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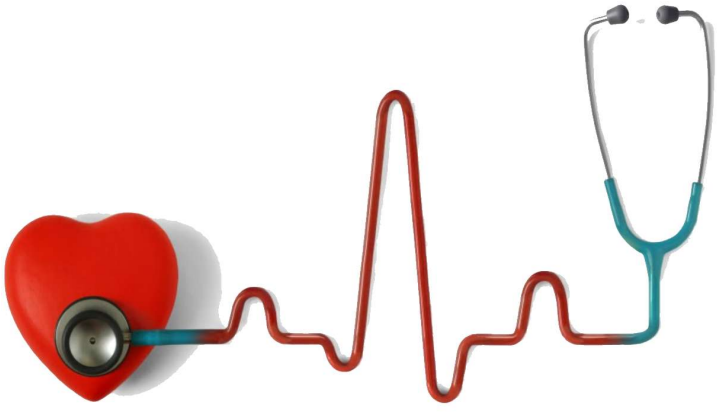

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REMARKS

As we transition from 2023 to 2024, the global landscape of healthcare and nursing continues to change. The global nursing shortage is a significant challenge that affects every country. Other global events such as war, inflation, poverty, and endemic diseases also have profound impacts on healthcare. We continue to see how nurses work together and with other healthcare providers to care for patients. As we move into 2024, the need for collaboration and innovation in nursing to meet healthcare needs at local, regional, and global levels becomes even more critical.

This issue encompasses a range of topics pertinent to various populations – nursing students, nurses and healthcare workers, patients, and adolescents. One article describes the differences in sleep quality among nursing students. There are several articles related to nurses and healthcare workers. One article discusses the knowledge of ergonomic positioning and its correlation with low back pain in nurses. The impact of the COVID-19 pandemic on nurses' work-life quality is examined through the lens of self-hypnosis for stress management. A cross-sectional study provides a unique perspective on the calling and career commitment of Christian nurses in Indonesia. A comprehensive literature review discusses the stigma experienced by health workers during the COVID-19 pandemic. A case study presents the effectiveness of finger grip relaxation and back massage on post-appendectomy patients' pain intensity. Two articles related to adolescent knowledge are also included: one regarding the HPV vaccine among adolescent girls in junior high school and the other comparing the effectiveness of audiovisual methods and booklets in increasing adolescent knowledge about casual sex behavior.

As you read the articles, we encourage you to consider contributing to the next edition of "Nursing Current" based on your experiences in teaching, providing care, participating in community service, and conducting research. I pray that God will continue to guide us as we seek to serve Him in nursing.

Christine L. Sommers, PhD, RN, CNE
Chief Academic Officer/Provost
Executive Dean, Faculty of Nursing
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KATA PENGANTAR

Praise and Glory to God!

Nursing Current: Jurnal Keperawatan kembali terbit pada Volumne 11 No. 2. Hasil re-akreditasi SINTA untuk ke tingkatan akreditasi yang lebih baik juga sedang dinantikan. Tim editor *Nursing Current* tetap mempertahankan kinerjanya di tengah kesibukan kegiatan lainnya sebagai pendidik untuk meningkatkan kualitas artikel. Tim editor, reviewer dan administrator juga semakin berkomitmen dalam proses jurnal ini. Selain itu, perlu adanya tambahan reviewer dan editor baru yang akan membantu proses penerbitan jurnal ini. Kolega, alumni dan peneliti di lingkup keperawatan dan Kesehatan di Indonesia juga mengirimkan hasil penelitian sehingga jurnal *Nursing Current* kembali terbit dengan topik yang lebih beragam.

Jurnal *Nursing Current* dengan e-ISSN: 2621-3214 dapat di lihat pada laman https://ojs.uph.edu/index.php/NCJK. Jurnal ini hanya akan terbit *online* mulai Vol. 10, No. 1, Juni 2022.

Selamat membaca artikel dalam jurnal ini secara *online* dan sangat di harapkan untuk mengirimkan manuskrip dengan topik keperawatan dan kesehatan yang berkualitas.

Pemimpin redaksi,
Dr. Ni Gusti Ayu Eka

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DIFFERENCES IN SLEEP QUALITY AMONG NURSING STUDENTS

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ABSTRACT
The sleep quality and academic performance of students are influenced by their activity patterns, which in turn affects their health status. Nevertheless, there is a scarcity of research specifically addressing sleep problems among nursing students. The objective of this study is to identify and analyse the features of nursing students that are associated with variations in their sleep quality. This study employs a correlational descriptive research design, utilising a quantitative technique. A total of 117 individuals were surveyed. The Mann-Whitney and Kruskal-Wallis tests were employed to assess variations in sleep quality according to the attributes of the participants. The findings indicated that a significant majority of participants, up to 87.2%, experienced substandard sleep quality. Based on the subjective evaluation of PSQI components, 50.4% of participants were classified as having good sleep quality. Additionally, 34.2% reported experiencing difficulty falling asleep more than three times a week within 30 minutes. The majority of participants (42.5%) reported a sleep duration of 6-7 hours. Furthermore, 4.3% of participants had taken sleeping pills in the past month. Furthermore, the results demonstrated a strong correlation between the ages of the respondents and their sleep quality (p=0.047). This study uncovers a worrisome pattern indicating that the sleep quality of nursing students is significantly subpar. Hence, it is imperative to employ both academic and non-academic strategies and advancements to enhance the quality of students' sleep.

Keywords: Nursing Students, PSQI, Sleep Quality

INTRODUCTION

Sleep Quality is a condition that describes the deep and invigorating sleep. Sleep quality encompasses both quantitative and qualitative aspects, generally assessed using four criteria: sleep latency or how often one wakes up during the night, the duration of wakefulness at night after falling asleep, the time it takes to initiate sleep, and sleep efficiency (National Sleep Foundation, 2020). Previous research on sleep quality, using the Pittsburgh Sleep Quality Index instrument, found that 61.9% of 7,626 students from six universities in the United States had poor sleep quality, 36% reported sleeping less than 7 hours, and 43% reported needing more than 30 minutes to fall asleep (Becker et al., 2018).

A study conducted by Blome et al., (2021) on 254 nursing students in the Midwest region of the United States reported poor sleep quality, excessive daytime sleepiness, and poor sleep hygiene. Furthermore, research by Silva et al., (2016) found that 31.6% of 403 nursing and health students in Portugal aged less than or equal to 20 years had poor sleep quality. In Indonesia, a study conducted on nursing students at Muhammadiyah University Purwokerto found that 55.6% of 90 respondents had poor sleep quality (Arifin & Wati, 2020). Moreover, a meta-analysis study during the Covid-19 pandemic reported that 27% of nursing students worldwide, including Indonesia, experienced sleep disturbances (Mulyadi et al., 2021).

In addition, changes in activity patterns in nursing students are one of the causes of irregular sleep patterns because students experience sleep deprivation during campus or clinical practice (Araújo et al., 2013). Reduced sleep duration in students leads to excessive daytime sleepiness, as well as late-night studying, prolonged extracurricular activities, academic stress, and psychological stress (Hartini et al., 2021; Naryati & Ramdhaniyah, 2021).

Sleep problems have been shown to have adverse effects on low academic performance, academic failure, learning disorders, memory function decline, attention span in daytime emotional and behavioral disturbances (Hershner & Chervin, 2014; Burns et al., 2016; Gallego-Gómez et al., 2021). Meanwhile, good sleep quality plays a role in improving mental health, enhancing academic achievement, improving memory function, and enhancing cognitive function in students (Short et al., 2019; Hysing et al., 2016; Leong et al., 2019).

