

PROCEEDING

# “Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”

Semarang, 20 – 21 August 2015



Organized by  
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**PROCEEDING**  
**3<sup>rd</sup> JAVA INTERNATIONAL NURSING CONFERENCE**  
**2015**

*“Harmony of Caring and Healing  
Inquiry for Holistic Nursing  
Practice; Enhancing Quality of  
Care”*

**Grasia Hotel**  
**Semarang, August 20<sup>th</sup> – 21<sup>st</sup>, 2015**

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Collaboration in publishing by:



PROCEEDING 3<sup>rd</sup> JAVA INTERNATIONAL NURSING CONFERENCE 2015  
“HARMONY OF CARING AND HEALING INQUIRY FOR HOLISTIC  
NURSING PRACTICE; ENHANCING QUALITY OF CARE”

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PUBLISHED BY JURUSAN KEPERAWATAN, FAKULTAS KEDOKTERAN  
UNIVERSITAS DIPONEGORO  
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TEMBALANG, SEMARANG

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Proceeding 3<sup>rd</sup> Java International Nursing Conference 2015

“Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”

Semarang: Jurusan Keperawatan, Fakultas Kedokteran, Universitas Diponegoro, 2015  
1 exemplar, 618 pages, 8.27 x 11.69 inch

ISBN 978-602-72792-2-0

## **ACKNOWLEDGEMENT**

### **3<sup>rd</sup> JAVA INTERNATIONAL NURSING CONFERENCE**

**2015**

*“Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”*

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## **PREFACE**

The 3<sup>rd</sup> Java International Nursing Conference (JINC-2015) is a leading forum which provides opportunities for the delegates to exchange knowledge, new ideas, best practices and application experiences face to face, to establish academic and research relation and networking, and to find global partners for future collaboration on various of interest in health education field. This conference conducts a series of scientific activities including a keynote speech, plenary speeches, concurrent sessions, and poster presentations. It is a continuing program after twice JINC which successfully held by School of Nursing, Faculty of Medicine, Diponegoro University on 2010 and 2012. Moreover, this event is attended by speakers from domestic and also from other countries who are experts in their fields. Also, we invite participants from all regions in Indonesia and foreign countries.

The theme of this conference is *“Harmony of Caring and Healing Inquiry for Holistic Nursing Practice; Enhancing Quality of Care”*. This theme developed from the fact where the achievement of quality health care can only be obtained with a holistic integrated health services. Holistic health care includes the shape of health services that address the needs of biological, psychological, social, and spiritual. To achieve optimum service, there are some things to consider such aspects reliability, i.e. the ability to perform the promised service as consistent and reliable, as well as aspects of assurance (certainty) that includes the knowledge and hospitality of the employees and their ability to create trust and confidence, courtesy and trustworthiness that of the staff, and free from danger, risk or doubt. In addition, it is also required well-planned programs, and at the same time several important provisions in providing health services to the public, so that both service providers or recipients are equally benefited. So that, health care team (multidiscipline) should discuss together about innovation of their field according to develop an ideal collaborative relationship across culture in holistic health care framework.

We do hope that this conference can answer the challenge. Finally, we welcome you, our respected guests and participants, in Semarang, Indonesia and enjoy the conference.

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#### ATTACHMENTS

## THE EFFECT OF DZIKIR CONCERNING TO PAIN LEVEL AFTER SURGICAL OPERATION REDUCTION INTERNAL FIXATION (ORIF)

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### ABSTRACT

**Background:** Surgical operation of ORIF affect painful which disturb the patient's comfortable. Dzikir have psychological benefit psychologis which affect comfortable and spiritual feelings focused to Allah, so could give a relaxation effect to percepts pain.

**Objective:** The objectives of this thesis is to find out the effect of dzikir concerning to pain level felt after surgical operation of ORIF in RS Ortopedi Prof. Dr. R. Soeharso Surakarta.

**Methods:** This thesis was done by true eksperimen by applying randomized control group pre-test post-test design method. The number of sample was 44 respondents were obtained by consecutive sampling based on inclusion and exclusion criteria and classified using a simple random sampling to 22 experimental group and 22 control group.

**Results:** The average pain level of the respondents on experimental group after surgical operation of ORIF before gave dzikir was 5.18 and the pain level after dzikir was 4.05. The average pain level pretest of the respondents on control group was 4,82 and pain level of posttest was 4,77. The result of pain level before and after gave dzikir to the experiment groups shows that the significance points 0.001 and 0.317 in the control group.

**Conclusion:** The decrease of pain level in the experimental group were given analgesic therapy and dhikr greater than the control group who were given analgesic therapy. This thesis could be used as reference and consideration for nurse to apply dzikir as a complementary therapy to diminish the pain level to the post-surgical operation patient's of ORIF.

