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Implementation of nursing independent functions in pain management in the Kenanga room of RSUD Dr. H. Soewondo Kendal

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Abstract---Independent function of nursing is an independent action that does not require instructions from others (such as doctors), where nurses in carrying out their duties are carried out on their own with their own decisions based on nursing knowledge to meet basic human needs. Many studies on independent nursing actions have been carried out. The research used to determine the implementation of an independent nursing function in pain management in the Kenanga Room of Regional Public Hospital Dr. H. Soewondo Kendal. This type of research uses descriptive design. The sampling technique uses total sampling. The samples used are 21 respondents. The place of research was conducted in the Kenanga Room of Regional Public Hospital Dr. H. Soewondo Kendal. This research uses the type of instrument in the form of observation sheets. Results shows that the implementation of the independent function of pain management nursing performed in the Kenanga Room of Regional Public Hospital Dr. H. Soewondo Kendal, namely the management of pain breathing techniques in 66.7%, dhikr therapy 23.8%, warm compresses 4.8%, and pharmacology 71.4%. Analysis: Pain management performed includes pharmacology, deep breathing relaxation, khafi dhikr, and warm compresses. Respondents are advised to apply pain

management other than those mentioned above or use other techniques.

Keywords---independent nursing function, pain management.

Introduction

Nursing service is a form of professional service that is an integral part of health services based on nursing knowledge and tips aimed at individuals, families, groups, and communities, both sick and healthy which includes all processes of human life based on RI Law No. 38 of 2014 Forms of health services include biological, psychological, social, cultural and spiritual needs (Ritiani & Sullhandari, 2013) Nurses in carrying out nursing practice are based on authority that refers to statutory regulations. Nursing actions include providing nursing care which is part of the nurse's authority in carrying out nursing practice independently according to the scope and responsibilities, so that nurses will understand the limits of medical actions that may or may not be performed on patients according to their professional abilities (Wulandari & Firdaus, 2017).

The professional ability of nurses in nursing services can be achieved by optimizing the roles and functions of nurses. In relation to the demands of the profession that every development requires professional management. Nurses carry out various nurse functions, including independent functions, dependent functions, and independent functions. Independent functions are defined as independent functions, namely providing nursing care to patients. to assist in performing medical procedures. Meanwhile, the independent function is collaborative with other health workers (Sutarih, 2018).

Independent function is actionvnurses who don't need orders or Instructions from the Functional Doctor independent is independent and based on nursing tipsbNurses are required to be responsible on the actions taken and the consequences. The nurse's independent action includes a comprehensive assessment of the patient's or family's overall health as well as physical testing to determine health status; identify actions or nursing plans that will be carried out to maintain, care for, maintain and improve health, assist patients in carrying out daily activities and encourage patients to behave positively (Sutarih, 2018).

The preliminary study of Saifullah's research (2015) on "The relationship between the level of knowledge of nurses and the actions of nurses in pain management of postoperative patients in the surgical ward of Dr. Soehadi Prijonegoro Sragen Hospital", the results showed that nurses in dealing with clients with pain complaints, the first step taken was collaboration with doctors to administer analgesic drugs and rarely use non-pharmacological techniques on the grounds that there is already a therapy program from the doctor. But there are also nurses who say that they want to reduce the pain felt by the client by applying deep breathing relaxation techniques and at the same time giving analgesic drugs according to the doctor's therapy program.

Lumape, Gobel, and Gansalangi (2018) research on "Overview of pain management nursing actions based on patient perceptions in the BLUD treatment room at Liun Kendage Tahuna Hospital", the results of pain management nursing actions based on patient perceptions are 100% of respondents often take collaborative actions, and 7% respondents did not take action to observe, 57% of respondents did not take action independently with patients, and 20% did not take action to educate patients.