Referring to this background, this research seeks to elucidate sleep quality and discern the disparities in responder characteristics pertaining to sleep quality among undergraduate nursing students.

METHOD

This research is a descriptive correlational study with a quantitative approach conducted in March 2023. The total sample size for this study is 117 students selected using proportional stratified random sampling technique, consisting of 13 males and 104 females, with an age range of 17 to 21 years, distributed across the first to third years of the Nursing Science Program at Sam Ratulangi University in Manado. The inclusion criteria for this research are active nursing science program students, and the exclusion criteria are students who do not complete the questionnaire. Univariate analysis was conducted to obtain frequency distribution data related to respondent characteristics.

The Mann-Whitney and Kruskal-Wallis tests were used to identify the differences sleep quality on the characteristics of the respondents. The Mann-Whitney test was utilized to determine the difference in sleep quality based on gender because the data being tested involved two unpaired and non-normally distributed groups. Meanwhile, the Kruskal-Wallis test was employed to investigate the difference in age and academic year concerning sleep quality. This test was chosen because the data being tested

involved more than two unpaired groups and was not normally distributed.

The research was conducted after obtaining research permission from the Nursing Science Program, Faculty of Medicine, Sam Ratulangi University, with the reference number 69/UN12.1.34/LL/2023. Before collecting the data, the researcher distributed the informed consent form to the respondents.

The questionnaire used to assess sleep quality in this study is the Pittsburgh Sleep Quality Index Indonesian version (PSQI-I), which the sample used to report their sleep quality and sleep problems in the past month. The PSQI-I was evaluated for reliability with a result of a Cronbach's alpha value of 0.72 and the correlation between item totals ranged between 0.36 to 0.56 (Setyowati & Chung, 2020). Meanwhile, the validity result was 0.365 – 0.733 (α = > 0,361) (Fandiani et al., 2017).

The PSQI was developed by Buysse et al., (1989) and consists of 19 items that assess 7 components of sleep evaluation: subjective sleep quality, sleep latency, sleep duration, sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction. The PSQI has adequate internal consistency (Cronbach alpha = 0.73) (Buysse et al., 1989).

RESULT

Based on Table 1, it shows that the majority of respondents are female, accounting for 88.9%, the majority are aged 19 years, comprising 36.8%, and the largest number of respondents are in the first year of study, representing 46.2% of the total sample.

Table 1. Characteristics of Nursing Students' (N: 117)

Characteristics	f	%
Sex		
Male	13	11,1%
Female	104	88.9%
Age		
17 years old	2	1.7
18 years old	36	30.8
19 years old	43	36.8
20 years old	25	21.4
21 years old	11	9.4
Academic Year		
1st year	54	46.2
2st year	35	29.9
3st year	28	23.9

Tabel 2. Sleep Quality and the Scores of Its Components in Nursing Students as Measured by the Pittsburgh Sleep Quality Index (PSQI) (N: 117)

Domain/ Component	f	%
Total Sleep Quality		
Good sleep	15	12.8
Poor sleep	102	87.2
Subjective sleep quality		
Very good	11	9.4
Fairly Good	59	50.4
Fairly bad	42	35.9
Very bad	5	4.3
Cannot sleep within 30 minutes		
Not during the past mounth	16	13.7
Less than once a week	34	29.1
Once or twice a week	27	23.1
Three or more times a week	40	34.2
Sleep latency component[a]		
≤15 minutes	42	35
16-30 minutes	51	42.5
31-60 minutes	19	15.8
>60 minutes	5	4.2
Sleep duration		
> 7 hours	9	7.7
6 – 7 hours	53	45.3
5 hours	45	38.5
> 5 hours	10	8.5
Sleep efficiency		
> 85%	103	88
75 – 84 %	6	5.1
65 – 74 %	5	4.3
< 65 %	3	2.6
Sleep distrubances[a]		
0	1	0.9
1	63	53.8
2	52	44.4
3	1	9
Use of sleep medication		
Not during the past mounth	122	95.7
Less than once a week	2	1.7
Once or twice a week	3	2.6
Three or more times a week	0	0
Sleep dysfunction[a]		
0	2	1.7
1	41	35
2	52	44.4
3	22	18.8

Note: *n: Sample, f: frequency, %: percentage, [a]Minimum score = 0 (better), maximum score = 3 (worse). For additional details on the scoring of the PSQI components, see Buysse et al., (1989)*

Table 2 shows that 87.2% of the sample has a low sleep quality, indicated by a Total PSQI score greater than 5. However, the majority of subjective sleep quality, accounting for 50.4%, is categorised as good. Nevertheless, while examining the overall PSQI score, a significant proportion of participants are classified as having

substandard sleep quality. According to the evaluation of PSQI components, it was determined that 34.2% of individuals had difficulty sleeping at night for over 30 minutes on at least three occasions each week, while 29.1% require more than 30 minutes to fall asleep once a week. The majority of students, accounting for 42.5%, reported sleeping for a period of 6-7 hours, while 38.5% reported sleeping for 5 hours. In addition, the majority of participants (95.7%) stated that they had not used any sleep medication in the past month.

Table 3. Sleep Quality (PSQI Total Score) Based on Respondent Characteristics

Characteristics	PSQI total score				
	N	Good	Poor	Mean Rank	p
Sex					
Male	13	1	12	62	0.559[a]
Female	104	14	90	58.63	
Age					
17 years old	11	1	10	37.25	
18 years old	2	1	1	61.63	
19 years old	36	3	33	62.42	0.047[b]
20 years old	43	3	40	50.12	
21 years old	25	7	18	61.18	
Academic Year					
1st year	54	7	47	58.92	
2st year	28	4	24	58.14	0.944[b]
3st year	35	4	31	59.81	

Note: n: sample, [a]Mann-Whitney test, [b]Kruskal-Wallis test

Based on the Kruskal-Wallis test results, it is indicated that there is a significant difference in sleep quality based on the age of respondents, with a p-value of 0.047 (<0.05)

DISCUSSION

This research finding indicated that the total PSQI (Pittsburgh Sleep Quality Index) score of the majority of respondent's falls into the category of poor sleep quality, at 87.2% out of 117 respondents. The high total PSQI score in this study aligns with research conducted by Cox et al., (2022), where 70.5% of 105 nursing students at the University of Texas Board of Nursing experienced poor sleep quality. This result is significantly higher compared to the study conducted by Silva et al., (2016), which found that 31.6% of 403 nursing students in Portugal had poor sleep quality. Research conducted by Blome et al., (2021) in the central-western region of the United States showed that 58.7% of 245 nursing students had poor sleep quality. A study conducted in Indonesia at Riu University found that 72% of 100 respondents among nursing students experienced poor sleep quality (Pitaloka et al., 2015).

Alterations in the activities undertaken by nursing students contribute to the diminished quality of sleep. In this study, it was reported that the teaching and learning activities for nursing students started from 07:30 AM to 04:30 PM, from Monday to Friday. In addition, students were also assigned homework and self-study activities at home, which contributed to their reduced sleep hours. Research by Araújo et al., (2013) found that the activity patterns among nursing students were one of the reasons for irregular sleep patterns because students experienced sleep deprivation during campus hours or clinical practice. Besides changes in activity patterns, there are several other factors that can influence sleep quality, such as engaging in screen time for more than 8 hours per day, consuming soft drinks, exercising less than 3 days a week or limited physical activity, smoking, using technology late into the night, and excessive internet use (Mishra et al., 2022; Belingheri et al., 2020; Blome et al., 2021; Tahir et al., 2021).

