2022). It can therefore be concluded that anxiety occurring before and after surgery causes patients to experience significant fear.

Unresolved anxiety can lead to psychological disturbances and delays in scheduled surgical procedures, resulting in delayed treatment. This may cause prolonged stress, leading patients to postpone planned medical interventions. If not properly managed, anxiety can result in increased heart rate, stronger cardiac contractions, pupil dilation, decreased gastrointestinal motility, and metabolic responses such as glycogenolysis and gluconeogenesis in the liver. Based on the data presented above and the high incidence of surgical patients experiencing preoperative and postoperative anxiety at Dr. Kariadi Hospital Semarang, records from May 2024 to May 2025 show that 340 fast-track surgical patients were treated, with an average of 28 surgical cases waiting for schedules in the Kutilang Dasar ward. The fast-track surgery program, or scheduled accelerated surgery, is designed for single-case procedures without complications or with minimal complications, with an estimated length of stay of 3–5 days according to standard operating procedures for fast-track patient scheduling. In June 2025, the researcher conducted interviews with 10 postoperative patients and found that the majority experienced moderate anxiety (78.9%), 11.2% experienced mild anxiety, and one respondent experienced severe anxiety. Currently, efforts to reduce anxiety among patients scheduled for surgery include teaching deep breathing relaxation techniques, providing educational video counseling related to surgical procedures, involving the hospital's spiritual care team, and enhancing psychiatric services to help reduce anxiety. The counseling videos are played in the waiting areas for patients and their families.

RESEARCH METHOD

Experimental (quasi-experimental) with a pretest-posttest control group design with a quantitative approach. This study consisted of one educational video intervention group and one control group. The population in this study was all patients waiting for surgery between May 2024 and May 2025, totaling 340 patients with a correlation coefficient (r) using the Lameshow test formula. The number of samples taken was 50 respondents. To account for potential dropouts (DO), an additional 10% was added, bringing the total sample size to $50+5.0=55$ respondents. This means 55 control group participants and 55 intervention group participants, totaling 110 respondents. The study was

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conducted in the basic surgery ward at Dr. Kariadi General Hospital in Semarang, located at Jl. DR. Sutomo No.16, Randusari, Kec. Semarang Sel., Kota Semarang, Central Java 50244, from October to

December 2025. Preoperative anxiety was measured using the standardized questionnaire Amsterdam Preoperative Anxiety and Information Scale (APAIS) with a paired sample t-test analysis.

RESEARCH RESULTS

Table 1. Frequency Distribution of Respondents (N= 110)

Variable	Intervention (n=55)	Control (n=55)	t	P-Value
(Age)(n/)(Mean±SD)(Range)(Year)	(30.8±6.4)(18-55)	(30.3±6.3)(18-55)		
18	1/1.8	1/1.8		
19-35	38/69.1	40/72.7		
36-45	16/29.1	14/25.5		
≥45	0/0.0	0/0.0		
Anxiety Level (Mean±SD)(Range)				
Pre Test	(18.2000±5.90794) (6.00-30.00)	(19.5091±5.94067) (6.00-30.00)		
Post Test	(12.7818±3.68023) (2.00-200)	(19.0364±6.40591) (5.00-30.00)		
Average Anxiety (Mean±SD)(Range)				
Before	(18.2±55.90)(5.5)	(19.5±5.90)(0.5)	8.569	0.000
After	(12.7±36.80)(5.5)	(19.0±6.40)(0.5)	1.880	0.065
Gender (n/%)				
Male	6/10.9	12/21.8		
Female	49/89.1	43/78.2		
Education (n/%)				
Senior High School	23/41.8	37/67.3		
University	32/58.2	18/32.7		
Occupation (n/%)				
Employed	31/56.4	25/45.5		
Unemployed	24/43.6	30/55.5		
Type of Surgery (n/%)				
Minor Surgery	36/65.5	42/76.4		
Major Surgery	19/35.5	13/23.6		
Comorbidities (n/%)				
None	35/63.6	22/40.0		
Present	20/36.4	33/60.0		

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Based on the table, the number of respondents in both the intervention and control groups was 55 each, with a mean age of 30.8 ± 6.4 years and 30.3 ± 6.3 years, respectively (range 18–55 years), where the majority were aged 19–35 years. The mean anxiety score before the intervention in the intervention group was 18.20 ± 5.91 and in the control group was 19.51 ± 5.94 , while after the intervention it decreased to 12.78 ± 3.68 in the intervention group and remained relatively unchanged in the control group at 19.04 ± 6.41 . Statistical analysis showed a t-value of 8.569 ($p = 0.000$) before the intervention and 1.880 ($p = 0.065$) after the intervention. Most respondents were female, with the highest education level being university in the intervention group and senior high school in the control group. The majority of respondents in the intervention group were unemployed, whereas more respondents in the control group were employed. Most underwent minor surgery, and the majority in the intervention group had no comorbidities, while more respondents in the control group had comorbid conditions.

