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POSTER PRESENTATION

ID.OP/B-010

TITLE	:	The Effectiveness of Spiritual Emotional Freedom Technique (SEFT) Therapy towards the Reduction of Pain Intensity of Patients with Post Sectio Caesaria (SC) Operation
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ABSTRACT

Pain of post operation is a problem of patients who undergo an operation. Pain which cannot be overcome well can cause an attack in the respiratory, cardiovascular, and musculoskeletal systems and also patient mobility. Pain can be reduced by pharmacological or non-pharmacology pain management. This research aimed to measure the effectiveness of SEFT therapy towards the reduction of pain intensity of patients post operation SC. The design used in this research was quasi experiment with control time series design. The study was conducted in Tugurejo Hospital for the experimental group and Semarang City Hospital for the control one with 18 patients for each group that were chosen by purposive sampling. SEFT therapy was done once a day for 3 days since the patient was on the first day of post operation (after passing 24 hours of post operation). On each time, the therapy was done in one circle of SEFT and lasted for 5 minutes. Immediately after therapy, the pain intensity was measured by numeric scale 1-10. The result showed that the mean rank of pain before intervention in the control group was 20.78 and 16.22 in the experimental one. P value of Mann Whitney test of two groups before intervention 0.178 ($p>0.05$) which meant that there was no significant difference. The mean rank of pain after intervention in the control group was 27.06 and 9.94 in the experimental one which meant that there was significant difference ($p=0.000$) between the control and the experimental groups after given intervention. It meant that SEFT therapy was effective to reduce the pain of patient of post operation SC. This study gives recommendation that SEFT therapy can be used as independent intervention of nursing to reduce the pain.

Keywords : post operation SC, pain, SEFT therapy

BACKGROUND

Help of delivery in the year 2001 in 137 hospital in Central Java indicate that a number of 59.433 delivery in the hospital, patient served by Sectio Caesaria 19,59%. During 3 year continued delivery with SC has increasing from year to year. Death caused by action of Sectio Caesaria 10,60% (Dinkes Jateng, 2001). The data from Semarang City Hospital show that a number of delivery in the year 2009 was 684 patient from 1211 or 56,48%. A number of patients with Caesar in Tugurejo Hospital in the year 2009 was 222 from 3029 or 7,33%. The data actually cannot represent all condition in Indonesia, but it can describe that the number of delivery with SC high enough happened in Indonesia.

Women with SC will feel pain full because of pain in the surgery, especially after the influence of anaesthetic disappear (Dini Kasdu, 2003). The response of body toward pain will create reaction of endocrine and immunologic, which is called as stress. This response is very harm for patient because besides will degrade reserve and body endurance, increasing requirement of oxygen of heart muscle, disturbing function of respiration, also will invite risk of tromboemboli that can increase morbidities and mortalities (Binhasyim, 2007).

The effective of pain management is the important of health service. In this time the pain is include the fifth of vital signs after blood pressure, pulse, respiration and body temperature (Ferne Bravemen, 2006). Nurse as health servicer which are 24 hours always close to patient have big role in giving intervention to eliminate pain or bring back the freshness. Various interventions of pharmacology and also non pharmacology were done to lessen the pain. The intervention of non pharmacology is aimed to increase self-supporting ability of patient to control their pain.

The incidence of pain depended on two components they are component of sensory and affection (Binhasyim, 2009). Component of affection consist of factors of psychology that have prominent role in pain and become a complicating factor in management of pain (Adehashman, 2008). Until now, management of

pain post operation addressed to component of sensory and execution of non pharmacological
of pain is not yet done optimum in health service. Non pharmacological management of pain
hypnosis, meditating, relaxation and emphasize element of spirituality and pray which allied in
to lessen the pain. Based on that phenomenon, the problems of research is how about the
SEFT therapy to reduction of pain intensity in patient with post operation of SC.

This research aimed to measure the effectiveness of Spiritual Emotional Freedom
therapy toward the reduction of pain intensity of patient post operation SC in the Tugurejo
Semarang City Hospital. The result of this research is expected can give benefit to a lot of
for patient of post operation SC is patient able to use SEFT therapy to reduce the pain, for
(nurse, midwife and doctor) able to identify the effectiveness of SEFT therapy as non
technique to reduce the pain intensity of post operation SC so that SEFT therapy is
service.

