#### Jurnal Info Kesehatan

RESEARCH

Vol. 22, No. 4, December 2024, pp. 873-880 P-ISSN 0216-504X, E-ISSN 2620-536X DOI: 10.31965/infokes.Vol22.Iss4.1581





# Open Access

# Achievement of the Mother's Role According to Mercer's Theory is related to the Readiness of Pregnant Women to Undergo Sectio Caesarea Operation

Annisa Juliani Sujono<sup>1a</sup>, Tri Johan Agus Yuswanto<sup>1b\*</sup>, Fitriana Kurniasari Solikhah<sup>1c</sup>, Sumirah Budi Pertami<sup>1d</sup>

<sup>1</sup> Department of Nursing, Politeknik Kesehatan Kemenkes Malang, Malang, East Java, Indonesia

<sup>a</sup> Email address: annisaj1507@gmail.com

<sup>b</sup> Email address: denbagusjohan@yahoo.co.id <sup>c</sup> Email address: fitriana.polkesma@gmail.com

<sup>c</sup> Email address: sumirah\_budi@poltekkes-malang.ac.id

Received: 7 June 2024 Revised: 15 November 2024 Accepted: 30 December 2024

#### **Abstract**

The prevalence of caesarean section (C-section) deliveries has risen to encompass over 1 in 5 births (21%) globally and is projected to increase to nearly one-third (29%) by 2030. With this growing trend, optimal patient preparation becomes essential for ensuring safe and successful outcomes. Patient preparation involves multiple aspects, including physical readiness, nutritional status, gastrointestinal and abdominal hygiene, surgical site shaving, personal hygiene, bladder emptying, preoperative exercises, mental preparation, and informed consent. Mental preparedness, in particular, is closely associated with achieving maternal role attainment, as described in Mercer's theory. This study aimed to explore the significant relationship between maternal role attainment, based on Mercer's theory, and the readiness of pregnant women to undergo C-section surgery. A quantitative correlational research design was employed, involving a sample of 52 pregnant women scheduled for C-section surgery, selected using the Total Sampling technique. Maternal role attainment (independent variable) was assessed using a validated questionnaire, while surgical readiness (dependent variable) was measured using a readiness questionnaire that had undergone validity testing. Data were analyzed using the Spearman Rank Correlation test. The results revealed that 26 participants (50.0%) had achieved their maternal role, and 47 participants (90.4%) demonstrated readiness for C-section surgery. Statistical analysis indicated a significant positive relationship between maternal role attainment and surgical readiness, with a p-value of 0.03 (<0.05) and a correlation coefficient of 0.401, suggesting a moderate and positive correlation. The conclusion is there are relationship between maternal role attainment, based on Mercer's theory, and the readiness of pregnant women to undergo C-section surgery. These findings imply that the greater the maternal role attainment, the higher the readiness of pregnant women to undergo C-section surgery.

**Keywords:** Maternal Role, Mercer's Theory, Caesarean Section (C-section), Maternal Mental Health, Pregnant Women.

Corresponding Author:

Tri Johan Agus Yuswanto

Department of Nursing, Politeknik Kesehatan Kemenkes Malang, Malang, East Java, Indonesia

Email: denbagusjohan@gmail.com



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### 1. INTRODUCTION

Patients who will undergo surgery need to prepare themselves before they enter the operating room (Göras, et al., 2020). This preparation is needed to avoid things that will cause fatalities in the operating room (Karamchandani, 2021). Patients need to prepare themselves as optimally as possible for surgery (Kamer, & Çolak, 2020; De Simone, et al., 2020). Readiness is an important concept in many aspects of life because it helps ensure that a person or system is ready to face challenges or changes that may occur.