Nugroho, Sangchart, Fitriyani (2018) research on "Nurses practice on postoperative pain management in Kebumen Regency, Central Java, Indonesia". The practice of nurses in postoperative pain management shows that "Giving pain-reducing drugs that have been prescribed by doctors to patients according to a predetermined schedule, such as every 4 hours or 6 hours for 24-48 hours after surgery" is the highest practice action that is carried out by nurses. performed by nurses with a percentage of 93.7%. While the lowest nursing practice action taken was about "Evaluating the psychological, social, and cultural background among patients with pain in your daily clinical work" with a percentage of 19.0%. The conclusion of nursing practice shows that nurses' practice on pain management is at a moderate level.

Based on the preliminary study conducted by the researchers in the memory room of the Dr. H. Soewondo Kendal on Monday, December 2, 2019 it was found that in the memory room already had the 2018 inpatient Standard Operating Procedure (SOP) which contained nursing actions, one of which was pain management, distraction, relaxation, and pain management education. The results of interviews with 3 nurses, the average nurse said that in helping to overcome the client's pain, it was done by deep breathing relaxation techniques and "istighfar" dhikir therapy if the client was still aware and able to carry it out. Analgesic is given when the client is weak and the intensity of pain is unbearable. This study aims to describe the implementation of independent nursing functions in pain management in the remembrance room of RSUD Dr. H. Soewondo Kendal.

Method

The research design carried out by the researcher is a descriptive research design. The sample in this study was the nurse who served in the Kenanga room at RSUD Dr. H. Soewondo Kendal totaled 21 nurses. The sampling technique in this research is using total sampling. This research tool uses an observation sheet in the form of a checklist. Data analysis using descriptif statistic.

Discussion

Table 1
Distribution of Nurse Frequency Based on Age and Length of Work

Variabel	N	Mean	Minimun	Maximum	SD
Age	21	35,95	27	52	6,584
Length of Work	21	10,05	2	30	7,053

Characteristics of Nurses The results showed that the average age of the respondents was 36 years, the minimum age was 27 years and the maximum age was 52 years. This shows that most of the age of nurses in the Kenanga Room at RSUD Dr. H. Soewondo Kendal belongs to the late adult age category, namely 36-45 years of age (Ministry of Health RI, 2009) According to Dester (2005) in Sriyatin (2013) suggests that the productive age is 25-45 years, this stage is a determinant of a person to choose a field of work according to the individual's *kanir*. In line with the research of Afriani, Hariyanti, & Gayatri (2017), the results of the study were obtained from 145 respondents, most of whom were aged between 30-40 years (7.2%).

Kumajas, Marsouw, & Bawatong (2014) in their research revealed that the characteristics of a nurse based on age greatly affect performance in nursing practice. decisions, rational thinking, emotional control, and tolerance for the views of others will increase. so that it affects the increase in performance. Characteristics of respondents based on the length of work of nurses, the results showed that the average length of work of respondents was 10 years with a standard deviation of 7.053, the lowest length of work was 2 years and the longest working period was 30 years. This research in line with the research of Wirdah and Yusuf (2016) shows the results that the work experience of the respondents is 33 people (56.9%) in the 5-10 year category. This is a big factor in increasing productivity because those who have worked first allow them to understand their work patterns, know the work environment well and have adequate skills. This can help in improving the performance of a nurse (Arini, Mulyono, & Susilowati, 2013).

Kumajas Research, Waraow. & Bawatong (2014) argues that the longer the workforce works, the more experience the workforce will have. Conversely, if the shorter the working period, the less experience will be gained. Work experience provides a lot of expertise and work skills. and the skills they have are getting lower.

Table 2
Distribution of Nurse Frequency by Gender and Education

Variabel	Frekuensi (f)	Presentase (%)
Gender		
Male	6	28,6
Perempuan	15	71,4
Education		
Diploma	8	38,1
Ners	13	61,9

The results showed that the frequency distribution of the respondents' characteristics was based on the sex of the nurse, most of them were female as many as 15 nurses (71.4%) while the respondents were male. The frequency distribution of the characteristics of nurses based on the latest education shows that most of the education levels of nurses are nurses as many as 13 respondents (61.9%).

