Technique imagination guided to decline painful response on patient fracture at dr. central general hospital Wahidin Sudirohusodo Makassar

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Abstract: Painful can caused from the triggering factors from something stress response, where response This will influence all body systems . Patient And member team health tend For looking drug as the only one method For remove painful. However Lots action nursing non pharmacological can help in remove painful like technique imagination guided by those who have very risky low For shorten the duration of the pain episode only a number of second or minute . Objective study This is For know influence technique imagination guided to decline response painful on patient fracture. Design research used in study This is is Pre-experiment One Group Pre test posttest Design. Taking sample study This use total sampling technique with amount sample as many as 15 respondents. Respondent selected previous done pretest Then done action technique imagination guided Then done posttest for evaluate decline response pain, then the data was analyzed with Wilcoxon test in SPSS version 12.00. Based on results test statistics obtained that There is difference decline response painful between before done action and after done action technique imagination guided, where obtained level meaning that is between p = 0.002 (p<0.005). Conclusion study This is There is influence giving technique imagination guided to decline response painful on patient fracture. Suggestions for power health at home sick to get it teach technique imagination guided with Correct to use lower response the pain experienced beside action pharmacological.

Keywords: Home Sick, Patient Fracture, Respond Pain, Technique imagination guided.

1. Introduction

In the era of modernization And industrialization happen enhancement knowledge knowledge And enabling technology man For increase well-being in life. Besides implications positive to life humans, too will bring impact negative. The impact that arises is increasing non- infectious diseases And degenerative And disease consequence accident, for example accident Then cross.

Accident Then cross often very happen in life public. Hundreds of people died And injuries each year Because incident the .

In Indonesia, cases accident traffic very tall. Accident traffic is murderer number three in Indonesia, after disease heart and strokes. According to police data Republic of Indonesia 2003, total accident in the road reached 13,399 events, with death reached 9,865 people, 6,142 people experienced wound weight, and 8,694 experienced wound light. With that data, the average of each day, 40 accidents occurred Then traffic that caused 30 people to die world.

Painful is frequent complaints, we meet in practice daily. Experience painful can divided into 3 parts : nocisentient , response subjective / cognitive to input nociceptive And response behavior to input. Sensation painful can felt originate from all over part body We Because on generally all over network body get innervation. Because That patient can come Because complaint painful headache, pain in the area eye or ear , chest pain , pain waist, pain in stomach, pain area pelvis, pain knee, pain heel And etc. Sensation painful This can varies. From the picture above can understandable that no easy For handle case with complaint painful. Difficulty This increase when painful originate viscera. Painful not can showed with appropriate the location, often even overlapping overlap with component painful reference, not yet Again addition complicate from conception his psychology .

The trauma that occurred accident traffic own Lots shape , depending from what organ is affected . Trauma of sorts this, in fact commonly , called as object trauma blunt . There are three most common traumas happen in incident These include head trauma , fracture bones), and chest trauma. (Amrizal , 2017)

In reality daily, frequent fractures happen is fracture extremities And vertebral fracture. Fracture extremities covers fracture on bone arm top, arms bottom , hands , legs upper, legs bottom , and feet. Of all type fracture , fracture limbs on or usually called femur fracture (bone thigh) has quite an incident tall. Generally femur fracture occurs on Middle 1/3 of femur shaft .

The resulting manifestations by various type fracture is painful start from painful currently until heavy. Severe pain will give rise to various disturbance on the body system, by Because That very required proper management to fracture And painful. Management painful on fracture can done with action pharmacological And non-pharmacological. Action non-pharmacological to effective pain relief Wrong the only one is use technique imagination guided. (Brunner & Suddarth, 2012)

Technique imagination guided is merger from technique distraction And relaxation . Technique This stimulates the hypothalamus and the limbic system secretes CRF (Corticotrophin Realizing Factor) which can triggers the pituitary gland produces ACTH (Adeno Corticotropin Hormones). ACTH stimulates the adrenal cortex to produce cortisol . On circumstances relax production cortisol decrease so that increase system immune . On circumstances This Also body produce endorphins And enkephalin plays a role in hinder excitatory pain, repair atmosphere heart, increase feeling comfortable (Elizabeth JC, 2011).

