



THE RELATIONSHIP BETWEEN CONSENT AND ANXIETY IN PATIENTS WITH FEMUR FRACTURES AT RADEN MATTABER HOSPITAL

Saniatul Mabruroh, Indah Mawarti, Luri Mekeama
University of Jambi
(Naskah diterima: 1 Juni 2026, disetujui 31 Juni 2026)

Abstract

Femoral fractures are musculoskeletal injuries that often require operative treatment. Before undergoing surgery, patients generally experience anxiety due to limited understanding of the procedure, risks, and outcomes of surgery. Proper implementation of informed consent procedures by healthcare professionals is considered to improve patient understanding and potentially reduce anxiety levels. This study aims to determine the relationship between the implementation of informed consent procedures and the preoperative anxiety levels of femoral fracture patients at Raden Mattaber Regional General Hospital in Jambi. This study used a quantitative approach with a cross-sectional design. A sample of 75 respondents was selected through a total sampling technique. Data collection used an informed consent questionnaire and the Hamilton Anxiety Rating Scale, which were then analyzed using the Spearman Rank correlation test. The results showed that the majority of informed consent implementation was in the adequate category (65.3%), while the anxiety level was predominantly in the severe category (44.0%). Statistical analysis obtained a p-value of 0.000, indicating a significant relationship between the implementation of informed consent procedures and the preoperative anxiety levels of femoral fracture patients.

Keywords: informed consent, anxiety levels, preoperative, femur fracture.

Abstrak

Fraktur femoralis adalah cedera muskuloskeletal yang seringkali memerlukan perawatan operasi. Sebelum menjalani operasi, pasien umumnya mengalami kecemasan karena pemahaman yang terbatas tentang prosedur, risiko, dan hasil operasi. Penerapan prosedur informed consent yang tepat oleh profesional kesehatan dianggap meningkatkan pemahaman pasien dan berpotensi mengurangi tingkat kecemasan. Penelitian ini bertujuan untuk mengetahui hubungan antara penerapan prosedur informed consent dengan tingkat kecemasan pra operasi pasien fraktur femoralis di RSUD Raden Mattaber di Jambi. Penelitian ini menggunakan pendekatan kuantitatif dengan desain cross-sectional. Sampel 75 responden dipilih melalui teknik pengambilan sampel total. Pengumpulan data menggunakan kuesioner persetujuan yang diinformasikan dan Skala Peringkat Kecemasan Hamilton, yang kemudian dianalisis menggunakan tes korelasi Spearman Rank. Hasil penelitian menunjukkan bahwa mayoritas implementasi informed consent berada dalam kategori yang memadai (65,3%), sedangkan tingkat kecemasan sebagian besar berada dalam kategori berat (44,0%). Analisis statistik memperoleh nilai p 0,000, menunjukkan hubungan

yang signifikan antara penerapan prosedur persetujuan yang diinformasikan dan tingkat kecemasan pra operasi pasien fraktur femoralis.

Kata kunci: persetujuan yang diinformasikan, tingkat kecemasan, pra operasi, fraktur tulang paha.

I. INTRODUCTION

A fracture is a breakdown of bone continuity caused by external pressure that comes in greater than what can be absorbed by the bone. Fractures occur when the strength and integrity of the bones are impaired due to destructive biological processes, causing fractures or cracks in the bones. Fractures can occur in various parts of the body, one of which is a fracture of the femur bone. A femur fracture is a condition of discontinuation of bone continuity in the thigh caused by violence, trauma, or accident.

Based on data according to the *World Health Organization* (WHO) in 2021, it was noted that femur fracture cases globally reached more than 11.5 million cases per year, which represents an increase of 35.12%. Data from the 2023 Indonesian Health Survey (SKI) shows that the incidence of fractures in Indonesia is quite high, with around 8 million cases occurring due to accidents, where limb fractures are the most commonly encountered, reaching 48.64% of all cases.

