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The 9th International Nursing Conference 2018 “urseatT f TnsfiCa, Snceand resech” 115 The Effectiveness Of Deep Breathing Relaxation Technique And Guided Imagery To Decrease Pain Intensity On Postoperative Fracture Patients In Bougenvile Ward Of Dr Soegiri Hospital Lamongan Rizky Asta Pramesti Rini Department of Nursing, Universitas Airlangga, Surabaya, Indonesia rizkyastapramestirini@gmail.com Keywords: Deep breathing relaxation, Guided Imagery, Pain, Postoperative Fracture Abstract: Surgery is a tense complex procedure conducted in the operating theater. Pain is an unpleasant symptom experienced by post fracture surgery patients.

The purpose of this study was to analyze the effectiveness of deep breathing relaxation technique and guided imagery to decrease pain intensity on postoperative fracture patients. The sampling method used was simple random sampling. Samples taken were 35 respondents within 2 months. A nalisusWicoxn gnRanTtsattwit igice eva= .0. he result of this research showed that prior to the deep breathing technique relaxation and guided imagery, 25 respondents (71.4%) experienced moderate pain and 2 respondents (5.7%) experienced mild pain. After ging eepbhiratn echuangued magy, hpient’ ain ensy ecred, n which 25 respondents (71.4%) experienced mild pain.

Result of Wilcoxon statistic test between deep breathing relaxation technique and guided imagery and pain revealed the influence between deep breathing relaxation technique and guided imagery and pain intensity with Z= -5.178a and p = 0.000. It is necessary for nurses to increase extension and care to patients or families in attempt to guided patients using deep breathing relaxation technique and guided imagery to reduce the pain. 1 BACKGROUND Fracture is a dissolution of bone continuity tissue and cartilage which is generally caused by injury. Trauma causing fractures can be in the form of direct and indirect trauma (Sjamsuhidajat and Jong, 2005).

Fractures treatment can be done through conservative and surgery according to the severity of the fracture and the patients ' attitude (Smeltzer and Bare, 2002). Surgery is a treatment which uses an invasive way by opening or displaying body parts to be treated (Sjamsuhidajat and Jong, 2005). Pain after surgery is physiological, but it is one of the most feared complaints by clients after surgery. The pain sensation is started prior to the patients ' consciousness fully return, and increases when anesthetic effect decrease.

The form of pain experienced by patients after surgery is an acute pain occurring due to the incision wound former surgery (Perry and Potter, 2005). Fracture incidence in Indonesia was 1.3 million annually with a population of 238 million people, the largest in Southeast Asia. The incidence of fractures in Indonesia as reported by the MOH RI (2007) showed that approximately 8 million people had fractures with different types of fractures. Fracture incidence in Indonesia was 5.5% with range of each profession between 2.2 to 9% (MOH, 2007).

If it is not adequately treated, pain will affect the pulmonary, cardiovascular, gastrointestinal, endocrine, immunologic and stressful systems and can cause depression and disability. This inability ranges from restricting participation in activities to inability to meet personal needs such as eating and dressing up (Smatzler and bare, 2002). Pain management strategies include pharmacological and non-pharmacological approaches. The approaches are selected based on patients ' needs and objectives.

Treating the pain experienced by the patients through pharmacological intervention is performed in collaboration with the doctor or 116 The 9th International Nursing Conference 2018 "urseatT f TnsfiCa, Snceand resech" primary care physician and patients. Pharmacological intervention with narcotics or non-narcotics, as well as with non-pharmacologists such as stimulation and massage, skin stimulation, Transcutaneous Electrical Nerve Stimulation (TENS), distraction, relaxation technique, guided imagery, hypnosis, neuron surgical methods (Lusianah, 2012). Non-pharmacological techniques are believed can decrease pain through gate control mechanism and increase the stimulation of endorphin expenditure.

The gate control theory for pain explains why rubbing or massaging painful part after injury can relieve pain. This is because the activity of small diameter fibers (pain) is closed (Silvia A, Price, 2005). According to Loie (2004), human body has a natural analgesic, which is endorphin. Endorphin is a neuron hormone associated with a pleasant sensation. When endorphins are released by the brain,they can reduce pain and activate the parasympathetic system for body relaxation and lower blood pressure, respiration and pulse. Pain management with non-pharmacological techniques is the

main capital to comfort.