Another finding in this research is the assessment of PSQI components, such as the subjective sleep quality assessment, where the majority fell into the "good" category at 50.4%. However, when looking at the total PSQI score, the majority of respondents, at 87.2%, were categorized as having poor sleep quality. This suggests that some students may not be aware that they have poor sleep quality. This is consistent with the study conducted by Becker et al., (2018), where 60.7% of 7600 respondents rated their sleep quality as "good," but 61.9% had poor sleep quality according to the total PSQI score.

Concerning the sleep latency component, which refers to the time it takes to fall asleep, the findings indicated that the majority, accounting for 34.2%, experienced difficulty in falling asleep within 30 minutes more than three times per week. This finding aligns with the study by Becker et al., (2018), where 20.9% of 7600 students had trouble falling asleep within 30 minutes more than 3 times a week. The data on the duration of students' sleep ranged from 6-7 hours, accounting for 42.5%. This is consistent with the study conducted by Silva et al., (2016b), which reported that 61% of 403 respondents among nursing students slept for 6-7 hours. In contrast, a study by James et al., (2019) found that the average sleep duration for 100 students was more than 7 hours per 24 hours. According to sleep length guidelines for individuals between the ages of 18 and 25, it is recommended to sleep for 7 to 9 hours. It is advised not to sleep for fewer than 6 hours or more than 11 hours. (Hirshkowitz et al.,

2015). The use of sleep medication among respondents was found to be 4.3%, and this result is consistent with the study conducted by Albqoor & Shaheen, (2021) which included a larger sample of 1,308 students and found that only 9% used sleep medication.

Furthermore, the difference in the sleep quality of students based on respondent characteristics, analyzed using the Kruskal-Wallis test, and showed that there was no relationship between sleep quality gender and Academic Year. This finding is in line with the study by Ilmaz et al., (2017) at Uludag University, Bursa, Turkey, found that out of the 112 respondents (50.2%) did not observe any correlation between the academic year and the quality of their sleep. However, it is common for first-year students to experience impaired sleep quality as a result of multiple variables, such as variations in the curriculum and adjustment to a new social setting.. This study only indicates differences in sleep quality based on age. which is not in line with the data found Ilmaz et al., (2017) There is no relationship between age and sleep quality. Nevertheless, according to Mander et al., (2017) both the quality and quantity of sleep changes as we progress our older age.

Moreover, The quality of sleep among nursing students is essential to consider because it can impact low academic performance, academic failure, learning disorders, emotional disturbances, attention spans, and daytime behaviors (Hershner & Chervin, 2014; Burns et al., 2016; Gallego-Gómez et al., 2021). Present initiatives aimed at enhancing sleep quality involve implementing SWIS training programmes, such as "Studieren wie im Schlaf," which have demonstrated efficacy in enhancing both sleep quality and cognitive performance in students. Additionally, offering emotion regulation meditation therapy has been linked to improved sleep quality and a reduction in sleep-related issues. Furthermore, educational videos are provided to enhance knowledge and attitudes towards sleep, thereby effectively addressing sleep problems. (Schlarb et al., 2017; Tavernier & Willoughby, 2015; Nisa et al., 2021).

CONCLUSION

The research findings indicate a notable frequency of substandard sleep quality among nursing students. Hence, it is vital to employ both scholarly and non-scholarly methods and advancements to cater to the sleep requirements of students, with the aim of yielding favourable outcomes,

particularly in the realm of academia.

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THE CORRELATION AMONG LEVEL OF KNOWLEDGE OF ERGONOMICS AND LOW BACK PAIN COMPLAINTS IN INPATIENT NURSES

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ABSTRACT
Low Back Pain (LBP) is a collection of several clinical symptoms that are marked by pain or discomfort in the lower back, which may or may not extend to the legs. Incorrect ergonomics is the primary factor contributing to lower back pain (LBP) among nurses. The objective of this study was to establish a correlation between the extent of ergonomics knowledge and the occurrence of lower back pain (LBP) complaints among nurses who work with hospitalised patients. This study employed a correlational quantitative design, utilising a cross-sectional technique. The sample size for this study consisted of 158 nurses working in the inpatient unit of a private hospital in Indonesia. The sampling technique employed was a total sampling, resulting in a sample size of 158 nurses. The research employed questionnaires that were both valid and trustworthy. The questionnaires assessing knowledge of ergonomics were devised by Bunga et al. (2019), whilst the questionnaire pertaining to low back pain was formulated by Deria (2021). The findings of the Pearson chi-square statistical test indicated a p-value of 0.105, suggesting that there was no statistically significant association between the level of knowledge of ergonomics postures and complaints of low back pain among inpatient nurses. Inpatient nurses have the ability to discover and implement ergonomic postures in their regular tasks. Further research could be undertaken on the elements that can induce low back discomfort..
Keywords: Ergonomics, Knowledge, Nurses, Low Back Pain

INTRODUCTION

Low back pain (LBP) is a prevalent global health issue and a frequent source of work-related health complications, particularly among healthcare professionals, notably in the nursing field (Dlungwane et al, 2018). The prevalence of LBP cases among health personnel in France varies from 15% to 45% on a global scale. The prevalence of lower back pain (LBP) in the United States is reported to be 13.1% among those aged 20-69 years (Allegri et al., 2016). In Indonesia, the 2018 survey conducted by Riset Kesehatan Dasar (Riskesdas) revealed that the prevalence of musculoskeletal disease was 7.30%. Moreover, according to a doctor's diagnosis, the region with the highest occurrence of musculoskeletal disease was Aceh, with a prevalence rate of 13.26%. This was followed by Bengkulu at 12.11%, Bali at 10.46%, Papua at 10.43%, and Banten at 6.15%.

Multiple studies have indicated that the primary factors that increase the risk of lower back pain (LBP) in nurses include the act of lifting and moving patients, maintaining an unstable body posture, inadequate work organisation, improper ergonomic positioning, unsuitable job design, limited social support, low job satisfaction, staff shortages, and

unfavourable working conditions (Dlungwane, 2018). Incorrect ergonomics or excessive workload might lead to low back pain (Sulistyaningtyas, 2022). Suma'mur (2014) and Sulistyaningtyas (2022) have identified certain activities that might lead to lower back pain (LBP), including pulling, pushing, lifting, carrying large weights, and performing these actions with improper posture. Chronic lower back pain (LBP) can often lead to significant suffering and hinder the productivity of nurses. It can also result in physical disability and other detrimental consequences for nurses, affecting both their personal lives and their families (Tariq et al., 2023).

Adopting an ergonomic posture is necessary when working or performing a task in order to enhance safety, increase job productivity, and minimise work-related hazards (Prapti et al., 2020). One way to apply ergonomic principles to work is by alternating between standing, sitting, and walking positions. The height of the desk or table should be adjusted according to the specific task at hand. For men, the maximum height should be 110 cm, while for women it should be 105 cm. The minimum height for both men and women should be 90 cm and 85 cm, respectively (Marbun, 2020). Poor posture, characterised by a constant downward gaze, forward protrusion of the shoulders, stomach, and lower back, can lead to muscle strain. This is the primary factor contributing to lower back pain.

Incorrect posture and insufficient understanding of optimal ergonomic positions are the primary contributing reasons to lower back pain (LBP) among nurses (Gaowgzeh, 2019). The importance of having correct posture is frequently overlooked. It is concerning that a significant number of individuals lack awareness of correct body posture, leading to the occurrence of lower back pain (Rahayu & Dayanti, 2021).