Gender in this study were mostly female. This is in accordance with the early history of the nursing profession starting from Florence Nightingale, who was originally a nurse as a job based on the love of a mother or woman, this condition allowed women to be better at treating patients than men (Maulana, 2017 in Yusriana 2018). This research is in line with the research of Afriani, Hariyanti, & Gayatri (2017) which results show that there are more women than men, namely 104 nurses (69.3%). Women have higher expectations than men. This is because women tend to be more painstaking and patient in undergoing the career path process than men in carrying out the process at each stage of the career path implementation.

In line with the research of Bawelle, Sinolungan, & Hamel (2013), the results of the research showed that all nurses at the Liun Kendage Hospital were dominated by female nurses by 95.4%, while male nurses amounted to 4.6%. Nurses were dominated by women because in the history of nursing emerged as a role traditional care taking within the family and community.

The results showed that the frequency distribution of respondents' characteristics was based on the level of education of nurses, most of the education levels of nurses were 13 respondents (61.9%). Notoatmodjo (2003) in Bantu (2014) reveals that the higher a person's education level, the higher the level of knowledge and the easier it is for a person to understand knowledge. In line with the results of research by Retnaningsih and Fatmawati (2016), the majority of respondents have an undergraduate education level as many as respondents (40.6%) with an education level pain management nurses perform pain management in the form of pharmacology of deep breathing relaxation techniques, dhikr therapy, and warm compresses. Highly educated people will be more rational and creative and open to accepting various reform efforts, they will also be more able to adapt to various changes.

Table 3
Frequency Distribution of Nursing Independent Functions in Pain Management

No	Manajemen Nyeri	Yes		No	
		f	(%)	F	(%)
1.	Efflurage massage	0	0	21	100,0
2.	Relaxation Technique: deep breath	14	66,7	7	33,3
3.	Guide Imagery	0	0	21	100,0
4.	Distraksi	0	0	21	100,0
5.	Music Therapy	0	0	21	100,0
6.	Aromatherapy	0	0	21	100,0
7.	Cold Compress	0	0	21	100,0
8.	Harm Compress	1	4,8	20	96,2
9.	Akkupressure	0	0	21	100,0
10.	Dzikir khafi	5	23,8	16	76,2
11.	Murotal Therapy	0	0	21	100,0
12.	Early Ambulation	0	0	21	100,0
13.	Hypnotherapy	0	0	21	100,0
14.	Relaxation Therapy: Five Finger	0	0	21	100,0
15.	Pharmacology	15	71,4	6	28,6

Table 3 The results of the observations showed that the respondents who performed pharmacological pain management were 15 respondents (71.4%), the implementation of pain management with deep breathing relaxation techniques were 14 respondents (66.7%), the implementation of dhikr khafi pain management was 5 respondents (23.8%).), and the implementation of warm compress pain management was 1 respondent (4.8%). Respondents who did not apply pain management in the form of efflurage massage, guided imagination, distraction, music therapy, aromatherapy, cold compresses, acupressure techniques, Al-Qur'an therapy, early ambulation, hypnotherapy and finger gripping techniques were 0 respondents (100%).

Implementation of the Independent Function of Nursing in Pain Management Research results on the implementation of the independent function of nursing in pain management

The results of the research on the implementation of independent nursing functions in pain management, nurses perform pain management in the form of pharmacology, deep breathing relaxation techniques, dhikr therapy, and warm compresses. This is explained in the following:

Efflurage Massage

The study was conducted based on observations at a certain time and did not use a questionnaire, so that the results showed that the distribution of the frequency of effleurage massage in pain management was obtained as many as 21 respondents (100.0%) did not carry out effleurage massage pain management in patients who experienced pain. Massage efflurage can be used as a non-pharmacological therapy to reduce pain, as with the results of the Nababan, Kaban, & Ndruru research (2019) it was known that before being given back massage techniques to postoperative appendicitis patients, from 5 respondents who experienced mild pain as much as 0 (0%) moderate pain as many as 5 people (100%), and severe pain as many as 0 (0%). After being given back massage techniques to postoperative appendicitis patients, 3 of the 5 respondents experienced mild pain (60%), 2 people (40%), moderate pain and 0 (0%) severe pain. So it can be concluded that there is an effect of back massage techniques on reducing pain intensity in postoperative appendicitis patients at RSU Royal Prima Medan in 2018.