RESEARCH METHOD

This research use quasi experiment design with control time series design, which is
time only by using group control (Alimul, 2007). Technique sampling that used in this
sampling by determining criteria of inclusion to sample. Criteria inclusion sample are
operation SC which is willing to participate, after passing 24 hours of post operation,
awareness and get analgesic therapy with same type (ketorolac). Sum of sample that
research are 36 patients divided into 18 patients of control group in the Semarang City
patients of experimental group in Tugurejo Hospital.
The data collected by observation sheet to measure pain intensity with numeric scale 0-10
as therapist of SEFT therapy. Analyze data use test Wilcoxon and test Mann-Whitney.

RESULT AND RESEARCH SOLUTION

Data obtained at this research have no normality of spread of data so it used test of
test Wilcoxon Match Pair Test and test Mann-Whitney because to know the difference of
Spiritual Emotional Freedom Technique therapy at experimental and the control one.

Table 1
Difference Ranking Intensity of Pain at Control Group and the Experimental Group Before
Therapy in Semarang City Hospital and Tugurejo Hospital
1 March-31 March 2010 (N=36)

Pain	Control Group (n=18)		Experimental Group (n=18)		P value
	Mean rank	Sum of rank	Mean rank	Sum of rank	
Before therapy	20,78	374,00	16,22	292,00	0,178
After therapy	27,06	487,00	9,94	179,00	0,000
Difference after-before therapy	14,17	255,00	22,83	411,00	0,008

Mean Rank of pain before therapy at group control 20,78 with sum of ranking of pain
mean rank of pain at experimental group 16,22 with sum of ranking of pain 292,00. P value
and the experimental one before therapy is 0,178 (p>0,05) so that at alpha 5% there are
difference of a meaning of pain intensity before therapy. At homogeneity Bartlett test
alpha=0,2143>0,05 which meant that the homogeneity data fulfilled so that the
condition fulfilled that is by data homogeneity existence of between control group and the
group before therapy.

Mean Rank of pain after therapy at control group 27,06 with sum of ranking of pain
experimental group 9,94 with sum of ranking of pain 179,00. Pain intensity after therapy
and the experimental group at alpha 5% which meant that the difference of meaning (p=0,000).

Difference of pain intensity after and before therapy at group control mean rank 14,17 with sum of ranking 255,00 and the experimental group mean rank 22,83 with sum of ranking of pain 411,00. Value of significances at difference of ranking of pain in among between control group and the experimental one that is 0,008 ($p<0,05$) so that at alpha 5% there are significant difference. This matter is believed as effect of SEFT therapy though according to Smeltzer (2004) reduction of pain same with wound healing, sensation of pain will disappear if wound heal.

Table 2

Circumstance of Pain Met at Women Post Operation SC of Control Group and the Experimental Group Before and After SEFT Therapy in Semarang City Hospital and Tugurejo Hospital, 1 March-31 March 2010 (N=36)

Circumstance of pain	Control Group		Experimental Group	
	Before Therapy (n)	After therapy (n)	Before Therapy (n)	After therapy (n)
Very several pain	-	-	1	-
Several pain	8	-	6	-
Moderate pain	10	-	9	-
Mild pain	-	16	2	2
No pain	-	2	-	16

Circumstance of pain met at women of post operation SC included in category of moderate pain like in research by Woznicki (2004) that pain of post SC represent pain several until moderate. Pain at the women of post SC causes from surgery and afterpain. According to Smeltzer (2004) reduction of pain same with healing of wound post operation. Healing of wound of post operate through various phase for example inflammation phase, proliferation, and maturation (Smeltzer, 2004). Phase of Inflammation happened during 0-3 day, where damage tissue and the dead cell discharge histamine and other mediator, so that can cause vasodilatation from vein around and also increasing supply of blood to the area. Histamine represent of substance which can increase transmission or pain perception.

Three until four day post operation, patients still stay in phase proliferation. Phase of proliferation take place from day to 3-4 up to day of 21 post surgery. Migration of fibroblast into wound approximately 24 hours after surgery, will proliferation and will start synthesize collagen, proteoglycan, elastyn, fibronectin about 5 day of post surgery. Collagen creates new tissue and will give strength at the wound, so along with healing of this wound the sensation of pain also decrease (Smeltzer, 2004).

Women post SC also experience of pain because of afterpain. Afterpain is feeling pain when contraction that experienced by multipara during 3-4 the first day of post partum because give suck can cause contraction of uterus, so afterpain happened by mother when give suck their baby (Denfirman, 2009).

Incidence of pain also depends on two components they are component of sensory and affection (Binhasyim, 2007). Component of affection consist of factors of psychology that have prominent role in pain and become a complicating factor in management of pain (Adehashman, 2008).