In terms of costs and benefits, non- pharmacological management is more economical and has no side effects when compared with pharmacological management, besides reducing thepatients ' dependence on drugs. Non- pharmacological pain managements in this case are by giving deep breathing relaxation technique and guided imagery. The effort to treat postoperative fracture painnon-pharmacologically in this case is to use both pain management techniques. Breathing relaxation technique is a form of nursing care, in which case the nurse trains the client how to do deep breathing, slow breathing (withholding inspiration maximally) and how to exhale slowly.

Besides reducing pain intensity, deep breathing relaxation technique can increase lung ventilation and increase blood oxygenation (Smeltzer and Bare, 2002). Relaxation technique which can be performed to intervene in postoperative fracture pain is guided imagery. Guided imagery is a relaxation technique aimed to reduce stress and increase calm and peace and a tranquilizer for difficult situations in life. Guided imagery or mental imagination is a technique for studying the power of either conscious or unconscious mind to create images which bring peace and silence (National Safety Council, 2004).

Guided imagery is a process which uses the power of mind by directing the body to heal itself, to maintain health or relaxation through communication in the body involving all senses (visual, touch, guidance, sight and hearing). Thus the balance of mind, body and soul is formed. Simple guided imagery is " the deliberate use of the imagination to gain relaxation and or away from unwanted sensations " (Smeltze and Bare, 2002). Guided imagery can be useful for reducing anxiety, muscle contraction and facilitating sleep (Black and Matassarin, 2005). Potter and Perry (2005) also stated that guided imagery can reduce pain.

Relaxation reduces muscle activity; muscles dilate and create a physiological rhythm of the body. The guided imagery relaxation technique is expected to decrease the pain of postoperative fracture patients. Based on the above data, the researcher is interested in examini ng he ffectneoDee Breathing Relaxation Technique and Guided Imagery to Decrease Pain Intensity on Postoperative Fracture Patients in Bougenvile Ward ofDr. Soegiri Hospital Lamongan ". 2 METHOD The design of this research was pre-experimental with One Group Pre-test – Post- Test Design (Nursalam, 2008), i.e the subject group was observed prior to intervention, then observed again after the intervention.

Population was all postoperative fracturepatients who experienced pain in Bougenvile

ward of Dr. Soegiri Hospital Lamongan in average per month as many as 19 patients that reached 38 patients in two months. While the sample in this study were some postoperative fracture patients who experienced pain in the Bougenvile Ward of Dr. Soegiri Lamongan February to March 2015 which met the inclusion criteria of 35 people. This research employed Simple Random sampling technique. This study was conducted in Bougenville Ward at Dr. Soegiri Lamongan. The study was performed from October 2014 to March 2015.

The instrument for data collection in this study was a bourbanis pain scale questionnaire through quantifying the postoperative fracture pain by marking the numeric number listed 0: no pain, 1-3: mild pain: objectively client can communicate well, 4-6: moderate pain: objectively the client hisses, grinned, can show the pain location, can describe it, can follow orders well, 7-9: severe pain: objectively clients sometimes cannot follow orders but still response to action, can show the pain location, cannot describe it., 10: very severe pain: the client is no longer able to communicate, beat.

The 9th International Nursing Conference 2018 "urseatT f TnsfiCa, Snceand resech" 117 With Code: 0: no pain, 1: mild pain, 2: moderate pain, 3: severe pain, 4: very severe pain. The data obtained were then analyzed by using Wilcoxon Signed Rank Test. 3 RESULTS Here are the results of the effectiveness of deep breathing relaxation technique and guided imagery to decrease pain intensity on postoperative fracture patients in Dr. Soegiri Hospital Lamongan. 1) Table 1 Distribution of respondents by gender (postoperative fracture patients in Bougenvile Ward of Dr. Soegiri Hospital Lamongan in February - March 2015. Gender % Male 62.9 Female 37.1