Fractures cause a variety of physiological and psychological impacts on patients, including acute pain, impaired mobility, and threats to the integrity of the body. Femur fractures can also cause significant blood loss due to the extent of vascular tissue in the femur area, thus increasing the risk of hypovolemic shock. Patients also have the potential to experience complications such as thromboembolism, infections, and malunion or non-union that can hinder the healing process. On the psychological aspect, femur fractures often cause anxiety, stress, and greater dependence on others in carrying out daily activities, which can ultimately reduce the patient's quality of life. Overall Treatment of femur fractures can be done through bone surgery that aims to restore the continuity and anatomical position of the bones optimally.

Preoperative action is a series that the patient goes through before the surgery that can cause stress reactions both physiologically and psychologically that can cause anxiety. Surgery consists of three phases, namely pre-operative, intra-operative, post-operative stage, the three stages are perioperative period.



Preoperative patient anxiety is caused by various factors, one of which is the factor of knowledge, family support, communication or nurse attitude in applying anxiety prevention in preoperative patients, and the type of surgery. Anxiety is related to all sorts of foreign procedures that patients have to undergo and also threats to life safety due to surgical procedures and anesthesia. Therefore, *informed consent* is needed to reduce patient anxiety about the threats felt by the patient when undergoing surgery.

According to the *World Health Organization* (WHO) 2020, the prevalence of anxiety in preoperative patients reaches 60-90% or around 534 million people globally. This anxiety varies from mild to severe, mainly due to fear of pain, surgical failure, and postoperative uncertainty. The provision of *informed consent explanations* and education on coping mechanisms was effective in reducing anxiety, where severe anxiety in preoperative patients from 73.3% initially decreased to moderate anxiety by 87.6% after intervention.

Informed consent is a form of consent given by the patient to the medical procedure that will be carried out by the doctor. Such consent may be given orally or in writing. In principle, *informed consent* is a communication process between doctors and patients regarding planned medical actions. The signing of the *informed consent* form in writing serves as an endorsement of the agreement that has been reached previously. The provision of complete information is intended so that patients can make decisions independently based on their understanding (*informed decision*). Thus, the patient has the right to accept or reject the recommended medical procedure.

The implementation of *informed consent procedures* by healthcare workers in pre-operative fracture patients is an important process that involves detailed communication about the condition of the fracture, the surgical procedures to be performed, the risks and benefits, and treatment alternatives. This procedure aims to ensure that the patient fully understands and gives consent consciously and voluntarily, as a form of respect for the patient's rights and autonomy. In the context of pre-operative fracture, *informed consent* not only fulfills the legal and ethical aspects of medicine but also plays a role in lowering the patient's generally high anxiety levels due to fear of surgery and its consequences.

Ineffective communication or lack of adequate information in *informed consent* procedures has the potential to increase the patient's anxiety levels, which can lead to discomfort and even resistance to the surgical process. The role of health workers is very important in conveying complete and clear information so that patients are able to give consent consciously and calmly, so that overall it can reduce anxiety levels in pre-surgical fracture

patients. Research in the Kenanga Room of dr. H. Soewondo Kendal Hospital showed a significant relationship between the provision of *informed consent* and the level of anxiety of preoperative patients.

However, research at Scholoo Keyen Hospital in South Sorong showed different results. This study showed that the provision of *informed consent* did not have a significant relationship with the anxiety level of pre-anesthesia patients. These differences in results show that the effectiveness of *informed consent* in reducing preoperative patient anxiety is still inconsistent in various hospital settings in Indonesia. Therefore, this study was conducted with a focus on preoperative femur fracture patients in hospitals, with the aim of clarifying whether the provision of *informed consent* has a significant relationship with the level of anxiety in this population.

Previous research at the Bangkinang Regional General Hospital and research at the General Surgery Polyclinic of the NTB Provincial Hospital both focused on the implementation and completeness of *informed consent procedures* in hospitals as part of the quality of service and legal protection for patients. This study shows that the implementation of providing information to patients is in accordance with standards, but the completeness of the form is still low, especially in patient identity and authentication of medical procedures which only reaches 40-54%. In addition, even though the availability of *informed consent* forms reaches 100%, some important items such as alternative actions, risks, and product provider identities are still not fully filled, reaching only 22.5%.

Thus, this study not only emphasizes the importance of *informed consent* from the psychological side of the patient, but also shows gaps in the administrative aspect that still need to be corrected, so that further research can integrate these two perspectives to produce a more comprehensive approach in preoperative services.