**Keyword:** *Dzikir, Pain, Pasca ORIF*

### BACKGROUND

ORIF post-surgical pain is acute and is at severe levels. Pain is classified into types of somatic pain in the (deep somatic pain) with characteristics that involves somatic tissue damage to the body systems start of integument, vascular muscle tissue, and bones inside (Smeltzer SC, 2002). Surgical pain is self-limiting (no more than 7 days), which generally takes 24 hours minimum weight surgical pain relief at day 3-4 (Soenarjo, 2010). Side effects of post-surgical pain ORIF is

the recovery time is prolonged, inhibition of early ambulation, and decreased function of the system (Smeltzer, 2002).

Pain management using two ways: pharmacological and non-pharmacological techniques. Side effects of pharmacological analgesic therapy would be detrimental to the patient in terms of the economy and add to the complaints that will add to the long recovery time. Pharmacological techniques will be more effective in treating pain, accompanied by non-pharmacological pain management techniques (Smeltzer, 2002).

*Dzikir* has psychological benefits that provide a feeling of comfort and spiritual benefits gives a feeling of focusing on God (Purwanto & Zulekha, 2007). *Dzikir* affects a person in a developing awareness by focusing on objects in the particles of consciousness, such as the flow of breath, body sensations, sounds, thoughts, perceptions and impulses (Sallum, 2006). *Dzikir* has a relaxing effect on the body system that causes the brain waves become more calm and relaxed and taken to the conscious mind is empty (Maimunah & Retnowati, 2011). Management of pain using *dzikir* is a technique of pain management that involves the spiritual aspects. The fulfillment of spiritual needs can help achieve a cure and religion as a source of support for someone who is experiencing weakness or pain to evoke the spirit of healthy and maintaining health to prosper (Potter, 2003).

Techniques involving the spiritual aspect has never been done in the ORIF surgical pain. Purpose of this study was to determine the influence of remembrance on the level of post-surgical pain open reduction internal fixation (ORIF) in RS Ortopedi Prof. Dr. R. Soeharso Surakarta.

## **METHOD**

This research is a quantitative research with true-experimental design with randomized control group pretest posttest design (Riyanto, 2011). Researchers compared the pain levels before and after treatment in the experimental group were given standard therapy *dzikir* with the level of pain in the control group who were given standard therapy. This research was conducted in RS Ortopedi Prof Dr R Soeharso Surakarta, because quite a lot of cases ORIF surgery. This research was conducted in May 2014.

Population is all of the patients who had surgery in RS Ortopedi Prof. ORIF Dr. R. Soeharso Surakarta. In this study, adult patients aged 18 to 65 who had undergone surgery ORIF. Samples using consecutive sampling technique to meet the specified sample size by 44 respondents, grouped 22 experimental group and 22 in the control group. Grouping by simple random sampling, which gives the serial number of the appropriate arrival and then scrambles numbers, which came out in odd scramble the subject of the experimental group and out in the scramble even become the subject of a control group. The instrument of this research using observation sheet in the form of Numeric Rating Scale were created and adapted to the implementation of the research that has been proven validity and reliability (Potter, 2006). Techniques *dzikir* performed in the experimental group with a duration of 15 minutes, consisting of 4 minutes setting the focus and 11 minutes to recite dhikr with the words "Subhan Allah" 33 times, "Alhamdulillah" 33 times, "Allah akbar 33 times, and "Lillahailallah" 33 times.

Univariate data analysis performed to obtain the frequency distribution characteristics of respondents. Bivariate analysis using the Mann-Whitney test to test the level of pain pretest and posttest between the experimental group and the control group. Wilcoxon test was conducted to determine differences in pain levels before and after treatment in the experimental group and the pain levels before and after treatment in the control group.

## RESULT

1. The level of pain before administration of dhikr in the experimental group and the control group

Table 1 the level of pain Before Dhikr In Experimental Group and Control Group at Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta (n = 44), May 2014

Group	n	Mean	Standard deviation	Standard Error Mean	Min-Maks	CI (95%)	P Value
Experimental	22	5.18	0.795	0.169	4-6	4.83 – 5.53	0.195
Control	22	4.82	0.907	0.193	3-6	4.42 – 5.22	

Based on Table 1 using the Mann-Whitney test known to demonstrate the value of the average, the level of post-surgical pain ORIF in the experimental group was 5.18 with a standard deviation of 0,795 and a degree of post-surgical pain ORIF in the control group was 4.82 with a standard deviation of 0.907. This shows that the rate of post-surgical pain ORIF before given dhikr in the experimental group was higher than the level of pain control group.