Total 100 2) Table 2 Distribution of respondents by age (postoperative fracture patients) in Bougenvile Ward of Dr. Soegiri Hospital Lamongan in February - March 2015. Age % 10-20 year 5.7 21-30 year 25.7 31-40 year 54.3 >40 year 14.3 Total 100 3) Table 3 Distribution of respondents by educational background (postoperative fracture patients) in Bougenvile Ward of Dr. Soegiri Hospital Lamongan in February - March 2015. Educational Background % Primary school 2.9 JHS 20.0 SHS 68.6 University 8.6 Total 100 4) Table 4 Distribution of respondents by occupation (postoperative fracture patients) in Bougenvile Ward of Dr. Soegiri Hospital Lamongan in February - March 2015. Occupation % Not working 11.4 Farmer 14.3 enerpreneur 68.6

police 5.7 Total 100 5) Table 5 Distribution of respondents by pain intensity frequency of postoperative fracture patients prior to giving deep breathing relaxation and guided imagery in Bougenvile Ward of Dr. Soegiri Hospital Lamongan in February - March 2015. Pain Intensity % No pain 0.0 Mild pain 5.7 Moderate pain 71.4 Severe pain 22.9 Pain 0.0 Total 100 6) Table 6 Distribution of respondents by pain intensity frequency of

postoperative fracture patients after giving deep breathing relaxation and guided imagery in Bougenvile Ward of Dr. Soegiri Hospital Lamongan in February - March 2015.

Pain intensity % No pain 17.4 Mild pain 71.4 Moderate pain 11.4 Severe pain 0.0 Pain 0.0 Total 100 7) Table 7 Crosstab Table of Difference Test on Pain Intensity of Postoperative Fracture Patients prior to and after giving deep breathing technique and guided imagery in Bougenvil Ward of Dr. Soegiri Hospital Lamongan in February March 2015 Pain Intensity No Pain Mild Pain Moderate Pain Severe pain Uncontrollabl e pain Tot al Prior to 0 0% 2 5.7% 25 (71.4%) 8 22.9 % 0 0 % 35 100 % After 6 17.1% 25 71.4% 4 (11.4%) 0 0 % 0 0 % 35 100 % Z= -5.178a p = 0.000 118 The 9th International Nursing Conference 2018 "urseatT f TnsfiCa, Snceand resech" The 9th International Nursing Conference 2018 "urseatT f TnsfiCa, Snceand resech" 119 4 DISCUSSIONS 1.

Pain Intensity of Postoperative Fracture Patients Prior To Giving Deep Breathing Relaxation Technique And Guided Imagery Table 4.5 shows that 25 (71.4%) of postoperative fracture patients prior to giving deep breathing relaxation technique and guided imagery experienced moderate pain intensity. From the results, it is obtained that most of the postoperative fracture patients prior to giving deep breathing relaxation technique and guided imagery experienced moderate pain intensity, which means that more than a half patientsexperienced moderate pain. Based on the above fact, besides experiencing injury caused by trauma, patients also experienced endhorphin-encephalin symptom as natural pain reliever to the hampered body.

Pain is a subjective experience which is difficult to explain by the client and understand by the nurse. Pain is also influenced by the role of nurse and family, age, gender, anxiety, coping mechanism, previous experience on pain, and culture. Potter and Perry (2005) stated that pain is caused tdecrse f nes lto heis sick. Additionally, after having surgery pain is frequently experienced by the patients as the decrease of anesthesia. The surgery leaves different state of pain for individuals. The stimulation of pain after surgery is produced by mechanical stimulation namely incision in which it will stimulate mediator – chemical mediator from pain such as histamine, bradikinin, asetilkolin, and prostaglandin substance where the substances can increase pain receptor sensitivity causing pain sensation. Besides stimulating pain sensitiveness, body also has substance which inhibits pain namely endorphin and encephalin to soothe the pain (Smeltzer and Suzanne C, 2002).

The previous theory explains that sick state impactpatntboy.I a lueby incondusive environment and level of anxiety. If postoperative fracture patients experiences pain, his body will be weak because of losing appetite. Then, the condition will lead to the decrease of protein inside the body, whereas protein is needed in curing the injury from

the surgery. In fact, the pain experienced by the postoperative fracture patientsis varied from one individual to others due to the patntifferntcactists .Smeo capability in feeling the pain is caused by many factors, including nurse role, family role, gender, culture, pain sense, caring, anxiety, weariness, coping style, pain intensity, and pain tolerance, in which the higher the factors that affect a, person the higher the pain also felt the person. 2.