Table 2. Effectiveness of Video Counseling Education (Vidcon) on Anxiety Levels in Patients

Group	Mean Rank pre	Mean Rank Post	Z	p-value
Intervention	71.31	39.69	5.242	0.000
Control	58.82	52.18	1.099	0.272

Table 2 shows the average anxiety scale before and after intervention with a mean rank of 71.73 ± 39.69 and a description that the anxiety scale before and after intervention produced a p-value of 0.000, which indicates that the average population anxiety scale before and after intervention was significantly different and had a very significant effect. This proves that the provision of Video Counseling (Vidcon) education is effective in reducing anxiety levels in preoperative acceleration patients.

DISCUSSION

Age is one of the characteristics that influences health and performance, and increasing age may also affect an individual's level of anxiety. Individuals aged ≥ 35 years tend to experience moderate preoperative anxiety. The majority of respondents in the study were aged 25–55 years, representing adulthood and the decision-making stage for surgical procedures that had been performed (Wiramihardja, 2024). The results showed that most respondents were aged 19–35 years. The more mature a person is, the greater their level of maturity and strength in thinking and acting.

Gender is a socially constructed difference rather than merely a biological distinction between males and females. The majority of respondents in one

study were female and experienced moderate anxiety in decision-making, while another study reported that the majority were male. Generally, women are considered better at coping with problems they face, which may be related to anxiety levels. Women are often more capable of managing stress and performing tasks more effectively than men. An individual's ability to meet life needs can also influence their quality of life.

Education is a deliberate and structured learning process aimed at creating a teaching and learning environment. Educational level is related to anxiety because higher education is associated with better knowledge, which can reduce anxiety. The level of education is also associated with anxiety regarding specific problems. Therefore, the higher a person's educational level, the lower their anxiety tends to be. Preoperative patients often become more sensitive to feelings of fear and worry as surgery approaches. Anxiety may occur because patients lack previous surgical experience. The more experience a patient has, the greater their self-confidence (Yuliani, Shifa, & Afrina, 2024).

Occupation is an activity performed to earn income and fulfill life needs. Individuals who are employed tend to have better health status due to income influence and access to health insurance from

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their institutions. In some studies, the majority of respondents were employed, while in others most were unemployed, which also impacted anxiety levels. Anxiety levels differ between employed and unemployed individuals. Those who are unemployed may experience a lighter mental burden compared to those who work, as work-related stress is not present; their anxiety may stem from other factors. Conversely, working individuals tend to experience stress due to job-related burdens (Zulkarnain, Alfah, Sangkala, Nira, & Puspitasari, 2023).

Surgical procedures can be classified based on risk level into major and minor surgeries. The type of surgery is one factor that can cause preoperative anxiety. Other contributing factors include fear of needles or injections, fear of awakening during surgery, and the need for additional information regarding anesthesia and the procedure. Comorbidities refer to conditions in which a person has two or more diseases simultaneously. Complications are combinations of diseases resulting from chronic conditions, such as diabetes leading to kidney failure, stroke, coronary heart disease, or blindness. These complications can increase preoperative anxiety. The greater the number of complications, the heavier the burden on patients, draining their energy due to fear and potentially affecting surgical outcomes; in some cases, patients discontinue treatment because of the perceived burden.

Moderate preoperative anxiety was found in 67.8% of patients. Before intervention, most respondents experienced moderate anxiety with a mean score of 19.0. Anxiety before medical procedures, especially surgery, is a natural human response. Anxiety is a general feeling of fear or loss of confidence without a clear source. Approximately 80% of surgical patients report experiencing anxiety. Physiological and psychological stress reactions commonly arise during surgical activities and influence preoperative responses. Therefore, anxiety in surgical patients is unavoidable and may negatively impact the individual. In this study, the researcher assumes that excessive anxiety before surgery may affect the planned procedure. Although anxiety in major surgery patients cannot be avoided, healthcare professionals, especially nurses, can help reduce it.