Based on the researchers' observations of seven inpatient nurses at a private hospital in Indonesia, it was noted that two nurses were observed working in an improper ergonomic position. The nurse seemed to flex her back while modifying the bed's height. During the infusion installation, three nurses failed to properly adjust the height of the bed, resulting in the nurse doing the task in a bent position. Additionally, one nurse lifted a patient whose body weight surpassed their own. Subsequent to completing the task, the nurse expressed discomfort in her waist while administering a massage to the afflicted region. When questioned about the ergonomic position, a nurse responded that

when lifting objects, one should squat. However, the nurse did not provide any additional clarification regarding whether the body position should be flexed or not.

Nurses should have acquired knowledge regarding ergonomic positions when engaging with patients, although there are still some nurses who, in reality, neglect to prioritise this aspect. The job conducted underwent a rigorous ergonomic risk evaluation (Kurniawidjaja, 2014). The researchers were interested in performing a study titled "The Correlation aming Level of Knowledge of Ergonomics and Low Back Pain Complaints in Inpatient Nurses" based on this backdrop.

METHOD

This study used a correlational quantitative design with a cross sectional approach. This research had passed ethical review from ethics committee of Faculty of Nursing Pelita Harapan University Number 062/KEPFON /I/2023. The respondents of this study were 158 nurses who served in the inpatient unit of a private hospital Indonesia. This study employed a total sampling technique. The research employed questionnaires that were both valid and trustworthy. The ergonomics knowledge questionnaire was devised by Bunga et al. (2019), whereas the questionnaire pertaining to low back pain complaints was prepared by Deria (2021). The process of gathering data and obtaining informed consent has been conducted through the utilisation of internet platforms such as Google Forms. The research was conducted over a period of two months, specifically from April 2023 to May 2023.

The data were subsequently subjected to univariate analysis in order to elucidate the frequency distribution of each variable. Bivariate analysis is conducted to examine the correlation between the independent factors (knowledge level regarding ergonomic posture) and the dependent variable (incidences of low back pain complaints). The test employed is the Chi-Square test.

RESULT

The research results are presented in the table 1-4. Based on the demographic information in Table 1, it was found that 145 respondents (91.8%) were female, and most respondents were in the early adult stage (26-35 years old) accounting for 102 respondents (64.6%). The work experience of most respondents was 0-5 years, namely 131 people (82.9%) and 103 respondents (65.2%) had normal BMI (18.5-22.9).

Table 1. Demographic Data Characteristics of Respondents (n=158)

Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	13	8.2
Female	145	91.8
Age (year)		
17-25	9	5.7
26-35	102	64.6
36-45	41	25.9
46-55	6	3.8
Working Experience (year)		
0-5	131	82.9
6-10	7	4.4
11-15	9	5.6
16-20	7	4.4
21-25	4	2.5
26-30	1	0.6
>31	1	0.6
Body Mass Index		
< 18.5	24	15.2
18.5-22.9	103	65.2
23-24.9	19	12
25-29.9	11	7
> 30	1	0.6
Education History		
Diploma in Nursing	19	12
Bachelor in Nursing	44	27.8
Registered Nurse	89	56.3
Master in Nursing	6	3.8
History of Spine Disease		
No	97	61.4
Yes	61	38.6

The most common educational history was Registered Nurse, 89 respondents (56.3%). In addition, most of the respondents, 97 people (61.4%) did not have a history of spinal disease.

Table 2. Frequency Distribution of Level of Knowledge about Ergonomics Position in Nurses (n=158)

Level of Knowledge	Frequency (n)	Percentage (%)
Good	81	51.3
Enough	46	29.1
Less	31	19.6
Total	158	100

Based on table, it can be seen that 81 respondents (51.3%) have a good level of knowledge.

Table 3. Frequency Distribution of Low Back Pain Complaints (n=158)

LBP complaints	Frequency (n)	Percentage (%)
Low	81	51.3
Average	61	39.2
High	15	9.5
Total	158	100

Table 3 shows that 81 respondents (51.3%) had low back pain complaints, 62 respondents (39.2%) had average low back pain complaints, and 15 respondents (9.5%) had high low back pain complaints.

Table 4. Correlation Among Level of Knowledge of Ergonomics with Low Back Pain Complaints (n=158)

LBP Complaints	Knowledge Level						*p-value*
	Good	%	Enough	%	Less	%	
Low	34	21.5	30	19	17	10.8	
Average	36	22.8	14	8.9	12	7.6	0.105
High	11	7	2	1.3	2	1.3	

Pearson chi-square statistical test results showed p-value = 0.105 or $p \geq 0.05$ which indicated that there was no significant relationship between the level of knowledge

about ergonomics positions and complaints of low back pain in inpatient nurses.

DISCUSSION

Suwaryo & Yuwono (2017) stated that early adulthood is a period characterised by high levels of productivity. Pangesti (2012) asserted that individuals with strong cognitive ability tend to engage in intensive activities during their productive years. Based on the acquired results, the majority of nurses working in inpatient rooms belong to the age group of early adulthood, specifically between 26 and 35 years old (64.6%). An individual's age influences their mindset and comprehension.

Out of the total number of respondents, 145 individuals, accounting for 91.8%, were women. According to Fatoni and Saswati (2012), the likelihood of experiencing symptoms related to lower back pain (LBP) is equal for both males and females. Gender can impact the occurrence of low back pain, as it is more prevalent in women, particularly during the menstrual cycle. Decreased bone density, resulting from reduced oestrogen levels during menopause, can contribute to the occurrence of low back pain (Fatoni & Saswati, 2012).

The duration of employment is a factor that relates to the occurrence of lower back pain complaints among nurses. Out of the total number of respondents, 131 individuals, which accounts for 82.9% of the sample, had a work experience ranging from one year to less than five years. Umboh et al. (2017) found in their research, as cited by Noli et al. (2021), that individuals with more than five years of work experience are more prone to expressing a higher level of dissatisfaction about lower back pain (LBP). Therefore, it can be concluded that the responders are not at a substantial risk of developing low back pain (LBP).

Based on the univariate analysis, it was found that 81 respondents, accounting for 51.3% of the total, demonstrated a satisfactory level of knowledge on ergonomic positions. This sound knowledge is substantiated by the findings of demographic statistics, which indicate that 56.3% of nurses possess a high degree of education. Furthermore, 64.6% of nurses belong to the early adult demographic, which is characterised by being in a productive age range. Hence, a nurse's elevated degree of knowledge and strong cognitive capacities during early adulthood are determining variables in their ability to

comprehend ergonomic situations effectively.

According to the demographic data, 81 respondents, which accounts for 51.3% of the total, reported experiencing complaints of low back pain (LBP) in the low group. Meanwhile, individuals in the severe category expressed dissatisfaction, attributing it to excessive lordosis resulting from frequent bending, stretching, and twisting of the back during work. Severe lumbar lordosis results in the rearward protrusion of 16 intervertebral discs and the narrowing or compression of the canal, anatomically speaking. Low back pain, often known as LBP, is attributed to this factor (Ramdani, 2018).

The results of this study align with the research conducted by Astuti (2022), which yielded a non-significant connection (p = 0.574) between knowledge level and low back pain. Hendrasari et al. (2017) provide additional evidence for this research by examining the correlation between the level of expertise in ergonomics and habitual learning positions with the occurrence of low back pain in a sample of 60 respondents. The findings of this study indicated that there was no statistically significant correlation between the level of expertise in ergonomics and the occurrence of complaints related to low back pain, as evidenced by a p-value of 0.583 (p-value > 0.05).

Nevertheless, this research contradicts the findings of Dewi's (2017) study. The statistical test findings indicate a significant association between the amount of knowledge of nurses about ergonomic positions and the occurrence of low back pain in Tarakan General Hospital, as evidenced by a p-value of 0.001.