2. The level of pain after being given dhikr in the experimental group and the control group

Table 2 The level of pain after Dhikr In Experimental Group and Control Group at Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta (n = 44), May 2014

Group	n	Mean	Standard deviation	Standard Error Mean	Min-Maks	CI (95%)	P Value
Experimental	22	4.05	0.999	0.213	3 -6	3.60-4.49	0.011
Control	22	4.77	1.020	0.218	2- 6	4.32-5.23	

Based on Table 2 using the Mann-Whitney test showed the average value of the experimental group pain level of 4.05 with a standard deviation of 0.999 and the level of pain control group was 4.77 with a standard deviation of 1.020. The average value of the level of pain between the experimental group and the control group, the rate of post-surgical pain after being given dhikr ORIF in the control group was higher than the experimental group.

3. Differences in pain levels before and after being given the dhikr in the experimental group and the control group

Table 3 Pain levels before and after Given Dhikr In Experimental Group and Control Group at Orthopaedic Hospital Prof Dr Soeharso Surakarta (n = 44), May 2014

Group	n	Mean	Standard deviation	Standard Error Mean	CI (95%)	P Value
Experimental	22	1.136	0.941	0.201	0.719- 1.554	0.001
Control	22	0.045	0.213	0.045	0.049- 0.140	0.317

Based on Table 3 using the Wilcoxon test showed the level of pain before and after being given the dhikr in the experimental group mean difference of 1.136 with a standard deviation of 0.941 and p value = 0.001 or  $p \leq (0.05)$ . While the level of pain pretest and posttest in the control group had an average difference of 0.045 with a standard deviation of 0.213 and  $p = 0.317$  or p values  $\geq (0.05)$ . Statistical test results, this study shows that the value of  $p \leq (0.05)$ , then  $H_0$  is rejected, which means that there are differences in average levels of pain before and after dhikr.

## DISCUSSION

ORIF postoperative conditions cause symptoms such as severe pain that occurs in the first few days of surgery and not more than seven days (Smeltzer, 2002). ORIF post-surgical pain arising as a form of sensory response due to trauma or surgery performed on the injured part (Smeltzer, 2002). Pain is a subjective response that is based on the patient's assessment in accordance with the perceptions experienced. Patients perceive pain that is felt very mengganggukenyamanan, thus disturbing the patient in getting rest and sleep.

Pain in this study was measured at an average of 14.75 hours after surgery in the experimental group and an average of 13.45 hours after surgery in the control group. According to the theory, the rate of post-surgical pain occurring within 24 hours of the first classified in severe pain (Soenarjo, 2010). In this study, the perceived pain patients are at moderate pain level. This occurs because of the difference of characteristic data providing analgesic (ketorolac) with a pain level measurement carried out at an average of 2.45 hours in the experimental group and 2.32 in the control group. This is consistent with the theory that analgesics can reduce pain with a half-life 4-6 hours, injection of ketorolac peaks reached in 120 minutes at the onset of 30 minutes (Deglin, 2004). Pain in this study was measured as an analgesic still affect the pharmacological therapy of pain as a narcotic or opiate that can inhibit prostaglandin and inhibiting cell during inflammation as well as work on peripheral nerve receptors to reduce the transmission and reception of pain stimulus (Potter, 2006).

In the control group there is a decrease in the average of the first measurement. In this group only performed motivation for calm and asked for healing to God. Judging from the factors that affect pain as age, gender, culture, the meaning of pain, anxiety, coping patterns, experiences, and family support (Smeltzer, 2002). Experience of someone who in general often experience pain

will tend to anticipate severe pain. Adaptive coping patterns will facilitate the person cope with the pain and vice versa maladaptive coping patterns will be difficult for someone to overcome the pain. Respondents in the control group experienced a reduction in pain levels explained that when pain arises, respondents focus will ask for healing to God.

This is supported by research Mustawan (2008) on "Hubungan Penggunaan Mekanisme Koping Dengan Intensitas Nyeri Pada Pasien Post Operasi Fraktur Femur di Unit Orthopedi RSUD Islam Kustati Surakarta" which explains that the patients had mild pain intensity using a coping mechanism focuses on the problems. In accordance with the conditions of this study the control group in a study conducted by Ayudianningsih (2009) "Pengaruh Teknik Relaksasi nafas dalam Terhadap penurunan Tingkat Nyeri Pada Pasien Pasca Operasi Fraktur Femur di Rumah Sakit Karima Utama Surakarta". The study was conducted on 20 respondents in the control group and some respondents decreased levels of pain with treatment provision of positive motivation as factors influencing the reduction in pain may be caused by the experience that often experience pain, anxiety lowers serotonin as participating systems and secrete substances analgesic body's natural, religious beliefs that consider pain and illness as a way to cleanse sin and as a source of strength against pain experienced.

