

Effect of Guided Imagery Technique on Decreased Pain Intensity in Post Sectio Caesarea Patients at Permata Bunda Hospital

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ABSTRACT

Pain is the most dominating problem in post-caesarean sectio surgery. Guided imagery therapy can cause relaxation with the release of endorphins to reduce pain. Guided imagery is a self-contained act of a nurse who combines imagination guidance. The purpose of the study was to determine the effect of guided imagery techniques on the decrease in pain intensity in post sectio caesarea patients at Permata Bunda Medan Hospital in 2016. The design of this research is quasi experimental with pre test and post test control group design research design. The research population is 14 people. Samples used in this study with Accidental Sampling techniques were divided into control groups and intervention groups. The results of this study of pain levels before guided imagery techniques were obtained by 5 respondents on the medium pain scale namely (71.4%), and after intervention 5 respondents were on the light pain scale that is (71.4%). In the control group, the first measurement obtained pain intensity in 6 respondents were on the moderate pain scale namely (85.8%), and the 2nd measurement of pain intensity of respondents increased by 5 respondents on the severe pain scale (71.4%). There was a difference in the intensity of pain in the decreased intervention group reaching 2 scales and the control group experienced a mean 1 increase in scale. After t test dependent test obtained p value 0.001 ($p < 0.05$). This suggests guided imagery techniques have a significant effect on the pain levels of post-operative patients of sectio caesarea. The conclusion of this research is an effective guided imagery technique to reduce pain in post sectio caesarea patients at Permata Bunda Hospital Medan. The advice from guided imagery technique

researchers is recommended as a nurse's self-intervention to reduce post sectio caesarean wound pain.

Keywords: [Guided Imagery, Pain Intensity In Post Sectio Caesarea Patients]

INTRODUCTION

Sectio caesarea is a surgery to give birth to a child through incision in the abdominal and uterine walls. Sectio caesarea can be indicated absolute or relative. These include severe pelvic narrowness and neoplasms clogging the birth path. Vaginal birth can be carried out in relative circumstances (Oxorn, 2010). According to the World Health Organization (WHO), the average standard of Sectio caesareans in a country is about 5-15% per 1000 births in the world, in government hospitals an average of 11%, while in private hospitals it can be more than 30%. In Southeast Asia the number of Sectio caesarea actions was 9550 cases per 100,000 cases in 2005 (NCBI, 2005 in Bernatzky, 2011).

Sectio caesarean incidence in Indonesia increased in 2000, 47.22% of childbirth until 2006 increased to 53.68%. According to national survey data in 2007 is 921,000 or about 22.8% of childbirth with Sectio caesarea from 4,039,000 childbirths (Fitriana, 2008 in Ratilasari, 2014).

At dr. Pirngadi Hospital Medan the number of maternity mothers with sectio caesarea in 2008 reached 335 people and in 2009 increased to 400 people. (RM RSU dr.

Pirngadi Medan. 2010). While in Permata Bunda Medan Hospital the number of maternity mothers with sectio caesarea in 2014 reached 100 people and in 2015 increased to 162 people with an average of 14 mothers with sectio caesarea per month.

The act of surgery causes a change in the continuity of body tissues. In the process of surgery is used anastesi so that the patient does not feel pain, but after the operation is completed and the patient begins to realize the pain in the part of the body that undergoes surgery. The pain felt by post sectio caesarean mothers comes from wounds obtained from the abdomen (Sjamsuhidajat, 2005 in Ratilasari, 2014).

LITERATURE REVIEW

The pain response felt by the patient is a side effect that arises after undergoing an operation. Pain caused by surgery usually makes the patient feel very pain. Discomfort or pain however the circumstances must be addressed with pain management, since comfort is a basic human need (Rottie, 2013). Pain is one of the natural defense mechanisms of the human body, namely a warning of danger (Judhan, 2012).

According to Tamsuri (2014) pain management in two, namely with pharmacology and non-pharmacological. Pharmacological management with medicines while non-pharmacological consists of a variety of physical treatment measures including skin stimulus, electrical stimulus of the skin nerves, acupuncture and placebo administration. Cognitive behavioral interventions include distraction, relaxation techniques, guided imagery, biological feedback, hypnosis and therapeutic touch.