The findings of this study suggest that there is no correlation between the level of expertise and reports of low back pain in nurses who are hospitalised. This occurs because having strong information reduces the likelihood of getting low back discomfort. The acquisition of knowledge is derived from the processing and application of information in daily life, including professional activities (Astuti, 2022). Acquiring a proficient understanding of ergonomics will heighten the nurse's consciousness, enabling them to effectively use appropriate ergonomic principles in their work. Additionally, by using the ideal ergonomic position while working, the nurse can reduce the occurrence of lower back pain complaints.

The link between these two variables is not altered by the characteristics of the respondents, specifically their age and length of service. According to Andini (2015), there is a direct correlation between age and the likelihood of having LBP, with older individuals being at a greater risk. Nevertheless, the data reveals that among the older participants, just 3.8% were between the ages of 46 and 55, but 38.6% had previously experienced lower back pain. Similarly, according to Verawati (2016), an extended duration of employment might lead to nurses engaging in repetitive tasks, which may result in muscular discomfort. A total of 82.9% of nurses had a working experience ranging from 0 to 5 years, whereas 38.6% of the participants reported a previous occurrence of low back pain (LBP).

Overall, there are constraints arising in this research. Initially, it is important to note that this study exclusively focused on a single private hospital in Indonesia, so it cannot be considered as a comprehensive representation of all hospitals in the western part of Indonesia. In addition, there are only a limited number of research papers examining the extent of nurses' awareness about ergonomic positioning. Additionally, this study was conducted exclusively at a single hospital, limiting its ability to accurately reflect all hospitals in western Indonesia. This study solely employed a questionnaire as a research tool, without personally examining the operational dynamics of the nurses' positions.

CONCLUSION

The study using Pearson chi-square revealed that there was no statistically significant correlation between the level of knowledge of ergonomic positions and complaints of Low Back Pain among inpatient nurses. This was shown by a p-value of 0.105, which is greater than the significance level of 0.05. Furthermore, prospective researchers aiming to investigate the correlation between ergonomic posture and complaints of lower back pain (LBP) should be capable of exploring the causative aspects of LBP and performing studies with higher sample sizes, such as in intensive care units and emergency departments. The researchers also anticipate that future investigators will not only depend on a single hospital, but rather have the option to select other hospitals as research sites.

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PERBEDAAN PENDIDIKAN KESEHATAN MENGGUNAKAN METODE AUDIOVISUAL DAN BOOKLET TERHADAP PENINGKATAN PENGETAHUAN REMAJA TENTANG PERILAKU SEKS BEBAS

COMPARING THE EFFICACY OF AUDIOVISUAL AND BOOKLET METHODS IN ENHANCING ADOLESCENT UNDERSTANDING OF HEALTHY SEXUAL BEHAVIOUR.

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ABSTRAK
Perilaku seks bebas merujuk pada segala bentuk tindakan yang dipicu oleh dorongan seksual, baik itu dengan pasangan lawan jenis maupun sesama jenis. Tujuan dari studi ini adalah untuk menguji efektivitas penggunaan media audiovisual dan media booklet dalam meningkatkan pengetahuan remaja tentang perilaku seks bebas. Penelitian ini menggunakan metode *Quasi Eksperimen dengan Desain One Group Pretest-Posttest*. Populasi penelitian terdiri dari 847 responden, sampel terdiri dari 32 responden yang dipilih menggunakan Teknik Simple Random Sampling. Hasil penelitian menunjukkan bahwa terdapat perbedaan dalam pengetahuan antara kelompok yang menggunakan media audiovisual (rata-rata 14.69) dan kelompok yang menggunakan media booklet (rata-rata 13.94), dengan nilai p (p value) sebesar 0,011. Kesimpulan dari penelitian ini adalah bahwa terdapat perbedaan efektif antara penggunaan media audiovisual dan media booklet dalam penyuluhan tentang perilaku seks bebas. Berdasarkan hasil temuan ini, disarankan agar pihak sekolah memaksimalkan penggunaan pendekatan pendidikan kesehatan menggunakan media audiovisual dan booklet untuk menghadapi potensi perilaku seks bebas di kalangan remaja.

Kata Kunci: Audiovisual, Booklet, Perilaku Seks Bebas, Pendidikan Kesehatan, Pengetahuan,

ABSTRACT
Engaging in casual sex encompasses all behaviors driven by sexual desire, whether with individuals of the opposite gender or the same gender. The objective of this research is to examine the effectiveness of employing audiovisual media and booklet media in enhancing adolescents' understanding of casual sexual behaviors. This study employs a Quasi-Experiment with a one-group pre-test-post-test Design methodology. The research population consists of 847 respondents, with a sample size of 32 respondents chosen through the Simple Random Sampling technique. Research findings reveal a disparity in knowledge acquisition between audiovisual media, with an average score of 14.69, and booklet media, with an average score of 13.94, demonstrating a significant level (p-value = 0.011). The research concludes that a meaningful distinction exists between the effectiveness of educating adolescents about casual sexual behaviors using audiovisual media versus booklet media. Based on these research outcomes, it is hoped that educational institutions will optimize the provision of sexual health education for adolescents, addressing the topic of casual sexual behaviors through both audiovisual and booklet media to prevent adolescents from engaging in sexually risky behaviors.

Keywords: Audiovisual, Booklet, Free Sex Behavior, Health Education, Knowledge

PENDAHULUAN

Masa remaja menggambarkan peralihan dari

masa kanak-kanak menuju masa dewasa, yang melibatkan berbagai sudut pandang yang berbeda ketika memasuki tahap kedewasaan. Rentang usia untuk remaja awal adalah 10 - 14 tahun dan 15 - 20 tahun (Ikhwaningrum & Harsanti, 2020). Selama masa perkembangannya, remaja mengalami berbagai perubahan, termasuk dalam aspek biologis, psikologis, dan kognitif. Secara umum, masa remaja ditandai oleh pertumbuhan fisik yang lebih cepat dibandingkan dengan perkembangan emosional atau sosial. Seringkali, remaja menghadapi kekurangan pengetahuan tentang kesehatan reproduksi dan menghadapi hambatan dalam mengakses layanan kesehatan reproduksi yang menjaga kerahasiaan (Rahayu, Suciawati, & Indrayani, 2021).

Remaja perempuan sebagian besar (80%) dan laki-laki (84%) telah menjalin hubungan asmara saat berusia 15-17 tahun, 8% laki-laki dan 2% perempuan pernah terlibat dalam hubungan seksual, dengan alasan yang berbeda-beda: 47% karena saling mencintai, 30% karena rasa ingin tahu, 16% berlangsung tanpa rencana, masing-masing 3% karena dipaksa dan terpengaruh oleh teman. Remaja laki-laki yang sudah memiliki pengalaman hubungan seksual, sebanyak 74% melaporkan bahwa mereka pertama kali melakukan hubungan seks sebelum menikah pada usia 15-19 tahun. Persentase tertinggi terjadi pada usia 17 tahun, yaitu sebanyak 19%, baik untuk laki-laki maupun perempuan (BPS, 2018).

Kondisi tersebut mulai memicu remaja untuk terlibat dalam hubungan seksual secara bebas. Seks bebas tidak hanya disebabkan oleh faktor lingkungan tetapi juga didorong oleh diri sendiri. Keinginan yang merangsang individu untuk melakukan hubungan seksual juga menjadi faktor yang tidak dapat dihindari kemudian mulai memicu minat remaja untuk terlibat dalam hubungan seksual (Riskesdas, 2013). Di Indonesia, sekitar 62,7% remaja pernah menjalin hubungan seks dengan lawan jenis dan 21% remaja telah mengalami aborsi karena hamil sebelum menikah (Kemenkes, 2019).