This research has important implications in preoperative nursing practice. The effective implementation of *informed consent* can serve as a significant psychosocial intervention in reducing patients' anxiety before undergoing surgery. Theoretically, based on Lazarus and Folkman's stress and coping theory, the delivery of clear and comprehensive information through *informed consent procedures* is a stimulus that helps patients understand the surgical process, risks, and benefits of medical procedures thereby increasing a sense of control and a sense of security.

In nursing practice, nurses can play an active role in providing structured education and empathetic communication during the *informed consent* process . This includes explaining the

surgical procedure, answering patient questions, and calming the patient down to reduce the worry and anxiety that arises. Thus, nurses not only perform administrative functions, but also become essential emotional support agents, thus improving the patient's psychological readiness for surgery and improving long-term clinical outcomes. This research provides the basis for the development of nursing protocols that integrate the implementation of *informed consent* as part of holistic and patient-oriented pre-operative care.

A preliminary study was conducted by researchers in October 2025 on ten pre-surgical fracture patients undergoing treatment at Raden Mattaher Jambi Hospital. The results of the interviews showed that the implementation of *informed consent procedures* by health workers provided a different experience for each patient. Seven patients admitted that they received sufficient explanation and support regarding the actions to be taken so that they felt calmer and more confident in facing the surgery. However, three patients stated that they felt they lacked complete information and adequate communication, so their anxiety levels remained high ahead of surgery. These preliminary findings show that there is variation in the application of *informed consent procedures* by health workers and their direct relationship with the anxiety levels of preoperative fracture patients. This is an important basis for researchers to conduct a more comprehensive study on the relationship between the application of *informed consent procedures* and the level of anxiety of pre-fracture patients at Raden Mattaher Hospital.

Preliminary studies show that although all pre-operative fracture patients at Raden Mattaher Hospital have received *informed consent procedures*, the process is often not followed by an adequate understanding of the surgical procedures to be undertaken. Many patients continue to experience moderate to severe anxiety because they feel that they do not understand the content of the information conveyed, so the purpose of providing *informed consent* as an effort to reduce anxiety has not been achieved optimally. One of the factors that may occur such as excessive anxiety levels before the procedure begins is often hindering the patient's cognitive ability to absorb information in its entirety. Some studies report that *informed consent* has a significant effect on lowering anxiety, while others find no meaningful relationship. The inconsistency in the quality of *informed consent delivery* and differences in the results of previous research show that there are gaps that need to be further researched, especially in pre-operative fracture patients at Raden Mattaher Hospital.

II. THEORETICAL STUDIES

Fracture

A fracture is a condition in which the continuity of bone, either in whole or in part, is lost or severed. The occurrence of fractures is usually triggered by trauma or physical force that exceeds the bone's ability to withstand pressure. The strength of the force, the structural condition of the bone, and the soft tissue surrounding the bone, all determine the type and severity of the fracture.

Femur Fracture

Femur fracture is the loss of femur continence, the condition of a femur fracture clinically can be in the form of an open femur fracture accompanied by soft tissue damage (muscles, skin, nerve tissue and blood vessels) and a closed femur fracture that can be caused by trauma to the thigh.

Informed Consent

Informed consent is a doctrine in the health world that leads to the patient's autonomy in determining what actions will be taken against the patient, which begins with very clear information from a health worker to the patient.

Concept of Anxiety

Anxiety is a psychological condition characterized by feelings of discomfort and anxiety that are not necessarily clearly realized by the individual who experiences them. These feelings arise in response to vague or non-specific threats, creating uncertain fears and uncertainties that can trigger vigilance and preparedness for possible dangers. Anxiety serves as an internal signal that warns individuals of potential risks or threats, thus encouraging individuals to take anticipatory actions to overcome these threats.

Pre Operation

Surgery is an invasive medical procedure that is performed as a continuation of emergency management, adjusted to the patient's condition. This procedure involves opening a part of the body through an incision to reveal the area to be treated, followed by corrective action on the part, and ending with the closure or suturing of the incision wound.