The effectiveness of efflurage massage is proven by research conducted by Eraila, Dwi, & Zuhana (2019). The results of the study before the efflurage massage was mostly experienced severe pain as many as 11 people (73.3%) experienced moderate pain as many as 4 people (26.7%), and those who experience severe pain are not present after the massage. fleurage showed a decrease in pain to as many as 7 people (46.73) experienced moderate pain, 8 people (53.3%) experienced mild pain, and none experienced severe pain.

Relaxation Technique: deep breath

The results showed that the frequency distribution of pain management with deep breathing relaxation techniques was obtained from 21 respondents as many as 14 respondents (66.7%) gave deep breathing relaxation techniques to patients who experienced pain and 7 respondents (33.3%) did not provide deep breathing relaxation techniques. After surgery or post surgery will cause a pain response. Postoperative nursing actions with pain management can be done with deep breathing relaxation technique. The deep breath relaxation technique is a non-pharmacological pain reduction technique. The benefits of deep breathing relaxation include creating a calm and comfortable feeling, reducing pain, relaxing muscles to reduce tension and boredom that usually accompanies (Tiyer), reducing anxiety that worsens pain perception and relaxing deep breaths. have a distracting or distracting effect (Tri and Niken, 2019)

Research conducted by Widiatie (2015) showed the results before the deep breathing relaxation technique was carried out that most of the respondents experienced very severe pain as many as 2. respondents (20%), experienced severe pain as many as 6 respondents (60%), as many as 2 respondents (20%) experienced moderate pain, and none experienced mild pain. After being given a deep breathing relaxation technique, 1 respondent (10%) experienced mild pain, 7 respondents (70) experienced moderate pain, and 2 respondents (20%) experienced severe pain. So the conclusion is that there is an effect of deep breathing relaxation techniques on reducing pain intensity in post-cesarean section mothers at Unipdu Medika Hospital Jombang.

Relaxation Techniques with deep breath in the study were carried out based on Rondonuwu, Onibala (2014) the results of this study indicate that relaxation techniques can significantly reduce the intensity of pain in postoperative patients. If the deep breathing relaxation technique is done correctly it will cause a decrease in the pain that is felt to be greatly reduced and the patient feels comfortable, on the contrary if the deep breathing relaxation technique is done incorrectly, the pain felt a little less and the patient is still uncomfortable.

Guide Imagery

The results showed that the frequency distribution of guided imagination pain management was obtained as many as 21 respondents (100.0%) did not carry out guided imagination pain management to the in patients who experienced pain. Guide Imagery used as non-pharmacological therapy to reduce pain, that could to create a pleasant image and concentrate on the image and gradually free yourself from attention to pain (Amalia and Susanti, 2014).

Hutagol's research (2015) proved that after guided imagination relaxation, the intensity of menstrual pain decreased compared to before relaxation Guided imagination. The average intensity of dysmenorrhea pain decreased from 4.8 ± 0.8 to 2.6 ± 0.5 after relaxation guided imagination This shows that the provision of guided imagination relaxation has a very good effect on reducing pain intensity. Guided imagination is able to create post appendectomy pain.

Guided imagination is able to create an impression in the mind, concentrating on that impression so that it gradually relaxes. The effect of guided imagination on pain provides a relaxing effect by reducing muscle tension so that pain will be reduced. Patients in a relaxed state will naturally trigger the release of endorphins. This hormone is a natural analgesic from the body found in the brain, spinal cord, and gastrointestinal tract (Gilar, Armiyati, & Arif, 2014). The benefit of guided imagination is as a behavioral intervention to overcome anxiety, stress and pain (Novarenta, 2013).

Distraction

The results showed that the frequency distribution of distraction pain management was obtained as many as 21 respondents (100.0%) did not carry out distraction pain management in patients who experienced pain. The implementation of distraction can be used as a non-pharmacological therapy to reduce pain, as the results of Yadi, Handayani, & Bangsawan's research (2018), namely the average pain intensity before visual distraction therapy with virtual reality media is 5.18 with a standard deviation of 0.751. Meanwhile, the intensity of pain after therapy was 3.55 with a standard deviation of 1.036. This shows that there is an effect of visual distraction therapy with virtual reality media on pain intensity in post-laparotomy patients.