2. Method

Design study is receptacle For answer question study or test validity hypothesis. Based on objective study so type research used in study This is Pre-experiment ie design Pre-Post Test in One group (One-Group Pre -Test- Posttest Design). Study This aim For disclose connection because consequence with method involve One group subject, where done observation before done intervention technique imagination guided Then observed Again after intervention technique imagination guided. Instruments used in study This is observation experimental that is observer try or entered to in something condition or situation certain. Implementation observation so that with carefully obtain data with use tool help with the rating scale, namely form quantity using score or ranking (Soekidjo Notoatmodjo, 2015).

3. Results and Discussion

3.1. Results

3.1.1. Univariate Analysis

From the research results, it is known that the number of people aged 15-30 years is 12 people (80%), aged 31-45 years is 2 people (13.3%) and aged 46-60 years is 1 person (6.7%). From gender characteristics, it is known that there were 10 male respondents (66.7%), and 5 female respondents (33.3%). Characteristics of the type of education were elementary school with 2 people (13.3%), junior high school with 3 people (20%), high school with 7 people (46.7%), and D3/S1 as many as 3 people (20%). Job characteristics are civil servants as many as 1 person (6.7%), farmers as many as 1 person (6.7%), private sector as many as 4 people (26.7%), students as many as 5 people (33.3%), and others as many as 4 people (26.7%). For clarity, see Table 1 below.

•	Frequency	Percent (%)
Age		
• 15-30 years	12	80.0
• 31-45 years old	2	13.3
• 46-60 years old	1	6.7
Amount	15	100
Gender		
• Man	10	66.7
• Woman	5	33.3
Amount	15	100
Education		
 Elementary school 	2	13.3
• Junior high school	3	20.0
• High school	7	46.7
• D3/S1	3	20.0
Amount	15	100
Work		
• Civil servants	1	6,7
• Farmer	1	6,7
• Private	4	26.7
• Student/Students	5	33.3
• Fto	4	26.7
Amount	15	100
 Student/Students Etc Amount 	5 4 15	33.3 26.7 100

Table	1
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Distribution of respondent characteristics at Dr. RSUP. Wahidin Sudirohusodo Makassar.

3.2. Bivariate Analysis

In the bivariate analysis, the results of the Wilcoxon test will be presented to see the difference in pain levels between before carrying out the guided imagination technique (pre-action) and after carrying out the guided imagination technique (post-action).

3.2.1. The Effect of Guided Imagery Techniques on Reducing Pain Responses on the First Day

The results of the study showed that observation of the level of pain before the guided imagination technique was carried out showed that 100% of the pain was not reduced, and the pain level after the guided imagination technique was carried out showed that 100% was not reduced. The Wilcoxon test results show a value of p = 0.157, thus the hypothesis is rejected, which means there is no effect of guided imagination techniques on reducing the pain response in fracture patients on the first day.

	_	Total				
Day I actions	Reduc	e	Not re	duced		
	n	%	n	%	N	%
Pre-action	0	0	15	100	15	100
Post action	0	0	15	100	15	100
Note: $Z = -1.414$	p = 0.	157	•			

 Table 2.

 The effect of guided imagination techniques ondecreased pain response on the first day.

3.2.2. The Effect of Guided Imagery Techniques on Reducing Pain Responses on the Second Day

The results of the research on the second day showed that the decrease in pain response in fracture patients before the guided imagination technique was carried out showed that 86.7% of the pain was not

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reduced and the pain was reduced by 13.3%, and after the guided imagination technique was carried out it showed that 20% of the pain was not reduced and 80% % pain reduced. Thus, based on the results of the Wilcoxon test, the significance was p = 0.002, so Ha was accepted because it was proven that there was a significant difference between the decrease in pain response in fracture patients before and after the guided imagination technique.

The effect of guided imagination techniques on decreased pain response on the second day.									
		Total							
Action day II	Reduc	e	Not re	duced	Total				
	n	%	n	%	N	%			
Pre-action	2	13.3	13	86.7	15	100			
Post action	12	80	3	20	15	100			
Note: Z = -3.162	p =	0.002							

Γł	ne effect of	guid	ed in	nagina	tion t	techniq	ues on	decreased	pain	res	ponse	on t	the seco	ond o	lay.	