III. RESEARCH METHODS

This study uses an observational analytical cross-cutting design that will be carried out at Raden Mattaher Jambi Hospital during 2026. The population and sample amounted to 75 preoperative femur fracture patients who were selected by total sampling technique according to inclusion and exclusion criteria. Data was collected through a structured questionnaire,

which is an instrument for the implementation of informed consent and the Hamilton Anxiety Rating Scale (HARS) anxiety assessment scale that has been tested for validity and reliability. Data analysis was carried out descriptively using frequency distribution and Spearman Rank correlation test to see the relationship between variables, with a significance limit of $p < 0.05$. The entire research process has met research ethical principles such as respondent consent, data confidentiality, and fairness of treatment.

IV. RESEARCH RESULTS

Overview of Research Locations

This study was conducted on 75 respondents of preoperative femur fracture patients at Raden Mattaher Jambi Hospital. The research was conducted in May–June 2026. The results of the study were presented in the form of the distribution of respondent characteristics, the distribution of research variables, the normality test, and the Spearman Rank correlation test.

Research Results

Overview of Respondent Characteristics

**Table 1. Distribution Overview of Characteristics
Rearesponden at Raden Mattaher Jambi Hospital**

Respondent Characteristics	Quantity		
	Remarks	Frequency	Present(%)
Age	1. 5–11 years	4	5,3 %
	2. 12–17 years	6	8,0 %
	3. 18–40 years	41	54,7 %
	4. 41–65 years old	24	32,0 %
Gender	1. Male	42	56,0 %
	2. Women	33	44,0 %
Education	1. Elementary School	7	9,3 %
		27	36,0 %
	2. Junior High School	30	40,0 %
		11	14,7 %
	3. High School		
Jobs	4. College		
	1. IRT	20	26,7 %
	2. Self-employed	12	16,0 %
		19	25,3 %
	3. Labor	24	32,0 %
	4. Not Working		
Total		75	100%

Based on the table above, out of 75 respondents, it is known that the age distribution of respondents is the most in the age group of 18–40 years old as many as 41 respondents (54.7%). In terms of gender characteristics, most of the respondents were male as many as 42

respondents (56.0%). Based on education level, the most respondents were in the high school category with 30 respondents (40.0%). Meanwhile, based on employment, the most respondents were not working as many as 24 respondents (32.0%), followed by workers as many as 19 respondents (25.3%), and IRT as many as 20 respondents (26.7%).

Univariate Analysis

Table 2. Distribution of Frequency of Giving Informed Consent at Raden Mattaher Jambi Hospital

<i>Informed Consent</i>	Frequency (f)	Present (%)
Adekuat	26	34,7 %
Quite Adequacy	49	65,3 %
Lack of Adequate	0	0 %

Based on Table 2, the results of a study on 75 respondents regarding the provision of *informed consent* to pre-operative femur fracture patients at Raden Mattaher Jambi Hospital showed that most respondents received *informed consent* in the category of quite adequate as many as 49 respondents (65.3%), while the adequacy category was 26 respondents (34.7%), and there were no respondents who received *informed consent* in the less adequate category (0%). These results show that the provision of *informed consent* to pre-operative femur fracture patients at Raden Mattaher Jambi Hospital has mostly been carried out in the category of quite adequate.

Table 3. Distribution of Anxiety Frequencies of Preoperative Femur Fracture Patients at Raden Jambi Hospital

<i>Informed Consent</i>	Frequency (f)	Present (%)
No Worries	7	9,3%
Lightweight	15	20,0%
Medium	20	26,7%
Weight	33	44,0%
Panic	0	0%

Based on Table 3 regarding the distribution of respondents based on the level of Anxiety of Pre-Operative Femur Fracture Patients at Raden Mattaher Jambi Hospital, from a total of 75 respondents, it is known that most of the respondents experienced severe category anxiety as many as 33 people (44.0%), followed by the moderate category as many as 20 people (26.7%), the mild category as many as 15 people (20.0%), and the no anxiety category as many as 7 people (9.3%). Meanwhile, there were no respondents who experienced panic category anxiety (0%).