The effectiveness of distraction pain management was proven by the research of Rahmatun and Heru (2020) with the results of the study that data was obtained after rhythmic breathing distraction therapy for 3 days was not under the influence of drugs. Respondent 1 initially experienced pain with a pain scale of 4 being a pain scale of 1 and respondent 2 initially experiencing pain with a scale of 3 becoming a pain scale 1. This proves that the rhythmic breathing distraction technique as an alternative therapy can reduce the level of pain.

Music Therapy

The research show that the distribution of the frequency of music therapy pain management is obtained as many as 21 respondents (100.0%) did not carry out music therapy pain management in patients who experienced pain Music therapy can be used as non-pharmacological therapy to reduce pain , because music therapy can reduce pain perception by stimulating the descending control system which results in fewer painful stimuli being transmitted to the brain (Nurdiansyah, 2015)

Mendur and Tingloy (2019) have proven with their research results that before classical music therapy was given to post-section caesarea patients, it was found that 6 people (40.0%) had severe pain, 9 people (60.0%) had moderate pain, and there is no mild pain. After being given classical music therapy, it was found that 8 people (53.3%) experienced mild pain, 7 people (46.7%) experienced moderate pain, and none had severe pain. The conclusion of this study is that there is an effect of classical music therapy on the intensity of pain in patients after caesarean section at RSU GMIM Pancaran Kasih Manado.

The effectiveness of music therapy is proven by Arif & Sari's research (2018), it was found that before Mozart's music therapy was given, 3 people (20%) experienced moderate pain, 11 people (73.3%) experienced severe pain and 1 person (6.7%) experienced severe pain. The intensity of pain after being given Mozart's music therapy was 3 people (20%) experiencing mild pain, 8 people (53.3%) experiencing moderate pain, and 4 people (26.7%) experiencing severe pain. Based on the results of the Wilcoxon statistical test analysis with a 95% confidence level ($\alpha = 0.05$).

Aromatherapy

The results showed that the frequency distribution of aromatherapy pain management was obtained as many as 21 respondents (100.0%) did not carry out aromatherapy pain management in patients who experienced pain. Aromatherapy can be used as a non-pharmacological therapy to reduce pain. The effectiveness of aromatherapy is proven by Utami's research (2016). The results of the study show that giving bitter orange aromatherapy is effective in reducing post partum SC pain.

Dewi & Aprilina's research (2019) stated that before lemon aromatherapy was carried out, 19 people (100.0%) experienced a severe pain scale. The respondent's pain scale after being given lemon aromatherapy became a pain scale of 11 people (57.9%) and 8 people (42.1%) experienced a severe pain scale. This shows that lemon aromatherapy is more effective in reducing post-section caesarean pain compared to Guided Imagery therapy.

Aromatherapy is a complementary technique that involves the use of fragrances from essential oils derived from plants and can be combined with base oils (medicine mixture oils) that can be inhaled or applied when massaged on the skin. The benefits of aromatherapy are that it can cure respiratory problems, pain, as well as mental and emotional problems. This happens because aromatherapy is able to provide a calming sensation for the self and the brain, as well as the stress that is felt (Safaah, Purnawan, Sari, 2019).

Cold compress

The study was conducted based on observations at a certain time and did not use a questionnaire, so that the results showed that the results showed that the distribution of the frequency of cold compress pain management was obtained as many as 21 respondents (100.0%) did not carry out cold compress pain management in patients who experienced pain. . Cold compresses can be used as non-pharmacological therapy to reduce pain, as the success of the cold compress method in Utami and Painri's research (2020) there is an effect of giving cold compresses on reducing moderate pain to mild pain in post-operative hemorrhoidal patients in the bougenvil room of Simo Boyolali Hospital.