Faktor yang bisa mendorong timbulnya perilaku seksual pada remaja adalah kemampuan untuk mengatur emosi pribadi, sementara faktor-faktor eksternal yang berpengaruh umumnya berasal dari lingkungan keluarga. Salah satu penyebab munculnya perilaku seks bebas adalah kurangnya pengetahuan tentang seks. Hal ini sering disebabkan oleh akses pengetahuan yang minim, yang mungkin dipengaruhi oleh konten yang ditemukan di internet dan media sosial (Nurhapipa, 2017).

Para remaja memerlukan sarana pembelajaran yang dapat mengilustrasikan konsep fisik dengan cara yang nyata guna meningkatkan pemahaman mereka. Salah satu opsi adalah memberikan edukasi melalui media audio visual, yang mampu menggambarkan objek dan kejadian secara realistis.

Pendidikan mengenai seksualitas untuk remaja memiliki tujuan untuk melindungi mereka dari dampak negatif yang mungkin timbul akibat persepsi dan perilaku seksual yang salah dan mengartikan seks dengan cara yang tidak tepat, serta untuk mengubah pandangan negatif terhadap seks (Faswita & Suarni, 2018). Dengan memberikan pendidikan seksualitas kepada remaja, tujuannya adalah agar mereka dapat memiliki pemahaman yang benar tentang hal tersebut, serta meraih berbagai manfaat dari pemahaman tersebut (Putra, 2018).

Pendidikan mengenai seksualitas selama ini sering dianggap sebagai topik tabu dan dianggap sebagai hal yang berhubungan dengan pornografi, sehingga dianggap tidak layak untuk dibicarakan atau didiskusikan, terutama oleh remaja. Namun, pemahaman mengenai pentingnya pendidikan seksualitas bagi remaja masih belum banyak diterima oleh masyarakat (Muarifah, Soesilo, Tagela, 2019).

Pemberian edukasi kesehatan memiliki berbagai pilihan metode dan media yang beragam. Salah satunya adalah melalui penggunaan media booklet dan media audio visual. Media audio visual merujuk pada bentuk media yang menggabungkan elemen suara dan elemen gambar yang dapat ditampilkan, seperti rekaman video, presentasi berbasis slide, audio, dan lain sebagainya. Media audio visual merupakan kombinasi dari unsur suara dan visual yang dibuat sendiri, seperti menggabungkan slide dengan rekaman suara (Amalia & Naela, 2021), (Meidiana, Simbolon & Wahyudi, 2018).

Booklet adalah buku kecil yang disalamnya terdapat pesan gambar dan juga tulisan yang berisi pesan sesuai dengan topik yang diberikan (Rahmiyati, 2019). Isi pesan-pesan kesehatan dalam booklet disampaikan melalui teks dan gambar. Manfaat penggunaan booklet sebagai media komunikasi dalam pendidikan kesehatan meliputi membantu target pendidikan untuk belajar dengan lebih cepat dan lebih banyak, menarik minat target pendidikan untuk mendalami topik lebih dalam agar mereka dapat menyampaikan pesan-pesan yang

diterima kepada orang lain. Media booklet juga terbukti efektif dalam meningkatkan pemahaman (Safitri, 2016).

Indonesia adalah negara dengan mayoritas penduduk beragama Islam dan menentang perilaku seks bebas. Kabupaten Pandeglang di Provinsi Banten juga memiliki mayoritas penduduk yang memeluk agama Islam. Wilayah Kabupaten Pandeglang terkenal karena sejarahnya, semangat patriotiknya, dan keagamaannya. Selain dikenal sebagai Kota Santri, Kabupaten Pandeglang juga terkenal sebagai wilayah yang memiliki banyak ulama dan santri, serta dikenal sebagai tempat di mana religiusitas masyarakat masih sangat kuat.

Berdasarkan studi pendahuluan yang didapatkan dari wawancara terhadap 16 siswa dan siswi di SMA Negeri 4 Pandeglang tentang perilaku seksual diperoleh data 15 orang sudah mempunyai pacar, 7 diantaranya mengatakan berpacaran sudah diketahui oleh orang tuanya, sedangkan yang lainnya masih belum diketahui orang tuanya. Dari 15 orang yang sudah pacaran, 2 orang sudah mengaku pernah berpelukan dengan pacarnya, 10 orang sudah berpegangan tangan dengan pacarnya dan 2 orang mengaku pernah mojok.

Kurangnya pemahaman remaja tentang seks bebas, mendorong remaja untuk menjadi lebih ingin tahu dan akhirnya terlibat dalam hubungan seksual tanpa mempertimbangkan konsekuensinya (Ismayanti, 2021) (Muarifah, Soesilo, & Tagela, 2019).

Berdasarkan landasan tersebut, penelitian ini bertujuan untuk mengetahui perbedaan dalam penggunaan media audio visual dan booklet dalam meningkatkan pemahaman remaja tentang perilaku seks bebas di SMA Negeri 4 Pandeglang

METODE

Penelitian ini menggunakan *Quasi Eksperiment* dengan *One Group Pretest-Posttest Design*. Penelitian ini melibatkan dua kelompok, yaitu kelompok pendidikan kesehatan dengan menggunakan buklet dan kelompok pendidikan kesehatan dengan menggunakan *audio visual*. Populasi dalam penelitian ini adalah siswa SMA Negeri 4 Pandeglang kelas X dan XI. Jumlah sampel sebanyak 32 responden dengan Teknik *Simple Random Sampling*. Jumlah sampel untuk masing-masing kelompok adalah 16 orang. Pengambilan data dengan menggunakan kuesioner dan diisi langsung oleh responden. Responden bertemu langsung secara tatap muka dengan peneliti. Analisa data menggunakan *chi square.*

Responden yang terlibat dalam penelitian telah diberikan penjelasan dan menandatangani lembar persetujuan menjadi responden. Penelitian ini telah mendapatkan surat kaji etik dari Komite Etik Penelitian Universitas Faletehan dengan Nomor: 133/KEPK.UF/VII/2022

HASIL

Pengetahuan Sebelum dan Sesudah di lakukan pendidikan kesehatan pada kelompok Audiovisual

Tabel 1. Pengetahuan Sebelum dan Sesudah Pendidikan Kesehatan Pada Kelompok Audiovisual

Variable	n	Median	SD	SE	Min-Max
Pengetahuan					
Pre-Test	16	13.50	1.826	0,564	7-15
Post-Test	16	1 15	0,479	0,120	14-15

Dari 16 responden kelompok audiovisual di dapatkan median pengetahuan sebelum dilakukan intervensi adalah 13.50 dengan standar deviasi 1.826 dengan skor terendah 7 dan skor tertinggi 15, Sedangkan setelah dilakukan intervensi didapatkan median pengetahuan 15 dengan standar deviasi 0,479 dengan skor terendah 14 dan skor tertinggi 15.