Anxiety oftentimes increase pain perception, but the pain also can create anxiety. Stimulus of pain activate part of limbic system that believed to control somebody emotion, specially the anxiety. System of limbic can process reaction of emotion to pain, it can make worse or eliminate pain (Perry; Potter, 2005).

Management of affection component (anxiety) by spiritual approach. Spiritualities represent totality of existence of somebody and give function as supporting that uniting various individual aspect. Individual strengthened through their "spirit", which can cause the prosperity. Influence of spiritualities have vital importance when ill period, loss, or painful. When those period, energy of people attenuate and spirit of the people influenced (Perry; Potter, 2005).

Patient post operation SC still experience of child bed period so that the ordinary religious activity to be annoyed or change. This problem can influence level of somebody spiritualities. Spirituality approach which the researcher applied with therapy of SEFT can improve spiritualities of somebody so somebody able to manage anxiety because spirituality approach can cause to remember Allah (dzikrullah). Spirituality approach inwrought into SEFT therapy when Set-Up, Tune-In, and attitude when Tapping.

When Set-Up, patient say words surrenderness pray to God. For example at this case post operation SC, use the Set-Up words "Oh my God (Allah)...although in this time the wound in the operation site in my stomach is pain with scale...(depend on pain intensity of patient), I sincere, I surrender the healing just to You". The word "Oh my God (Allah)" is guidance for Moslem. For patient who is believed besides moslem

can correspond to confidence embraced. There is no religion difference in SEFT therapy applying. A
research there was one patient at experimental group which believe in Catholic. Before therapy the
intensity of patient in the heaviest pain category and after therapy on third day post operation patient rep
that there was no pain.

When Tune-In during SEFT therapy patient enough to conduct three things at the same time
feeling their illness, focused mind to the hurt and sincere and also deliver that ill healing to the God by
"Oh my God...I'm sincere, I'm surrender...". After Tune-In, it followed by tapping 18 dots of SEFT
attitude that is needed when tapping is full of confidence that healing is come from God, khusyu', sinc
surrender and feel gratitude (Ahmad Faiz, 2009). Attitude of khusyu', sincere, surrender and thank goo
are the key from SEFT therapy because that attitude can generate positive emotion so that impulse of pa
send to medulla spinalis can be pursued.

Theory of gate control proposed by Melzack and Wall said that impulse of pain can be organize
even pursued by mechanism of defender alongside system of nerve center. Mechanism of defender ca
found in cell of gelatinosa substance in kornu dorsalis at medula spinalis, talamus, and system limbic (P
Potter, 2005).

This theory says that impulse of pain is send when a defender opened and the impulse pursued w
a defender closed (Perry; Potter, 2005). When Set-Up and Tune-In, affirmation words (pra
surrenderness) can generate positive emotion (like feeling sincere and surrender) and attitude of tapping
existence of feeling thanks to God can cause release of opiate endogen (endorphin and encephalin) whic
causing resistance of transmission stimulate nosiseptif in level of medula spinalis or descending inhibit
Therapy of SEFT can eliminate anxiety, improve response of emotion so that awaken endogen resistanc
pain. This is provable with pain intensity of patient can be reduced after SEFT therapy.

Therapy of SEFT emphasize element of spiritualities and pray. The influence of Spiritualities
pray to health has a lot of checked by all man of science. The Office of Prayer Research, one insti
founded by the Parliament of the World's Religion at July 2004 have documented and reviewed more
500 researching about pray since the research of Francis Galton in 1872. The result is there are a lo
erudite evidence saying that pray and spiritualities is true have an effect on the health (Ahmad Faiz, 2009)

Besides element of spiritualities and pray, there are 14 kinds of techniques of therapy which follo
to support effectiveness of SEFT. Technique of therapy that believed can assist to control pain for exam
self hypnosis, meditating and relaxation. In self hypnosis, somebody try to vanish programs of subconsci
which becoming causes of negative emotion (Ahmad Faiz, 2009). If this negative emotion can be overco
so impulse of pain will not come up on cortex of cerebral so the pain perception will not be happened S
hypnosis is done when says words of pray surrenderness in Set-Up..

Theory of gate control emphasizes environment supporting. When SEFT therapy the environment
is labored peace so that the patient can be in the meditation and relaxes condition. Meditation and relaxa
got by our moment conduct SEFT in a condition meditative that is assure, khusyu', sincere, and surren
and also grateful to God (Ahmad Faiz, 2009). At the moment we enter calm and relax condition, feeling
breath, and realize God attendance in our self.