Guided imagery is a technique to study the power of the mind when conscious or unconscious to create image shadows that bring calm and silence (Armunanto, 2013). The guided imagery effect causes the patient to turn his attention to pain to the things that make him happy and happy so as to forget the pain he is experiencing. This is what causes the intensity of pain felt by post-

operative patients of sectio caesarea to decrease after guided imagery techniques (Rottie, 2013).

A research study conducted by Urip (2010), on the influence of non-pharmacological therapy on the pain level of post-surgery patients sectio caesarea in primipara mothers day 1-2 in the jasmine room of Rsud Prof. DR. Hardjono Ponorogo in 10 respondents during pre-test get very severe pain results 15%, severe pain 60%, moderate pain 25%, mild pain 0%. After guided imagery technique during post test get 65% mild pain result, moderate pain 35%, severe pain 0%, very severe pain 0%.

Based on the initial survey at Permata Bunda Medan Hospital, the number of sectio caesarean patients in 2015 was 162 people, with an average of 14 people. Patients aged 25-30 years of age from the category of number of pregnancies are primigravida which is 40%, secundigravida 25%, multigravida 35%.

Based on this, the author wanted to conduct a study entitled Guided Imagery Technique to Decrease Pain Intensity in Post Sectio Caesarea Patients at Permata Bunda Medan Hospital in 2016

MATERIALS & METHODS

This research includes quantitative research using Quasi-experimental with pre test and post test design control group design, where this design measures the difference between before and after intervention, namely the provision of guided imagery techniques using control groups (Nursalam, 2014). This research was conducted at Permata Bunda Medan General Hospital, because it has never been done non-pharmacological therapy to overcome the pain of childbirth sectio caesarea, references about labor pains are found and have never been done research before. This research was conducted in September 2016 by doing several stages, namely literature search, guidance and thesis session. The population in this study was all Post Operasi Sectio caesarean patients at Permata Bunda Medan Hospital

in 2015 as many as 162 people, an average of 20 people per month. This study has been conducted for 1 month and obtained by respondents as many as 14 people in the intervention group of 7 people and control group of 7 people.

RESULT

From the results of the study the influence of Guided Imagery Techniques on Decreased Pain Intensity in Post Sectio Caesarea Patients at Permata Bunda Medan Hospital with a sample of 14 people and can be seen from the results of the study below:

Table 1: Demographic of Respondents

No	Variable	Frequency Control group	Presentation %	Frequency Group Intervention	Presentation %
1	Age:				
	21-25	3	42,9	5	71,4
	26-30	4	57,1	2	28,6
Total		7	100	7	100
2	Pregnancy:				
	Primigravida	3	42,9	3	42,9
	Multigravida	4	57,1	4	57,1
Total		7	100	7	100
3	Job:				
	Teacher	0	0	2	28,6
	Housekeeper	3	42,9	4	57,1
	Self employed	2	28,6	1	14,3
	Private Employees	2	28,6	0	0
Total		7	100	7	100
4	Pendidikan:				
	University	5	71,4	4	57,2
	High School	2	28,6	3	42,8
Total		7	100	7	100

Based on table 5, the results of the study were seen from the age category, that the majority of respondents aged 26-30 years, namely (57.1%). the number of

multigravida pregnancies is (57.1%). Jobs are housewives (57.1%) and education, namely universities as many as 5 people (57.2%).

Table 2: Pain Distribution in Post Sectio Caesarea Patients at Permata Bunda Medan Hospital in 2016 in Intervention Group

No	Pre-test	Post-test	Perubahan nyeri	Mean
1	8(Severe pain)	6 (Moderate pain)	2	2
2	6 (Moderate pain)	4 (Moderate pain)	1	
3	6 (Moderate pain)	3 (Nyeri Mild pain)	3	
4	7 (Moderate pain)	5 (Moderate pain)	2	
5	8 (Severe pain)	6 (Moderate pain)	2	
6	6 (Moderate pain)	3 (Nyeri Mild pain)	3	
7	6 (Moderate pain)	3 (Nyeri Mild pain)	3	

Based on table 6 in get the highest pain scale is 8 (Severe pain) and the lowest is 6 (Moderate pain) with the value of pain

reduction after guided imagery technique the highest pain reduction value is 3 and the lowest decrease value is 1

Table 3: Pain Distribution in Post Sectio Caesarea Patients at Permata Bunda Medan Hospital in 2016 in Control Group