Tabel 2. Pengetahuan sebelum dan sesudah dilakukan pendidikan kesehatan pada kelompok booklet

Variable	n	Median	SD	SE	Min-Max
Pengetahuan					
Pre-Test	16	12	2.094	0,523	7-15
Post-Test	16	14	0,998	0,249	12-15

Dari 16 responden kelompok booklet di dapatkan median pengetahuan sebelum dilakukan intervensi adalah 12 dengan standar deviasi 2.094 dengan skor terendah 7 dan skor tertinggi 15, Sedangkan setelah dilakukan intervensi didapatkan median pengetahuan 14 dengan standar deviasi 0,998 dengan skor terendah 12 dan skor tertinggi 15

Tabel 3. Perbedaan Pengetahuan Sebelum dan Sesudah Diberikan Penkes Meggunakan Audiovisual

Variabel	n	Median (Min-Maks)	Nilai p

Pengetahuan sebelum (pre-test) Penkes Audiovisual	16	13.50 (7-15)	0,001
Pengetahuan setelah (post-test) Penkes Audiovisual	16	15 (14-15)	

Hasil dari uji *Wilcoxon* pengetahuan sebelum diberikan pendidikan kesehatan audiovisual memiliki median 13.50 dengan nilai minimum 7 dan nilai maksimum 15. Dan pada pengetahuan sesudah diberikan pendidikan kesehatan audiovisual memiliki median 15 dengan nilai minimum 14 dan nilai maksimum 15. Hasil dari uji Wilcoxon menunjukan perbandingan pengetahuan sebelum dan sesudah penkes. Terdapat 1 orang dengan hasil pengetahuan setelah penyuluhan lebih rendah dari pada sebelum penkes, 1 orang tetap, dan 14 orang mempunyai pengetahuan yang lebih baik dari sebelum penkes Setelah dilakukan uji Wilcoxon dan dilihat dari test statistics menunjukan (p = 0,001). Karena nilai p < 0,05, secara statistic terdapat perbedaan pengetahuan yang bermakna antara sebelum penkes dengan sesudah penkes menggunakan audiovisual.

Tabel 4. Pengetahuan Sebelum dan Sesudah Diberikan Penkes Menggunakan Booklet

Variabel	n	Median (Min-Maks)	Nilai p
Pengetahuan sebelum (pre-test) Penkes Booklet	16	12 (7-15)	0,008
Pengetahuan setelah (post-test) Penkes Booklet	16	14 (12-15)	

Hasil dari uji Wilcoxon menunjukan hasil pada pengetahuan sebelum diberikan pendidikan kesehatan dengan booklet memiliki median 12 dengan nilai minimum 7 dan maksimum 15. Dan pada pengetahuan setelah diberikan pendidikan kesehatan dengan booklet memiliki median 14 dengan nilai minimum 12 dan nilai maksimum 15. Hasil dari uji Wilcoxon menunjukan hasil tidak terdapat responden yang memiliki hasil pengetahuan lebih rendah dari pada sebelum penkes, 7 orang tetap dan 9 orang mempunyai pengetahuan yang lebih baik dari sebelum penkes. Setelah dilakukan uji Wilcoxon dan dilihat dari test statistics menunjukan (p = 0,008). Karena nilai p < 0,05, secara statistic terdapat perbedaan pengetahuan yang bermakna antara sebelum dan sesudah penkes menggunakan booklet.

Tabel 5. Perbedaan Pengetahuan Audiovisual dan Booklet Terhadap Pendidikan Kesehatan Tentang Seks Bebas

	Variabel	n	Mean	SD	SE	P Value
Pengetahuan	Audio-Visual	16	14.69	0,479	0,120	0,011
	Booklet	16	13.94	0,998	0,249	

Berdasarkan hasil penelitian pengetahuan kelompok audiovisual memiliki nilai rata-rata 14.69 dengan standar deviasi 0,479. Sedangkan pengetahuan kelompok booklet memiliki nilai rata-rata 13.94 dengan standar deviasi 0,998. Dari hasil uji statistik di dapatkan nilai hasil kelompok audiovisual dan booklet memiliki nilai p-value 0,011, pada alpha 0,05 di dapat p < alpha, maka dapat di simpulkan ada perbedaan yang efektif antara pendidikan kesehatan menggunakan media audiovisual dan pendidikan kesehatan menggunakan media booklet pada remaja.

PEMBAHASAN

Pendidikan kesehatan mengacu pada peningkatan pengetahuan dan keterampilan seseorang melalui metode pembelajaran praktis atau instruksi, dengan tujuan mengubah atau mempengaruhi perilaku manusia, baik individu, kelompok, maupun perawat dan pasien, untuk meningkatkan kesadaran tentang pentingnya kesehatan. Dengan kesadaran tersebut, diharapkan mereka akan secara sadar mengubah perilaku menuju gaya hidup yang sehat (Simamora, 2019).

Pendidikan kesehatan menjadi alat untuk merubah, memotivasi, dan menyampaikan informasi kepada remaja, sehingga mendorong peningkatan pengetahuan. Penyampaian informasi menjadi sangat penting bagi para remaja, terutama dalam lingkungan sekolah, karena informasi tersebut membantu mereka memahami serta menjalankan pengetahuan yang mereka terima. Pendidikan kesehatan bisa menggunakan media yang berbeda-beda. Penggunaan media booklet membantu responden untuk membaca dan mengingat materi dengan membuka booklet yang diberikan (Krisdianto, Natasyah dan Malini, 2023). Booklet yang menarik dan mudah dibawa kemana mana akan menarik perhatian bagi, terutama bagi remaja yang gemar membaca (Fujiana, Islamial & Adiningsih, 2023).

Booklet dan audiovisual merupakan media pendidikan kesehatan yang bisa di aplikasikan pada remaja. Hasil penelitian menunjukkan bahwa penggunaan media audio visual lebih efektif dalam memberikan pendidikan kesehatan terkait seks bebas bagi

remaja di SMA Negeri 4 Pandeglang, dibandingkan dengan menggunakan booklet. Remaja lebih tertarik dan merasa nyaman dengan media audio visual karena tidak memerlukan membaca, hanya dengan melihat dan mendengarkan. Sebaliknya, booklet mengharuskan mereka membaca untuk mendapatkan informasi yang terdapat di dalamnya. Arsyati (2019) dalam penelitiannya menyatakan bahwa pendekatan audio visual lebih efektif dalam menyampaikan pengertian atau informasi secara konkret, lebih jelas dibandingkan hanya dengan kata-kata. Ini mempengaruhi antusiasme seseorang terhadap materi video, seperti contohnya dalam kasus mencuci tangan, yang berdampak pada peningkatan pengetahuan. Hasil penelitian ini menunjukkan peningkatan pengetahuan siswa setelah menerima pendidikan kesehatan melalui media audio visual.

Pendidikan kesehatan memiliki peran krusial dalam program kesehatan, baik dalam lingkup perawatan individu maupun upaya kesejahteraan masyarakat. Tujuannya adalah meningkatkan pengetahuan, kesadaran, motivasi, dan kapabilitas masyarakat agar mampu mengadopsi gaya hidup sehat dan berpartisipasi aktif dalam upaya kesehatan. Lebih jauh lagi, pendidikan kesehatan memiliki peran penting dalam memberdayakan masyarakat untuk menghadapi tantangan kesehatan secara efektif. Media yang digunakan bisa berupa audio visual maupun booklet (Ali & Asroi, 2016).

Ardianto (2013) dalam penelitiannya menyatakan bahwa pendekatan audio visual memiliki kelebihan dalam menyampaikan pemahaman atau informasi dengan cara yang lebih konkret atau jelas daripada hanya melalui kata-kata. Ini menciptakan antusiasme pada penonton dan berdampak pada peningkatan pemahaman mereka.

Arsyati (2019) juga menjelaskan bahwa pendidikan kesehatan dengan pendekatan audio visual terbukti efektif dalam meningkatkan pengetahuan, keterampilan, dan motivasi. Pendekatan ini menggabungkan elemen visual dan suara untuk mencapai hasil yang optimal. Oleh karena itu, pendidikan kesehatan tidak hanya mengandalkan penyampaian informasi tertulis atau ceramah, tetapi juga memerlukan metode dan media yang sesuai untuk meningkatkan pemahaman masyarakat.