Bivariate analysis results show the level of pain before and after the experimental group was given *dzikir* has significant differences with  $p = 0.000$ . The control group there was no significant difference before and after being given *dzikir* with  $p = 0.317$ . These findings are consistent with research conducted Sitepu (2009) on "Effect of Zikr Meditation on Post Operative Pain Among Muslims Patiens Undergoing Abdominal Surgery, Medan, Indonesia". In these studies, showed differences in reduction of pain after major abdominal surgery between the control group and the intervention group on the first day and the second day of treatment, with p-value 0.01, respectively.

This study shows that there is a *dikir* effect against post-surgical pain inernal Open Reduction Fixation (ORIF). *Dzikir* affect the brain in perceiving pain impulses are simultaneously entered through the cerebral cortex hypothalamus and the adrenal medulla of the adrenal suppressing the function mechanisms that are not essential for life thereby reducing stressful conditions. Therapy given that *dzikir* which is the activity of repetition of words by remembering Allah to relax themselves and influence the perception of pain the patient feels (Bayumi, 2005).

The words of *dzikir* remembrance of confidence, strength, feeling safe, peaceful and happy because he felt he was close to God and are in custody and his protection (Najati, 2005). Results are expressed respondents in this study explain that they feel calm and relaxed after being given dhikr. The word dhikr cause the release of endorphins which are natural pain killers of the body.

*Dzikir* competing impulses reach the cerebral cortex can influence pain impulses. Calm and relaxed circumstances arising from the endorphins that are released and affect the midbrain issued Gama Amino Butyric Acid (GABA), which serves to inhibit the conduction of electrical impulses from one neuron to other neurons by neurotransmitter in the synapse. Midbrain also issued enkepalin and beta endorphins which induce analgesic effects neurotransmitter to eliminate

pain in the center of the somatic sensory perception and interpretation in the brain as a modification of the interpretation sensorik somatic pain so that patients can reduce pain perception. which serves to inhibit the transmission of pain impulses along sensory nerves and nerve nociceptors Perif to the dorsal horn then to the thalamus, cerebral, and ultimately decrease the perception of pain (Al-Firdaus, 2011).

This study involves setting deep breath used to utter pronunciation *dzikir*. Calm and relaxed state can increase endorphins hormones that serves to inhibit the transmission of pain impulses along nerve nociceptors sensory and peripheral nerves to the dorsal horn then to the thalamus, cerebral, and ultimately decrease the perception of pain (Smeltzer, 2002). A relaxed state obtained the respondent would lead to increased levels of serotonin, which can cause neuronneuron local spinal cord secrete enkephalins which can inhibit the presynaptic and postsynaptic the fibers of pain type C so that the system of analgesics can block pain signals in the delta a spot entry into the spinal cord and modulate pain in the central nervous system (Guyton, 2008). According to research conducted by Ayudianingsih (2009) states that the deep breathing relaxation techniques able to reduce postoperative pain in patients with femur fractures at the Hospital Main Karima Surakarta with  $p = 0.006$ . Relaxation can reduce tension, anxiety and pain. The individual is able to use his belief in overcoming the problems of the disease. According to the Fundamental Nursing, trust involves belief in the power of the highest kekeatan, instructions soul, God or Allah. Beliefs that arise together with the trust will lead to self-transcendence. The strength of one's spirituality is a reason for someone to adapt to the disease and move on to the recovery period (Potter, 2006).

## CONCLUSION

The level of pain before administration of *dzikir* in the experimental group and the control group with an average pain level of 5.18 and 4.82. The level of pain after being given *dzikir* in the experimental group and the control group gained an average value of 4.05 and 4.77 levels of pain. There are differences in the level of post-surgical pain Open Reduction Internal Fixation (ORIF) before and after being given the dhikr at RS Ortopedi Prof Dr R Soeharso Surakarta with  $p = 0.000$ . A decrease in the level of pain in the experimental group is greater than the decrease in pain in the control group. Researchers hope the various parties to follow up on this study. For nursing services, *dzikir* is expected to be taken into consideration for part of the ministry in the ward to be one nursing interventions in reducing postoperative pain in patients with ORIF. For education is expected to add insight and knowledge to the broader education of nonpharmacological therapy in the treatment of pain response involving patients spirituality. For the development of nursing research is expected to be the development of further research on the influence of remembrance in patients with post-surgical ORIF or types of surgery other orthopedic the number of respondents who more, the criteria are more specific such as the selection of the sample on one type of fracture that is homogeneous, and the time of therapy and the frequency of treatment longer and use design research methods better by controlling factors that affect pain and level of spirituality.

## ACKNOWLEDGMENTS

Researchers would like to thank those who have helped smooth the study, among others: Mrs. Nunung Febriany Sitepu who provided input to this study, RS Ortopedi Prof Dr R Soeharso Surakarta, and the respondents of this study who volunteered to help with the smooth running of this research.

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ISBN 978-602-72795-2-0



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