Labor caesarean section is the final action for various difficulties in childbirth assistance, an alternative action for mothers who are unable or do not want to give birth naturally, and is carried out for medical reasons, including the patient's own wishes and the doctor's recommendation (Kusumah, Idris & Sitorus, 2022). Most of the preoperative patients had little knowledge regarding surgical preparation in the amount of 75.6% according to (Kurniawan et al., 2018). Every woman imagines the journey of birth and motherhood, and these perceptions greatly shape her response to pregnancy (Nurhidayati et al., 2023). In Mercer's theory, the mother's role includes age at first birth, birth experience, initial separation from the baby, social stress, social support, personality traits, self-concept, parenting attitudes, and health (Nugroho, 2021). A pregnant woman's readiness to become a mother is also related to her willingness to accept all the changes that occur during her pregnancy (Woromboni, Ernawati, & Nurafriani 2022). A mother's behavioral response to role expectations is reflected and demonstrated in her ability to care for her baby, her attitude, feelings of love and enjoyment towards her baby, and her acceptance of the responsibilities of her role as a mother (Wulaningsih, 2021).

According to research by the World Health Organization (WHO), the use of caesarean sections continues to increase globally, and now accounts for more than 1 in 5 (21%) of all births (World Health Organization, 2021). This number is predicted to continue to increase in the next ten years, with almost a third (29%) of all births likely to be carried out by caesarean section in 2030 (World Health Organization, 2021). Riskesdas 2018 data shows that births by caesarean in East Java Province in 2018 were 22.36. % of all births (Badan Penelitian dan Pengembangan Kesehatan, 2019). Caesarean section operations currently account for around 10-40% of all births, thus contributing to a reduction in perinatal mortality rates (Asta, Aisyah, & Silaban, 2023). Meanwhile, the results of a preliminary study regarding the readiness of pregnant women to carry out caesarean section operations at Bangil Regional Hospital are still lacking, especially regarding physical readiness, shaving the surgical area, and mental readiness of the patient. The results of a preliminary study regarding the achievement of the mother's role and readiness for surgery using an interview approach in several multigravida pregnant women undergoing caesarean section operations were less achieved and less prepared. Achieving the role of mother requires optimal self-preparation to receive and welcome the baby that is born (Ernawati, 2020).

The lack of achievement of the mother's role shows how a pregnant mother prepares herself and the fetus to welcome the birth of her baby and in this case for delivery using the caesarean section method which also has several surgical preparations to see whether the pregnant mother is ready to undergo surgery. This study aimed to explore the significant relationship between maternal role attainment, based on Mercer's theory, and the readiness of pregnant women to undergo C-section surgery.

# 2. RESEARCH METHOD

This study employed a quantitative research approach with a correlational design. The population consisted of 52 pregnant women scheduled to undergo caesarean section surgery at Bangil Regional Hospital. The sampling technique used was total sampling, resulting in a sample size of 52 participants. The research instruments included two questionnaires: one measuring maternal role attainment based on Mercer's theory, and the other assessing the

readiness of pregnant women to undergo surgery. Both instruments were tested for validity and reliability to ensure accurate and reliable data collection. Data analysis was conducted using the Spearman Rank Correlation test, which is suitable for determining the strength and direction of relationships between variables with ordinal data. This test is particularly useful when the data sources of the variables do not need to be identical (Mustofani & Hariyani, 2023). This research was ethically approved by the Bangil Regional Hospital Ethics Committee, with ethical approval number 400.14.5.4/1084/424.072.01/2024, ensuring compliance with ethical standards in conducting the study.

#### 3. RESULTS AND DISCUSSION

**Table 1.** Demographic characteristics of pregnant women who will undergo caesarean section surgery at Bangil Regional Hospital in the period 26 April – 6 May 2024.

| <b>Respondent Characteristics</b> | Frequency (n) | Percentage (%) |
|-----------------------------------|---------------|----------------|
| Age                               |               |                |
| At risk (> 35 years)              | 9             | 17.3%          |
| No Risk (21 – 35 years)           | 43            | 82.7%          |
| Parity                            |               |                |
| 2nd                               | 26            | 50.0%          |
| The 3rd                           | 19            | 36.5%          |
| To 4                              | 7             | 13.5%          |
| Job-status                        |               |                |
| Doesn't work                      | 50            | 96.2%          |
| Work                              | 2             | 3.8%           |
| Total                             | 52            | 100%           |

Table 1 shows the demographic characteristics of pregnant women who will undergo caesarean section surgery at Bangil Regional Hospital in the period 26 April - 6 May 2024, the majority of pregnant women are not at risk, namely 21 -35 with 43 respondents (82.7%), the parity of pregnant women is half the parity 2nd as many as 26 respondents (50.0%), almost all of them were unemployed, namely 50 respondents (96.2%).