SEFT therapy toward intensity of pain to the mother of post operation SC at control group
experimental one showed the significant difference. Result of this research as result of research of N
Kawakib and Urip Murtedjo (2005) toward 18 patients with thighbone closed fracture which will undergo
operation. They given spiritual and pray approach before surgery three times during 30-45 minutes each
the meeting. The result is showing reduction of intensity of pain and rate of cortical at the experimen
group. Spiritualities is human nucleus. If human being loss of nucleus and experience of trouble o
nucleus so it will give big impact at entire human being (Ahmad Faiz, 2009).

The result of research showed that significant difference of pain intensity after intervention at co
group and experimental one (p=0,000). This is indicate that hypothesis of research there is a signifi
difference of pain intensity post operation Sectio Caesaria before and after getting therapy of Spiri
Emotional Freedom Technique (SEFT) between control group and the experimental group is accep
Based on those result gives recommendation that therapy of SEFT can be used as independent interven
of nursing to reduce the pain in women post operation SC.

CONCLUSION

Conclusion of research of SEFT therapy is the pain intensity of patient post operation SC before intervention at control group and experimental group at the moderate level of pain. The pain intensity of patient post operation SC after intervention at control group at the mild level of pain, while at experimental group at the none pain level. Comparison of reduction of pain intensity between control group and experimental group after intervention of SEFT therapy there are showed significant difference so that SEFT proven effective to reduce pain intensity of post operation SC.

SUGGESTIONS

Therapy SEFT still be developed and result of this research indicate that SEFT effective to reduce pain intensity of SC so that the researcher can give suggestion for health practitioner (nurse, midwife, doctor) in Semarang City Hospital and Tugurejo Hospital recommended to apply therapy of Spiritual Emotional Freedom Technique (SEFT) to reduce pain of post operation Sectio Caesaria. Suggestion for institution of Semarang City Hospital and Tugurejo Hospital, SEFT therapy should be made as Standard Operating Procedure to reduce pain intensity of post operation especially post operation SC and can applied as independent of intervention for the nurse which is 24 hours always with patient. Suggestion for continuing researcher is expected to check manifestation of pain like high blood pressure, tachycardia, and the oxygen requirement improvement. Beside that pain intensity not only assessed immediately after therapy but also assessed in every eight hour once to know the effect of therapy is permanent or not.

BIBLIOGRAPHY

Adehashman. 2008. *Penyulit Paska Bedah*. Diakses retrieved on 15 Februari 2010. Available from: http://adehashman.multiply.com/journal/item/37

Alimul, A.A. 2007. *Metode Penelitian Keperawatan dan Teknik Analisa Data*. Jakarta: Salemba Medika.

Binhasyim. *Konsep Nyeri*. 16 Desember 2007. Diakses retrieved on 2 October 2009. Available from: http://binhasyim.wordpress.com/2007/12/16/konsep_nyeri.html

Braveman, Ferne R. 2006. *Obstetric and Ginecologic Anesthesia: The Requisites in Anesthesiology*. Philadelphia: Mosby.

Denfirman. *Sistem Reproduksi Wanita*. October 2009. Diakses retrieved on 2 november 2009. Available from: http://denfirman.blogspot.com/2009/10/sistem-reproduksi-wanita.html

Dinkes Jateng. 2001. *Data Persalinan Sectio Caesaria*. Diakses retrieved on 15 Februari 2010. Availabel from:http://www.dinkesjatengprov.go.id/dokumen/profil/2001/BAB4.HTM

Kasdu, Dini. 2003. *Operasi Caesar; Masalah dan Solusinya*. Jakarta: Puspa Swara.

Potter, P. A., Perry, A. G. 2005. *Buku Ajar Fundamental Keperawatan : Konsep, proses, dan praktik. Ed. 4, Vol. 2*. Jakarta : EGC.

Smeltzer, S. C., Bare, B. G. 2001. *Buku Ajar Keperawatan Medikal-Bedah Brunner & Suddarth. Ed. 8, Vol. 2.*. Jakarta: EGC.

Woznicki, K. 2005. ASA: Easy Test Predict Cesarean Post Op Pain. Available from: http://www.medpagetody.com/Cardiology/2005ASAmeeting/tb/2018

Zainuddin, Ahmad Faiz. 2009. *Spiritual Emotional Freedom Technique (SEFT) for Healing + Succes + Happpiness + Greatness*. Jakarta : Afzan Publishing.

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