3.2.3. The Effect of Guided Imagery Techniques on Reducing Pain Responses on the Third Day

The results of the study on the third day showed that the decrease in pain response in fracture patients before the guided imagination technique was carried out showed that 66.7% of the pain was not reduced and the pain was reduced by 33.3%, and after the guided imagination technique was carried out 100% of the pain was reduced. Thus, based on the results of the Wilcoxon test, the significance was p =0.002, so Ha was accepted because it was proven that there was a significant difference between the decrease in pain response in fracture patients before and after the guided imagination technique.

Table 4.		
The effect of guided imagination technic	iques on decreased pain response on the third da	y.

		Total					
Action day III	Reduc	e	Not re	duced	Total		
-	n	%	n	%	N	%	
Pre-action	5	33.3	10	66.7	15	100	
Post action	15	100	0	0	15	100	
Note: Z =-3.162	p = 0.00)2					

3.3. Discussion

Table 3.

Based on the research results, data was obtained that the assessment of the decrease in pain response on the first day showed that there was no difference between the level of pain before the procedure and after the guided imagination technique. Thus, there is no significant effect of guided imagination techniques on reducing the pain response when the first action is given, where the p value = 0.157. In the study on the first day, the assessment of the decrease in pain response before and after the guided imagery technique showed 100% pain did not decrease. This can happen because the impact obtained from actions that are given for the first time tends to not show perfect optimization because the actions must be carried out regularly and continuously.

According to Brunner & Suddarth, 2002, pain relief can continue for hours after the guided imagination technique is carried out. Also added, according to Turk et al, 1993, is that the guided imagination technique is recommended for using a person's imagination, where this technique requires quite a lot of time and effort to get optimal results.

The results of the research on the next action showed that there was a significant difference before and after the guided imagination technique in reducing the pain response. The effect of guided imagery techniques on reducing the pain response in fracture patients as measured by the Wilcoxon test with a significance level of p < 0.005 shows a significant value of p = 0.002. This means there is a significant effect of guided imagination technique intervention. This is reinforced by the opinion of Lorenzi, 1990, who said that the guided imagination technique is very useful if done well and correctly.

Likewise, what Tunner & Jansen said, using guided imagination techniques will relax the muscles so that pain is reduced. The technique is very simple, namely by doing abdominal breathing with a slow, rhythmic frequency and closing your eyes and breathing slowly, the pain will decrease. This technique is very good for patients post surgery on the second day with a moderate pain response. This is also supported by previous researchers that there was a significant reduction in pain levels between before and after the guided imagination technique was carried out by 73.3% (Ismail Sunarti, 2006).

In a fracture, pain input occurs from peripheral to central, which will change the threshold of pain receptors, both peripheral and central (posterior horn of the spinal cord). The two pain receptors mentioned above will decrease their pain threshold, shortly after pain input occurs (Brunner & Suddarth, 2002).

Management of pain in fractures can be done with pharmacological and non-pharmacological measures. Pharmacological measures include administering analgesics and repositioning the fractured part. And one of the effective non-pharmacological measures for pain is the use of guided imagination techniques . (Brunner & Suddarth, 2002)

The guided imagination technique is a combination of distraction and relaxation techniques. This technique stimulates the hypothalamus and limbic system to release CRF (Corticotrophin Realizing Factor) which can trigger the pituitary to produce ACTH (Adeno Corticotropin Hormone). ACTH stimulates the adrenal cortex to produce cortisol. In a relaxed state, cortisol production decreases, thereby improving the immune system. In this situation the body also produces endorphins and enkephalins which play a role in inhibiting painful stimuli, improving mood, increasing feelings of comfort (Elizabeth JC, 2001).

The effectiveness of reducing pain levels in fracture patients also depends greatly on the procedure provider and the patient. Nurses are required to improve their skills in using guided imagination techniques so that they can create a safe and peaceful atmosphere for receiving patients. Patient will give rise to emotional psychology can _ help lower sensation pain (Potter & Perry, 2006)

4. Conclusion

Based on the results of the research that has been carried out, it can be concluded that there is an influence of guided imagination techniques on reducing the pain response in fracture patients.

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