The effectiveness of cold compresses is proven by research by Talu, Maryah, & Andinawati (2018), which results before being given cold compresses as many as 1 person (5.0%) experienced moderate pain and 19 people (95.0%) experienced severe pain. The level of pain after being given a warm compress, 5 people (25.0%)

had no pain, 11 people (55.5%) had mild pain, and 4 people (20.0%) had moderate pain. This proves that there is an effectiveness of cold compresses on reducing pain intensity in postoperative appendicitis patients at Waikabubak Hospital, West Sumba Regency-NTT.

Cold compresses are able to inhibit pain transmission and can be modulated by the presence of endogenous opiates (natural morphine) which include endorphins, enkephalins and dynorphins. These chemical substances are then released from the descending analgesic pathway and then bind to opiate receptors at the afferent presynaptic terminal. The binding then inhibits and blocks the release of substance P, so that pain impulses are not conveyed and pain is reduced (Rohmani, Dahlia, & Sukmarini, 2018).

Warm Compress

The results showed that the frequency distribution of warm compress pain management was obtained from 21 respondents, 1 respondent (4.8%) gave warm compresses to patients who experienced pain and 20 respondents (96.2%) did not give warm compresses to patients who experienced pain. Ikbali & Hidayat (2018) in their research found the average pain scale before giving warm compresses was 3.60, the average pain scale after giving warm compresses was 2.20. The conclusion shows that there is an effect of giving warm compresses to pain in postoperative fracture patients at RST Dr. Reksodiwiryo Padang in 2017.

The results of the research by Talu, Maryah, & Andinawati (2018) proved that of the 20 respondents before being given a warm compress, 20 respondents (100.0%) experienced severe pain. The level of pain after being given a warm compress as many as 8 respondents (40.0%) did not experience pain, as many as 10 respondents (50.0%) experienced mild pain, and 2 respondents (10.0%) experienced moderate pain. The conclusion is that there is an effectiveness of warm compresses to reduce pain intensity in postoperative appendicitis patients at Waikabubak Hospital, West Sumba Regency-NTT.

Accupressure

The study was conducted based on observations at a certain time, the results showed that the distribution of the frequency of acupressure pain management was obtained as many as 21 respondents (100.0%) did not carry out acupressure pain management in patients who experienced pain. Acupressure can be used as a non-pharmacological therapy to reduce pain. Acupressure is a healing technique by pressing, massaging, massaging on body parts to activate energy circulation (Karlinah, Serudji, & Syarif, 2015)

Widayaningrum (2013) in Kurniawati (2016) surmises that acupressure can be used as a pain scale reducer, because the effect of suppressing acupressure points is able to increase levels of endorphins which are useful as pain relievers produced by the body in the blood and endogenous opioid peptides in the central nervous system. Nervous tissue will provide a stimulus to the endocrine system to release endorphins according to the body's needs and is expected to reduce pain.

Dhikr Khafi

The results of the study showed that the distribution of the frequency of pain management dhikr safi obtained from respondents as many as 5 respondents (23.8%) gave dhikr khafi techniques to patients who experienced pain and 16 respondents (76.2%)) does not provide khafi dhikr techniques to patients who experience pain. Budiyo, Ma'rifah, & Susanti (2015) revealed that dhikr therapy is very beneficial in reducing the intensity of myer in post-mammary surgery patients in addition to pharmacological therapy.

Giving dhikr therapy intervention can reduce pain intensity, where the results obtained from research by Fadli, Resky. & Sastrin (2019) found that from 45 respondents, the most pain was pain with a severe pain scale of 33 (73.3%) respondents and 12 (26.7%) respondents experiencing moderate pain. The intensity of pain after being given dhikr khafi therapy showed results from 45 respondents, 27 (60.0%) respondents experienced mild pain and 18 (40.0%) respondents experienced mild pain. It can be concluded that there is an effect of dhikr therapy on pain intensity in gastritis patients at Nene Mallomo Hospital, Sidrap Regency.

Dhikr is not just reading or sentences that are recited without meaning, because the spoken dhikr sentence is very useful or maghfirah. These benefits include reducing anxiety, fear, making peace and asking Allah SWT so that pain can be reduced (Astuti, Hartinah, & Permana, 2019), Zikir which is done solemnly and sincerely will increase positive stress perceptions Positive stress perceptions will give birth positive stress response, so that the body is physiologically balanced (Amir & Wahyudi, 2019).