Pain Intensity On Postoperative Fracture Patients After Giving Deep Breathing Relaxation Technique And Guided Imagery Table 6 shows that the pain intensity in postoperative fracture patients was found to be mostly mild pain by 25 patients (71.4%). The results of the study showed that the pain intensity after being treated by deep breathing relaxation techniques and guided imagery could decrease pain. The effective non-pharmacological techniques for reducing pain in postoperative patients were deep breathing relaxation technique and guided imagery which could reduce physiological, stress, anxiety, and chronic pain in which the guided imagery was a distraction agent or as attention-shifting method. As a distraction agent, guided imagery worked by imagining delighted things to patients who previously experienced pain after a very disturbing surgery.

It was found that the patients seemed more relaxed and calmer. Deep breath relaxation could increase the oxygen intake in the lungs and then distributed to all tissues in the body especially in muscle tissue, blood vessels, and brain tissue, so they could relax and improve patients comfort despite previous serious pain. In addition, it increased endogenous secretion in the form of endorphin so as to decrease pain intensity.

This was influenced by the willingness and increased knowledge of postoperative patient fractures which could affect respondents' perceptions of the benefits of deep breathing relaxation technique and guided imagery. Deep breathing relaxation and guided imagery could be used in many situations such as relieving stress and pain, sleeping disorder, allergies or asthma, dizziness, migraine, hypertension, and other conditions. According to Martin (2002) in Kalsum, (2007) deep breathing relaxation and guided imagery are also safe and convenient to use by various age groups, from children to the elderly.

Some benefits of guided imagery according to some experts in Potter & Perry (2006) are as follows: According to Fontainer (2005), imagination often leads to strong psychophysiological responses such as changes in immune function, according to Huth et.al (2004) is to control or reduce pain, and according to 120 The 9th International Nursing Conference 2018 “urseatT f TnsfiCa, Snceand resech” Borysenko (1987) is to achieve serenity and calmness. Meanwhile, according to Donssey (2005), imagination

also helps in treating chronic conditions such as problems of pain, asthma, hypertension, premenstrual syndrome and menstruation, and gastrointestinal disorders.

At the time of giving deep breathing relaxation and guided imagery, the patient seemed relaxed and calmer with occasional eyes csed het rme ive he ies' attention focus, who initially complained of pain and anxiety, switched by doing guided imagery relaxation techniques. 3. The Effectiveness of Deep Breathing Relaxation Technique and Guided Imagery to Decrease Pain on Postoperative Fracture Patients From table 7, it is obtained that there was different intensity of pain. For before treatment (pre) group and after treatment (post) group based on statistical test results Wilcoxone sign rank test SPSS with version 18 yielded Z = -5,178a and significant value p 0,atsigalel = 05.T

was rejected, which meant there was an influence of the use of deep breathing relaxation technique and guided imagery to decrease pain intensity on postoperative fracture patients in Bougenvil ward of Dr. Soegiri Hospital Lamongan. According to the above facts, postoperative fracture patients other than injury-induced trauma, they also experienced a fairly complex endogenous opiate disorder, in which endogenous opiate or better known as endorphins-encephalin as a natural pain reliever was disrupted. Thus, most of the postoperative fracture patients experienced pain with intensity of severe to moderate. Yet, after being given treatment of deep breathing relaxation technique and guided imagery, the pain intensity decreased to mild pain.

Nursing intervention for pain is by using relaxation techniques, including deep breathing relaxation technique and guided imagery (Potter and Perry, 2005). Breathing relaxation provides positive responses against mass discharge, in stress response from sympathetic nervous system. The condition is to decrease total peripheral resistance as a result of arterial vasoconstriction tonus. The decrease of arterial vasoconstriction affects blood flows which pass through arterial and capillary that have time to distribute oxygen and nutrition to cells especially brain tissue and heart, causing cell metabolism be better because ATP production increases. This leads to the better condition of the body, decreasing pain, and relaxing mind. Guided imagery is a technique which requires someone to shape an imagination about any pleasure things.

The shaped imagination will be accepted as a stimulation by various senses in which the stimulation will be continued to thalamustrough brainstem (Guytone and Hall, 2002). Guided imagery is a cognitive technique which employs one mind to create mental imagination to meet sleeping needs. Patients can imagine pleasure place (Hawthron and Redmond, 2004). The intensity pain difference is perceived on postoperative fracture patients prior to and after giving deep breathing relaxation technique and guided imagery.