**Table 2.** Distribution of maternal role achievements among pregnant women who will undergo caesarean section operations at Bangil District Hospital in the period 26 April – 6 May 2024.

| <b>Achievement of the Mother's Role</b> | Number of Respondents | Percentage % |
|---|-----------------------|--------------|
| Very Unattainable                       | 0                     | 0            |
| Underachieved                           | 1                     | 1.9%         |
| Achieved                                | 26                    | 50.0%        |
| Highly Accomplished                     | 25                    | 48.1%        |
| Total                                   | 52                    | 100.0%       |

Table 2 shows the distribution of maternal role attainment for pregnant women who will undergo caesarean section surgery at Bangil Regional Hospital from 26 April to 6 May 2024. There were 26 respondents (50.0%), which means that half of the 52 respondents were achieved, and a small portion was less achieved, with 1 respondent (1.9%) of the 52 respondents.

**Table 3.** Distribution of readiness of pregnant women to undergo caesarean section surgery at Bangil Regional Hospital in the period 26 April – 6 May 2024.

| Pregnant Women's Readiness to<br>Undergo Surgery | Number of Respondents | Percentage % |
|--|-----------------------|--------------|
| So Unprepared                                    | 0                     | 0            |
| Not Ready  | 4                     | 7.7%         |
| Ready  | 47                    | 90.4%        |

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| Pregnant Women's Readiness to<br>Undergo Surgery | <b>Number of Respondents</b> | Percentage % |
|--|------------------------------|--------------|
| Very ready                                       | 1                            | 1.9%         |
| Total  | 52                           | 100.0%       |

Table 3 shows the distribution of readiness of pregnant women to undergo caesarean section shows that the majority of 47 respondents (90.4%) are in the ready category and a small portion, namely 1 respondent (1.9%) is in the very ready category.

**Table 4.** Distribution of the relationship between maternal role attainment according to Mercer's theory on the readiness of pregnant women to undergo caesarean section surgery in the period 26 April – 6 May 2024.

| Distribution of the relationship                | Information       | Results |
|---|-------------------|---------|
| The mother's role and the readiness of pregnant | Correlation value | 0.401   |
| women to undergo caesarean section surgery      | p-value           | 0.03    |
|   | N                 | 52      |

Table 4 shows the distribution of the relationship between adaptation process ability and work stress level among nurses in the operating room at Mardi Waluyo Hospital, Blitar, the results of the Spearman Rank Correlation test show a p-value of 0.03 < 0.05 means that there is a significant relationship between achieving the mother's role according to Mercer's theory and the readiness of pregnant women to undergo caesarean section surgery. The correlation coefficient in this study is 0.401, which means that the level of strength of correlation is that the relationship between variables is sufficient with the direction of the relationship being positive, which means that the relationship between variables is in the same direction, that is, the more the mother's role is achieved, the more prepared the pregnant mother will be to undergo caesarean section surgery.

#### **DISCUSSION**

# Achievement of the Mother's Role According to Mercer's Theory in Pregnant Women at Bangil Regional Hospital.

Supported by previous studies, achieving the maternal role requires optimal preparation to welcome the arrival of a baby (Ernawati, 2020). This preparation includes fostering a positive attitude and self-esteem, which play a crucial role in enabling mothers to provide appropriate stimulation for their child's growth and development (Fadillah et al., 2024). Mercer's theory highlights that maternal role attainment is shaped by various factors, including interactions between the baby, mother, and father, and their mutual influence (Anwar, 2024). Empirical evidence from Mercer's research suggests that women who have achieved their identity as mothers are better equipped to fulfill their roles as parents (Novianti, 2024).