No	Pre-test	Post-test	Perubahan nyeri	Mean
1	5 (Moderate pain)	7 (Severe pain)	2	1
2	5 (Moderate pain)	6 (Moderate pain)	1	
3	7 (Severe pain)	9 (Severe pain)	2	
4	6 (Moderate pain)	7 (Severe pain)	1	
5	5 (Moderate pain)	6 (Moderate pain)	1	
6	6 (Moderate pain)	7 (Severe pain)	1	
7	6 (Moderate pain)	7 (Severe pain)	1	

Based on table 7 in get the highest pretest pain scale is 7 (Severe pain) and on posttest the highest pain scale is 9 (severe pain). In the control group, guided imagery

techniques were not performed and the administration of drugs with increased pain scores was highest 2 and lowest 1.

Table 4: Results of Test Paired T Guided Imagery Technique in Mother Post Sectio Caesarea at Permata Bunda Medan Hospital

Group	Mean	Std.Deviasi	P value	T-test
Intervention	2	0.756	0,000	8.000
Control	1	0.577	0,004	-4.583

Based on the data above the average decrease for guided imagery intervention is 2 and the average decrease in guided imagery control is 1 with the p-value of intervention is 0.000 so that it can be concluded there is a significant difference to the decrease in the intensity of post sectio caesarean pain before and after being given guided imagery techniques. The result of data analysis in the control group also obtained p-value is 0.004 so it can be concluded that there is no difference in the intensity of post sectio caesarean pain before and after the study.

DISCUSSION

Based on the results of pain intensity research before deep breath relaxation techniques from 7 respondents obtained 5 respondents were on the medium pain scale, namely (71.4%), and 2 respondents were on the severe pain scale that is (28.6%). While the intensity of pain after deep breath relaxation techniques from 7 respondents obtained 5 respondents were on the scale of mild pain, namely (71.4%), and 2 respondents were in the category of moderate pain scale that is (28.6%).

While in the measurement control group 1 obtained pain intensity from 7 respondents obtained 6 respondents were on a moderate pain scale that is (85.8%), and 1 respondent was on the scale of severe pain that is (14.2%), and after the 2nd measurement without any intervention obtained the results of the intensity of pain respondents increased, evidenced by 7 respondents obtained 5 respondents were on the scale of severe pain, namely (71.4%), and 2 respondents were in the category of moderate pain scale that is (28.6%).

From the description above in accordance with the literature that has been put forward by Black and Jane (2014) which explains the pain of patients can be

overcome by pharmacological and non-pharmacological actions, one of which is guided imagery techniques. When given guided imagery therapy occurs a modulation process in the body by the nervous system that can reduce the forwarding of pain implus. Resistance occurs through endogenous analgesia systems involving endorphins secreted by brain cells and neurons in the spinal cord. Endorphins have a relaxing effect on the body by inhibiting the transmission of chemical substance removed from the injured tissue, thus making the patient's coping positive.

From the average decrease in the intensity of pain that occurs after guided imagery techniques for 20-30 minutes it can be concluded that respondents feel reduced pain, reduced tension, and feel more relaxed and more comfortable

Based on the data that has been analyzed, obtained after the intervention, there is a difference in values in the intervention group with mean 2 and control group 1. After the t test dependent test is obtained p value is 0.000 ($p < 0.05$). This suggests that Ho's hypothesis was rejected; meaning deep breath relaxation techniques had a significant influence on decreasing pain intensity in patients with post-caesarean sectio surgery.

CONCLUSION

Based on the results of research and discussion can be concluded as follows, intensity of pain scale before guided imagery technique or control group experienced increased pain indicated by from medium pain scale to severe pain scale with the average highest pain increase reached 2. The intensity of the pain scale after guided imagery technique decreased the pain scale indicated by an average decrease in pain of 3. And the p-value of the guided imagery intervention group 0.000 and the control group 0.004 thus means Ho is rejected and Ha is accepted for the guided imagery technique. It can be concluded that guided imagery techniques effectively reduce pain in post sectio caesarean

patients. The research place is expected to Permata Bunda Hospital and all its employees to be able to implement as a nurse's independent intervention to reduce wound pain in post sectio caesarean patients. Intitusi Pendidikan, this research is expected to motivate prospective nurses in improving skills, knowledge and adding information to education as reading materials used in improving education/institutions for other medical students. And Further Research, This study is expected to be useful to researchers in increasing research on the decrease in pain intensity of post sectio caesarean patients and can be beneficial for other studies.

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