Bivariate Analysis**Table 4. Spearman Rank Correlation Test Results between Informed Consent and Anxiety Level**

Informed Consent	Anxiety Level										r	p- value		
	None	Light weig ht		Medium		Weight		Panic		Total				
		N	%	N	%	N	%	N	%	N			%	
Adekuat	1	1,3	1	1,3	1	1,3	1	1,3	0	0,0	4	5,3	0,26 6 1	<0.02
Enough	6	8,0	1	18, 4 7	19	25, 3	32	42, 7	0	0,0	71	94, 7		
Less	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0		
Total	7	9,3	1	20, 5 0	20	26, 7	33	44, 0	0	0,0	75	100		

Based on Table 4, the results of the bivariate test using Spearman Rank analysis obtained a correlation coefficient value (r) of 0.266 with a p-value = 0.021 ($p < 0.05$), which shows that there is a significant relationship between the implementation of informed consent procedures by health workers and the level of anxiety of preoperative femur fracture patients at Raden Mattaher Jambi Hospital. The value of the correlation coefficient indicates the direction of a positive relationship with a weak relationship strength. The results of the study also showed that most of the respondents obtained the implementation of informed consent in the category of quite adequate, namely 49 respondents (65.3%), with the highest level of anxiety in the severe anxiety category of 20 respondents (26.7%).

Discussion**Respondent Characteristics**

Respondent characteristics showed that the majority of preoperative femoral fracture patients were in the 18–40 age group (41 respondents (54.7%)), followed by 24 respondents (32.0%) in the 41–65 age group. These findings indicate that preoperative femoral fracture patients are predominantly from the productive age group, which is at higher risk of trauma due to high activity and mobility.

Based on gender, the majority of respondents were male (42 respondents (56.0%)), while 33 were female (44.0%). The male predominance among femoral fracture patients is thought to be related to their higher physical activity and mobility, making them more susceptible to injury.

Regarding educational level, the majority of respondents (30 respondents (40.0%)) had a high school education, followed by 27 (36.0%) had a junior high school education. These results indicate that most respondents have a secondary education, which plays a role in their ability to understand health information, including surgical procedures and informed consent.

Based on occupation, the majority of respondents were unemployed (24 respondents) (32.0%), followed by housewives (20 respondents) (26.7%), laborers (19 respondents) (25.3%), and self-employed (12 respondents) (16.0%). This indicates that some respondents lack permanent employment, while laborers and self-employed individuals are at a higher risk of experiencing trauma due to strenuous physical activity.

Univariate Analysis

Providing Informed Consent

The results of the study showed that the majority of respondents (49 respondents (65.3%) received informed consent in the "fairly adequate" category, while 26 respondents (34.7%) received informed consent in the "adequate" category. No respondents received informed consent in the "inadequate" category. These findings indicate that healthcare workers at Raden Mattaher Regional Hospital in Jambi implemented the informed consent process adequately before surgical procedures.

Informed consent is a communication process between healthcare workers and patients that includes providing information about the diagnosis, purpose of the procedure, benefits, risks, complications, alternative therapies, and the opportunity for patients to ask questions before giving consent. In this study, all respondents (100%) stated that they had received an explanation regarding their illness and the planned medical treatment. Most respondents also stated that consent was always sought before medical procedures were performed. These results indicate that information was conveyed optimally, helping patients understand their condition and the procedures to be undertaken.

The predominance of respondents with secondary education also supports the effectiveness of the informed consent process by facilitating patients' access to and understanding of health information. Research findings show that the implementation of complete and communicative informed consent plays a role in increasing patient understanding, readiness, and confidence in facing surgical procedures.

Patient Anxiety Level

Based on the research results, the majority of respondents experienced moderate anxiety (42 respondents (56.0%)), followed by mild anxiety (23 respondents (30.7%)), and severe anxiety (10 respondents (13.3%)). These findings indicate that the majority of preoperative femoral fracture patients still experience anxiety before undergoing surgery.

Anxiety in preoperative patients is an emotional response that arises when patients face situations perceived as threatening, such as surgical procedures, anesthesia, pain, potential

complications, and the postoperative recovery process. The level of anxiety experienced by patients can be influenced by the perception of the threat and the individual's ability to cope with the situation. Providing adequate information, emotional support, and therapeutic communication play a crucial role in helping patients manage anxiety.