Maternal role attainment significantly impacts child development and family harmony. Mothers require love, approval, appreciation, and support from family, friends, and healthcare providers throughout pregnancy and postpartum to reduce risks of maternal depression, which often occurs within days after delivery (Umrah & Asmawati, 2019). Comprehensive family, social, and healthcare support is essential to achieving maternal role attainment during pregnancy (Pangesti, 2018).

Given its significance, researchers emphasize that achieving the maternal role must begin with the mother herself. A mother's role serves as a pillar for fostering a child's emotional, moral, and physical foundation while maintaining family well-being. This role extends to multiple aspects of life, such as providing emotional stability, moral guidance, social support, and promoting family health, all of which hinge on the mother's ability to attain her role successfully.

# Readiness to Undergo Caesarean Section Surgery in Pregnant Women at Bangil Regional Hospital.

Research indicates that approximately 90% of preoperative patients experience anxiety, which underscores the importance of mental preparation before surgery (Arif, Fauziyah, & Astuti, 2022). A patient's mental condition can significantly affect their physical readiness for surgery (Hasyim, Rohmah, & Handayani, 2022). Proper preparation, such as fasting to prevent aspiration (Saputra, 2021), adhering to Standard Operating Procedures (SOPs), and ensuring hygiene, plays a pivotal role in ensuring a smooth surgical process and reducing risks (Hidayat, & Hayati, 2019).

Preparation for childbirth includes physical, mental, and material readiness, supported by family and healthcare providers, to alleviate maternal anxiety and ensure both maternal and fetal health (Purnomo, 2018). Psychological disorders may arise when mothers are unprepared for surgery, leading to heightened stress and affecting physiological conditions (Utami, 2022). Proper patient education on surgical procedures and anesthesia can enhance maternal peace of mind and promote readiness (Karnina, 2019).

This study found that most pregnant women at Bangil Regional Hospital were well-prepared for caesarean section surgery. Comprehensive preparation according to SOPs not only minimizes risks but also expedites recovery and improves surgical outcomes. For example, shaving the surgical area ensures cleanliness and facilitates surgical incision, while preoperative training enhances postoperative recovery.

# Connection Between Maternal Role Attainment and Readiness for Caesarean Section Surgery.

Caesarean deliveries have been linked to a higher risk of postpartum depression compared to vaginal deliveries, indicating a relationship between maternal role attainment and mental readiness for childbirth (Pratiwi & Ambarwati, 2023). Emotional responses, such as preoperative anxiety, are common among patients undergoing caesarean section (Kristanti & Faidah, 2022). Factors like birth canal conditions, fetal health, psychological readiness, and maternal health significantly influence delivery outcomes (Susanti & Utama, 2022).

In this study, one out of 52 respondents showed low maternal role attainment, which was linked to negative childbirth experiences and increased anxiety. Four respondents exhibited low surgical readiness, primarily due to inadequate preoperative training and a lack of knowledge about preparation procedures. Mothers who attained their maternal role demonstrated a stronger motivation to prepare for childbirth and surgery.

Based on these findings, researchers conclude that maternal role attainment is closely related to surgical readiness. When mothers achieve mental, physical, and social stability, they are better prepared to face surgery and receive proper support from family and healthcare providers. Achieving the maternal role ensures that pregnant women are well-prepared for caesarean section surgery, ultimately improving their health outcomes and their ability to welcome their newborns successfully.

### 4. CONCLUSION

The conclusion is there are relationship between maternal role attainment, based on Mercer's theory, and the readiness of pregnant women to undergo C-section surgery. These findings imply that the greater the maternal role attainment, the higher the readiness of pregnant women to undergo C-section surgery. Future research could involve a larger and more diverse sample from multiple healthcare facilities to increase the generalizability of the findings.

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