Post-intervention, 82.9% of patients experienced mild anxiety. Anxiety levels before and after the intervention decreased by 78%, with a mean score of 11. Causes of anxiety in facing surgery include the risk of postoperative pain, physical changes, altered body image, fear of malignancy, fear of experiencing similar conditions as others, fear of the operating room and medical staff, fear of death or not regaining consciousness after anesthesia, and fear of surgical failure. Anxiety before and after surgery can cause intense fear. If not properly managed, it may increase heart rate, cardiac contractions, pupil dilation, decrease gastrointestinal motility, and trigger glycogenolysis and gluconeogenesis in the liver. The researcher assumes that unresolved anxiety may lead to psychological disturbances and surgical delays, resulting in prolonged stress and postponed treatment.

There is a relationship between video distraction intervention and anxiety levels (p -value: 0.001). There is also a relationship between distraction techniques and anxiety levels (p -value: 0.000). Video distraction is a method of diverting attention from unwanted conditions, such as anxiety or discomfort, by focusing on video displays (Kurwa, 2023). Audiovisual distraction is performed for at least 5–10 minutes by watching interesting scenery, favorite videos, playing games, or answering quizzes to provide therapeutic effects. The goal is to reduce pain, anxiety, or discomfort, especially during medical procedures. Distraction works by shifting attention away from discomfort. Its effectiveness depends on anxiety severity; non-pharmacological distraction is effective for mild to moderate anxiety, while severe anxiety may require pharmacological treatment.

Anxiety can also be managed through distraction techniques such as listening to music. Music can regulate stress-related hormones, increase endorphin levels to reduce pain, decrease muscle tension, improve coordination, and influence heart rate, pulse, respiration, and blood pressure through the autonomic nervous system. Music therapy is a healing technique using specific sounds or rhythms. The study found significant differences in anxiety levels before and after intervention in the treatment group, indicating that the intervention effectively

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reduced anxiety and could be implemented widely in hospital settings.

There was no relationship between video distraction intervention in the control group and anxiety levels (p-value: 0.123) (Hamid, Kareem, Tiryag, & Abdul-Ra'aoof, 2025). There was also no relationship between distraction intervention and anxiety levels (p-value: 0.301). The preoperative phase is the initial stage of perioperative care, beginning when the patient enters the admission room and ending when transferred to the operating table (Haeriyah, Winarni, & Agustin, 2024). Anxiety is a normal reaction to stressful life situations and may occur alone or with other emotional disorders (Mondigir, Langelo, & Oroh, 2021). Anxiety may arise from known or unknown factors (Donsu, 2019). It is characterized by unclear and unpleasant feelings of fear and vigilance, with symptoms varying among individuals. Fear and anxiety function as warning signs of danger; fear arises from a clear external threat (Lestari & Fitriani, 2024).

The mean population anxiety score before and after intervention differed significantly, demonstrating that Video Counseling Education (Vidcon) effectively reduces anxiety among fast-track preoperative patients. Preoperative anxiety was mostly moderate (81%), and research shows that relaxation techniques such as music therapy can significantly reduce anxiety (p-value: 0.000) (Riyanti & Devita, 2024). Significant differences were found in anxiety levels before and after video counseling (p = 0.000). Nurses play an important role in providing appropriate care according to patient anxiety levels after major surgery (Nursalam, 2024). Nurses can minimize anxiety through visual therapy to stimulate sensory comfort and endorphin release (Pefbrianti, Hariawan, Kurniawan, Sasongko, Alivian, & Yusuf, 2018). Visual distraction through video counseling is a safe and low-cost nursing intervention (Qomarasari, 2024). Visual distraction stimulates the reticular activating system to inhibit painful stimuli through sensory input from watching and listening to educational videos (Ona & Nelista, 2024). Therefore, video counseling education is a safe, comfortable, and economical nursing model to reduce preoperative anxiety. The findings confirm that Vidcon effectively reduces anxiety in fast-track preoperative patients, while no

significant changes were observed in the control group. It is recommended that nursing services develop complementary therapies such as Video Counseling (Vidcon) to safely and economically reduce preoperative patient anxiety.

CONCLUSION

Video Counseling Education (Vidcon) is effective in significantly reducing anxiety levels among preoperative patients in the intervention group, as evidenced by the statistically significant difference in anxiety scores before and after the intervention (p = 0.000), while no significant change was observed in the control group. The findings indicate that most patients experienced moderate anxiety prior to surgery, and the provision of structured video-based counseling served as a safe, affordable, and practical non-pharmacological intervention to alleviate anxiety. Therefore, Vidcon can be recommended as a complementary nursing intervention to help reduce preoperative anxiety and improve patient readiness for surgery.

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