The measurement results showed that the highest scores were in the behavioral aspect, such as restlessness, uneasiness, trembling hands, facial tension, frequent sighing, and appearing anxious. High scores were also found in the tension aspect, characterized by feelings of tension, fatigue, restlessness, and difficulty relaxing. These findings indicate that patient anxiety is more often expressed through changes in behavior and emotional state before surgery.

The characteristics of respondents, predominantly of productive age and their first experience undergoing surgery, are suspected to contribute to anxiety levels. Concerns about the success of the surgery, the anesthesia process, postoperative pain, and the recovery process can increase patient anxiety. Therefore, in addition to providing information through informed consent, therapeutic communication and emotional support from healthcare professionals and family are necessary to improve patient psychological preparedness and help reduce preoperative anxiety levels.

Bivariate Analysis

The results showed that the majority of respondents (49 respondents (65.3%)) received a satisfactory level of informed consent, while 26 respondents (34.7%) received an adequate level of consent, and no respondents received an inadequate level. Bivariate analysis using the Spearman Rank test showed a correlation coefficient (r) of 0.266 with a significance value of $p = 0.021$. This finding indicates a significant but weak relationship between the implementation of the informed consent procedure and the level of anxiety in preoperative femoral fracture patients.

The majority of respondents (42 respondents) experienced moderate anxiety, followed by 23 (30.7%) with mild anxiety, and 10 (13.3%) with severe anxiety. This indicates that patients still experience concerns regarding the surgical procedure, anesthesia, pain, and potential complications that may occur after surgery.

Implementing informed consent plays a role in preparing patients psychologically by providing clear, complete, and easy-to-understand information. This information helps reduce uncertainty and enhances patient understanding of the medical procedure. However, the continued presence of patients with moderate to severe levels of anxiety suggests that

preoperative anxiety is influenced not only by the quality of informed consent implementation, but also by other factors such as individual characteristics, previous experiences, family support, psychological well-being, and the patient's coping skills.

These findings suggest that the better the informed consent procedure is implemented, the lower the patient's anxiety tends to be. However, the relatively weak strength of the relationship indicates that informed consent is not the sole factor influencing preoperative anxiety. Therefore, high-quality informed consent implementation needs to be supported by therapeutic communication and optimal psychological support to enhance patient preparedness for surgery.

V. CONCLUSION

This study was conducted on 75 preoperative femur fracture patients at Raden Mattaher Jambi Hospital to analyze the relationship between the implementation of informed consent procedures and the patient's anxiety level. The majority of respondents were 18–40 years old (49.3%), male (56.0%), had a high school education (40.0%), and worked as self-employed (29.3%). The implementation of informed consent procedures is quite adequate (65.3%) and adequacy (34.7%), without any category of inadequacy. Most patients experienced moderate anxiety (56.0%), followed by mild anxiety (30.7%) and severe anxiety (13.3%). The results of the Spearman Rank correlation test proved that there was a significant weak and positive relationship between the implementation of informed consent and the level of anxiety ($r=0.266$; $p=0.021$).

REFERENCE

- Aggresmawati, S., Ardina, R., Sari, R., & Vellyana, D. 2018. Informed Consent pada Tingkat Kecemasan Pasien Pre-Operative (Informed Consent on Anxiety Level of Pre-Operative Patient). 7(2), 101–104.
- Arofiati, F., & Rumila, E. 2020. Hubungan antara Peranan Perawat dengan Sikap Perawat pada Pemberian Informed Consent sebagai Upaya Perlindungan Hukum bagi Pasien di RS PKU Muhammadiyah Yogyakarta Tahun 2020. *Mutiara Medika*, 9(2), 58–63.
- Bahasuan, N., & Sukoco, B. 2021. *Buku Medikolegal Persetujuan Tindakan Kedokteran (Informed Consent): Aspek Hukum & Aplikasi Lapangan*. Surabaya: PT Arvi Jaya Abadi.
- Burso, A. 2023. Aspek Hukum Persetujuan Tindakan Medis (Informed Consent). *Law Justice Journal*, 1(1), 1–18.
- Kustriyani, M. F. N. R. 2021. Pemberian Informed Consent Menurunkan Tingkat Kecemasan Pasien Preoperasi Ruang Kenanga RSUD dr. H. Soewondo Kendal. *Journal UWHS*, 1(1), 107–118.
- Lazarus, R. S., & Folkman, S. 2019. *Stress Appraisal, and Coping*. *Educacao e Sociedade*, 1, 1689–1699.
- Maryam, S. 2020. Strategi Coping: Teori dan Sumberdayanya. *Jurnal Konseling Andi Matappa*, 1, 101–107.
- Maryanto, I. 2019. *Ringkasan Orthopaedi*. Vol. 2. 1–30.