Al-Qur'an Therapy

The results of the study showed that the distribution of the frequency of pain management in Al-Qur'an therapy was obtained as many as 21 respondents (100.0%) did not do pain management in Al-Qur'an therapy in patients who experienced pain. Al-Qur'an therapy can be used as non-pharmacological therapy to reduce pain. Murrotal Al-Qur'an therapy is an action where nurses provide religious therapy treatment by listening to the holy verses of the Qur'an or someone reads the verses of the Qur'an for a few minutes or hours so that it has a positive impact on one's body (Rahmayanti 2019) .

The effectiveness of Al-Qur'an therapy has been proven by several literatures including Märliyana's research (2018) where the results showed that before giving murotal Al-Qur'an therapy the average pain scale was 9.25 and after giving murotal Al-Qur' therapy. there was a decrease in the pain scale to 0.68. The results of the bivariate analysis showed that there was an effect of giving murotal Al-Qur'an therapy on the pain scale of post isparotomy patients in the Kutilang room of Dr H.Abdoel Moeloek Hospital in 2017 with p value = 0.000.

Susanti's research, Widyastuti. Sarifah. (2019), the results obtained before being given murrotal Al-Qur'an therapy with a pain scale of 4 there were 2 people (25.0%), pain scale 5 as many as 3 people (37.5%), and a pain scale 6 as many as

3 people (37.5 %). The respondent's pain level after being given murrotal Al-Qur'an therapy was with a pain scale of 2 totaling 2 people (25.0%), pain scale 3 as many as 4 people (50.0%), and with a pain scale of 4 as many as 2 people (25.0%). This shows a decrease in pain scale after being given Murottal Al-Qur'an therapy.

Early Ambulation

The results of the study indicate that the distribution of the frequency of early ambulation pain management obtained as many as 21 respondents (100.0%) did not perform early ambulation pain management in patients who experience pain. Nurses are professionals who spend a lot of time with patients compared to other professionals, should be able to provide the best nursing actions to patients, especially in dealing with pain experienced by patients by means of early ambulation.

Early mobilization has an important role in reducing pain by eliminating the patient's concentration at the location of pain, reducing active chemical mediators in the inflammatory process which increases pain response and minimizes pain nerve transmission to the central nervous system, so that early ambulation is effective in reducing postoperative pain intensity (Rustinawati, Karyati, Himawan, 2013).

The effectiveness of early ambulation is proven by research by Karyati, Hanafi, & Astuti (2018) explaining the early mobilization techniques performed by post-SC patients, both in the 24-hour group and the 48-hour group, are equally significant for reducing postoperative pain.

Metasari & Sianipar (2018) in their research on "the effect of early mobilization on postoperative cesarean section pain at Bengkulu Hospital" concluded that early mobilization is very effective in reducing the intensity of postoperative caesarean section pain at Bengkulu Hospital, the more often you do early mobilization it will. The more you feel the pain, the less the surgery will be.

Hypnotherapy

The results showed that the distribution of the frequency of hypnotherapy pain management was obtained as many as 21 respondents (100.0%) did not carry out hypnotherapy pain management in patients who experienced pain. Hypnotherapy can be used as a non-pharmacological therapy to reduce pain, as the success of Aini & Pratidini's (2014) research shows that there is a significant effect of hypnotherapy on pain intensity in post-cesarean section patients at Pku Muhammadiyah Hospital Temanggung with p-value $0.000 < \alpha (0.05)$.

Another study by Niraski, Nurfianti, & Fauzan (2015) on "the effect of hypnotherapy on pain levels in post sectio caesarea mothers at Jeumpa Hospital, Pontianak in 2015" with research results showing that hypnotherapy has an effect on reducing pain levels in post sectio caesarea mothers as evidenced by p value $(0.001) < 0.05$.