In addition to be relaxation agent, deep breathing relaxation also influences endorphin-encephalin, while guided imagery as distractor can be explained with gate control theory (Ellwood, 2007). The theory approves that deep breathing relaxation and guided imagery give positive impact on reducing pain. This condition can be perceived when the patients seem relaxed and calm and occasionally close their eyes while the treatment given. Besides, deep breathing relaxation technique and guided imagery also speed up healing process, meet sleeping needs, and help the body to reduce any kind of diseases such as depression, allergy, and asthma.

Deep breathing relaxation technique and guided imagery are kind of cognitive behavior therapy specialized in pain management. Some literatures also suggest combining the two techniques to gain more effective result in treating postoperative fracture pain. The decrease of pain on postoperative fracture patients is strongly required to heal the injury. Those two techniques are kind of therapy which could be utilized in nursing care if there is pain matter. The decrease of pain intensity on postoperative fracture patients can be perceived from the fresh face, no grinning, relaxed, enough sleep, and no pain felt. 5 CONCLUSIONS 1.

Most of the postoperative fracture patients prior to being treated using deep breathing relaxation technique and guided imagery experienced moderate pain intensity. 2. Most of the postoperative fracture patients after being treated using deep breathing relaxation technique and guided imagery experienced mild pain intensity. 3. Deep breathing relaxation technique and guided imagery are effective to decrease pain on postoperative fracture patients. The 9th International Nursing Conference 2018 "urseatT f TnsfiCa, Snceand resech" 121 REFERENCES Black dan Matassarin. (2005).

MedicalSurgical Nursing : Clinical Management For Continuity of Care.Fifth Edition. Philadelphia : W.B Saunders Company Depkes RI. 2007. Prevalensi Fraktur. http://www.depkes.go.id.Diaksestanggal 7 Januari 2011. Ellwood, Jane. 2007. The Pain Gate ControlTheory. http://www.aromacaring.co.uk/pain_mechanism.ht m.diakses 3 februari 2015 Louie.(2004). The effect of guided imageryrelaxation in people with COPD,Occupational Therapy International, 11(3), 145-159. Lusianah, Dkk. (2012). ProsedurKeperawatan. Jakarta: CV tran.infomedia Guyton dan Hall. (2002). Buku Ajar FisiologiKedokteran. Alih bahasa: IrawatiSetiawan, et al. Ed. 9. Cetakan I. Jakarta: EGC Hawthron dan Redmond. (2004).

ManagementInformation System : Metode, Prosedur, dan Teknik Melakukan Penelitian Kualitatif. Jakarta : EGC Kalsum, U. Dkk. (2007). Pengaruh teknik relaksasi guided imagery terhadap penurunan tingkat kecemasan wanita dengan insomnia usia 20-25 tahun.

Jurnal Makalah Kesehatan FKUB. Diperoleh tanggal 8 desember 2014 dari http://www.google.co.id/#hl=id&gs_nf=3&pq=pen garuh%20teknik%20relaksasi %20 National, Safety, Council. (2004). Development Of The Safety And Health Function Nursalam (2008).Konsep penerapan Metodologi Penelitian ilmu Keperawatan, Jakarta :Salemba Medika Potter dan Perry. (2005). FundamentalKeperawatan Konsep, Proses dan Praktik. Edisi 4. Vol 1. Jakarta: EGC Potter, P. A. & Perry, A. G. (2006). Fundamental keperawatan.

(Edisi 7buku 3). Jakarta: Salemba Medika Sjamsuhidajat S, jong D. (2005). Buku ajarIlmu bedah. Jakarta: EGC. Smeltzer, Suzanner C. (2002). Buku AjarKeperawatan Medikal Bedah. AlihBahasa: Agung Waluyo, et al. Cetakan I. Jakarta: EGC Price, Silvi Anderson.(2005). Patofisiologi: Konsep Klinis Prosese-Proses Penyakit/Silvia Anderson Price, Lorraine Mc Carty Wilson: Alih Bahasa, Brahm U. Pendit Et. All; Editor Bahasa Indonesia, Huriawati Hertantoet. All Edisi 6. Jakarta : EGC

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