- Murdiman, N., Harun, A. A., L, N. R. D., & Solo, T. P. 2020. Hubungan Pemberian Informed Consent dengan Kecemasan pada Pasien. *Jurnal Keperawatan*, 2(3), 1–8.
- Octaria, H., & Trisna, W. V. 2023. Pelaksanaan Pemberian Informasi dan Kelengkapan Informed Consent di Rumah Sakit Umum Daerah Bangkinang (RSUD Bangkinang). *Jurnal Kesehatan Komunitas*, 3(2), 59–64.
- Putra, F. M., Mappaware, N. A., Rijal, S., Makmun, A., & Syamsu, R. F. 2024. Laporan Kasus: Analisis Kasus Fraktur dalam Perspektif Medis, Bioetik dan Islam. 8, 3931–3940.
- Rasdin. 2022. Hubungan Informed Consent dengan Tingkat Kecemasan pada Pasien Pre Anestesi di Rumah Sakit Umum Daerah Scholoo Keyen Sorong Selatan.
- Rohmah, N. 2018. *Diagnosa dan Tindakan Keperawatan pada Kasus Orthopedi dan Traumatologi*. Jember: LPPM Universitas Muhammadiyah Jember.
- Rohmawati, A., Hartiti, T., & Machmudah. 2020. Hubungan Pemberian Informed Consent dengan Tingkat Kecemasan pada Pasien Pre Operasi di Instalasi Rawat Inap RSUD KAJEN Kabupaten Pekalongan. *FIKKES Jurnal Keperawatan*, 5(1), 57–70.
- Royindah. 2024. Hubungan Pemberian Informed Consent dengan Tingkat Kecemasan Pasien Pre Operasi di RS Santa Elisabeth Medan Tahun 2024. Medan: STIKes Santa Elisabeth.
- SKI. 2023. *Survei Kesehatan Indonesia*. Diakses dari <https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/>
- Stuart, G., Keliat, A., & Pasaribu, J. 2016. *Prinsip Praktek Keperawatan Kesehatan Jiwa (Edisi Indonesia)*. Jakarta: Salemba Medika.
- Susanti, E. 2017. *Modul Mata Kuliah: Keperawatan Perioperatif*. Jakarta: Global Aksara Pers.
- Susi, M., & W. P. 2020. Penerapan Terapi Musik terhadap Penurunan Kecemasan pada Pasien Pre Operasi Fraktur di Rumah Sakit Daerah K.R.M.T. Wongsonegoro.
- Upama, A., Purnama, J., & Operasi, P. 2024. Hubungan Pemberian Informed Consent dengan Tingkat Kecemasan Pasien Pre Operasi. *Jurnal Pendidikan Keperawatan dan Kebidanan (JPKK)*, 3(3), 65–73.
- WHO. 2020. *Mental Health Atlas*. Geneva: World Health Organization.
- WHO. 2021. *World Health Organization*. Geneva: World Health Organization.
- Widyastuti, Y. 2023. Gambaran Kecemasan pada Pasien Pre Operasi Fraktur Femur di RS Ortopedi Prof. Dr. R. Soeharso Surakarta. 12, 31–36.
- Yanti, N. K. W., & Yulianti, M. S. 2024. Kelengkapan Informed Consent Poliklinik Bedah Umum Rumah Sakit Umum Daerah Provinsi Nusa Tenggara Barat. *Jambura Health and Sport Journal*, 6(1), 31–39.