Finger Gripping Technique

The results showed that the frequency distribution of finger gripping technique pain management was obtained as many as 21 respondents (100.0%) did not carry out finger gripping technique pain management in patients who experience pain. The finger gripping technique can be used as non-pharmacological pain reliever therapy as with the success of the finger gripping technique in his research, Hasaini (2019) proved that $p = 0.000$ ($p = 0.000 < 0.05$) which means H_a is accepted, meaning that there is an effect of giving finger grip relaxation techniques. on reducing pain in postoperative appendectomy patients.

Another study was conducted by Rasyid, Norma, & Samaran (2019) which proved that there was an effect of finger ganggam relaxation on reducing pain in postoperative appendicitis patients and the results of the independent t test showed that there was a difference in pain scale with p value = 0.000 = 0.05 in the cockatoo and jasmine room at the Sorong District Hospital and the Sele Be Solu Hospital in Sorong City.

The finger grip relaxation technique is a technique for managing emotions and developing emotional intelligence. Along the fingers there are channels or energy meridians that are connected to various organs and emotions (Haniyah, Setyawati, & Sholikhah, 2016). The finger gripping technique has several benefits including providing a sense of peace, focus, and comfort, improving emotional aspects, reducing anxiety and depression, and reducing pain (Astutik & Kurnilawati 2017).

Pharmacology

The study was conducted based on observations at a certain time and did not use a questionnaire, so that the results showed that the results showed that the frequency distribution of pharmacological pain management was obtained from 21 respondents as many as 15 respondents (71.4%) provided pharmacological pain management in patients who experienced pain. and 6 respondents (28.6%) did not provide pharmacological pain management in patients experiencing pain. Pain is an unpleasant sensory and emotional experience associated with actual and potential tissue damage. Pain can cause discomfort, stabbing, burning, electric shock, and so on so that it interferes with the quality of life of people experiencing pain (Chandra, Tjitrosantoso, & Lolo, 2015).

Pain management that is not good will cause complications and prolong hospitalization. Acute pain that is not handled properly can develop into chronic pain. Chronic pain will be more difficult to overcome and result in a decrease in a person's quality (Bernadeth, Oktaliansah, Indriasari, 2019). Pain management is a part of the medical discipline that deals with efforts to relieve pain. Pain management can be done pharmacologically, namely by giving analgesics and sedatives (Aini, Sudaryanto, & Nilasari, 2018).

Narcotic analgesics such as morphine and codeine can provide pain-reducing and relaxing effects, because these drugs bind to opiate receptors and activate endogenous pain suppressants in the central nervous system. Non-arcotic

analgesics such as aspirin, acetaminophen, and ibuprofen, these drugs have anti-inflammatory and antipyretic effects. Drugs of this class are able to reduce pain by inhibiting the production of prostaglandins from traumatized and inflamed tissues (Aini, Sudaryanto, & Nilasari, 2018).

Azzami & Nugroho (2019) in their research explained that the use of pharmacological or analgesic therapy must be in accordance with the degree of pain caused to consider the side effects of these drugs. Excessive use of analgesics has side effects in the form of blood dyscrasias, gastrointestinal complications, hepatotoxicity, analgesic nephropathy, and hypersensitivity reactions.

Conclusion

Characteristics of respondents in the Kenanga room, RSUD Dr. H. Soewondo Kendal the average age is 35 years, the youngest age is 27 years and the oldest age is 52 years. Most of the respondents are female and have the latest education. 30 years. Description of the implementation of independent nursing functions in pain management carried out by Kenanga RSUD Dr. H. Soewondo Kendal is pharmacological pain management as many as 15 respondents (71.4%), deep breathing relaxation techniques as many as 14 respondents (66.7%), dhikr khafi as many as 5 respondents (23.8%), and warm compresses 1 respondent (4.8%)

Suggestions The results of this study are expected that nurses in addition to providing pharmacological techniques in pain management may be able to use other techniques. Non-pharmacological pain management is very important for nursing services, non-pharmacological pain management is a therapy that does not cause an effect, is practical. In the future it is hoped that nurses will not only provide pharmacological techniques in pain management, but can apply several complementary therapies in dealing with or managing pain. Non-pharmacological pain management is very important for nursing services, non-pharmacological pain management has no effect, is practical, easy, and does not cost money

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