Penelitian ini juga sejalan dengan penelitian Wijayanti, Supriyadi dan Azizah (2023), dalam penelitiannya membuktikan bahwa pendidikan kesehatan menggunakan

audiovisual mampu meningkatkan pengetahuan remaja. Pendidikan kesehatan menggunakan audiovisual mempunyai daya tarik yang kuat dalam menarik perhatian peserta. Media audiovisual termasuk kedalam media yang mampu menarik perhatian, mampu memberikan keyakinan sehingga bisa merubah kognitif, afektif dan psikomotor dengan cepat. Selain itu juga bisa menghemat waktu dan diputar berulang-ulang.

Menurut Isrohmaniar dan Susanti (2023) media audiovisual merupakan media yang tepat untuk remaja, karena unsur-unsur yang ditampilkan dalam media tersebut mudah dipahami dan tampilannya menciptakan suasana yang baru dan menyenangkan. Pendidikan kesehatan melalui media audio visual mampu menarik perhatian responden karena memperlihatkan gambar dan suara yang nyata dari materi yang disampaikan. Materi yang dipresentasikan dalam video juga mudah dipahami karena mengikuti inti pembahasan dan menggunakan bahasa yang sederhana. Pendekatan audio visual memungkinkan responden menyerap pengetahuan dengan lebih baik karena melibatkan dua indera utama dalam proses pemahaman, yaitu indera penglihatan dan pendengaran. Semakin banyak indra yang terlibat maka semakin baik pula penerimaan pesan dan materi pendidikan kesehatan.

KESIMPULAN

1) Terdapat perbedaan pengetahuan tentang perilaku seks bebas setelah diberikan pendidikan kesehatan pada kelompok booklet dan audiovisual.
2) Pendidikan kesehatan tentang perilaku seks bebas dengan media audiovisual lebih efektif dalam meningkatkan pengetahuan dibandingkan dengan media booklet.
3) Pencegahan perilaku seks bebas pada remaja bisa dilakukan dengan meningkatkan pengetahuan melalui pendidikan kesehatan menggunakan audiovisual dan dikombinasikan dengan booklet.
4) Penelitian selanjutnya mengkombinasikan kedua media yaitu audio visual dan booklet dengan penambahan jumlah sample serta menggunakan kelompok kontrol.

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PENGARUH *SELF-HYPNOSIS* PADA MANAJEMEN STRES TERHADAP KUALITAS KEHIDUPAN KERJA PERAWAT POST PANDEMI COVID-19 DI RS X

THE EFFECT OF SELF-HYPNOSIS ON STRESS MANAGEMENT ON THE QUALITY OF NURSING WORK LIFE OF NURSES POST-PANDEMIC COVID-19 AT X HOSPITAL

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ABSTRAK
Pandemi COVID-19 merupakan penyakit *global emerging* yang berdampak pada aspek kesehatan, psikologis, dan fisiologis serta membutuhkan proses adaptasi perawat pada masa *post pandemic*. Salah satu teknik adaptasi sehingga perawat dapat meningkatkan kualitas kehidupan keluarga dan pekerjaannya *post pandemic* dapat dilakukan dengan cara *self-hypnosis* menggunakan audio motivasi. Studi terdahulu menunjukkan self-hypnosis menggunakan audio motivasi merupakan suatu metode efektif yang hemat, cepat, aman, dan dapat dilaksanakan secara mandiri untuk menghilangkan kecemasan dan gangguan terkait stress, namun belum ada laporan apakah berdampak terhadap *quality of nursing work life.* Penelitian ini bertujuan menganalisis pengaruh manajemen stress dengan *self-hypnosis* terhadap *quality of nursing work life* perawat post pandemi COVID-19 di RS X. Metode penelitian kuantitatif menggunakan rancangan *quasy experiment nonequivalent control group pre-posttest design.* Sampel penelitian 118 perawat terbagi menjadi kelompok intervensi dan kelompok kontrol. Responden diberi intervensi *self-hypnosis* menggunakan audio motivasi. Alat ukur berupa kuesioner *quality of nursing work life*. Hasil penelitian terdapat perbedaan pengaruh *self-hypnosis* terhadap *quality of nursing work life* saat pre dan post intervensi untuk kelompok intervensi (*p-value* < 0,001), kelompok kontrol (*p-value* 1,000). Tidak ada pengaruh secara parsial karakteristik perawat saat pre dan post intervensi pada subjek dengan nilai *p value* >0.05. Ada pengaruh secara simultan variabel umur terhadap *quality of nursing work life* dengan *p value* 0,001 (p<0,05). *Self-hypnosis* menggunakan audio motivasi menjadi salah satu cara bagi perawat diberbagai rentang usia dalam mengelola kecemasan dan gangguan terkait stress sehingga mampu beradaptasi pada kondisi *post pandemic* COVID-19 agar dapat meningkatkan kualitas kehidupan kerja perawat.

Kata Kunci: kualitas kehidupan kerja perawat, pandemi Covid-19, *self-hypnosis*

ABSTRACT
The COVID-19 pandemic is an emerging global disease that has an impact on health, psychological and physiological aspects and requires nurses to adapt during the post-pandemic period. One of the adaptation techniques so that nurses can improve the quality of family life and post-pandemic work can be done by means of Self-hypnosis using motivational audio. Previous studies have shown that self-hypnosis using motivational audio is an effective method that is economical, fast, safe, and can be carried out independently to relieve anxiety and stress-related disorders, but there has been no report whether it has an impact on the quality of nursing work life. This study aims to analyze the effect of stress management with self-hypnosis on the quality of nursing work life of nurses after the COVID-19 pandemic at X Hospital. Quantitative research methods using quasy experimental nonequivalent control group pre-posttest design. The research sample of 118 nurses was divided into an intervention group and a control group. Respondents were given a self-hypnosis intervention using motivational audio. The measuring instrument is a quality of nursing work life questionnaire. The results showed that there were differences in the effect of self-hypnosis on quality of nursing work life during pre and post intervention in the intervention group (p-value 0.000) and the control group (p-value 1.000). There was no partial effect on the characteristics of nurses during the pre and post intervention in the intervention and control groups with a p value > 0.05. There is a simultaneous effect of the age variable on the quality of nursing work life with a p value of 0.001 (p <0.05). Self-hypnosis uses motivational audiobeing a way for nurses of all ages to manage anxiety and stress-related disorders so that they are able to adapt to post-pandemic conditions of COVID-19 so as to improve the quality of nurses' work lives.

Keywords: *Covid-19 pandemic, quality of nursing work life, self-hypnosis*

PENDAHULUAN

Pandemi Covid-19 berdampak pada berbagai aspek kehidupan, termasuk aspek kesehatan, sosial, ekonomi, pekerjaan, serta proses adaptasi terhadap kondisi *post-pandemic*. Tenaga kesehatan sebagai garda terdepan dalam merawat dan mengobati penderita Covid-19, mengalami dampak secara langsung dalam bentuk peningkatan beban kerja, kelelahan kerja, pelaksana operasional terhadap perubahan kebijakan kesehatan baik dari institusi maupun pemerintah, menjalani karantina, beresiko tinggi mengalami penularan, dan kewajiban menjalankan pemeriksaan rutin untuk mendeteksi paparan virus COVID-19. Hal tersebut menyebabkan dampak psikologis dan fisiologis bagi tenaga kesehatan. (Pakpahan, 2021)

Studi terdahulu menunjukkan ada fenomena global trauma massal yang dialami oleh perawat yang bekerja dalam respons Covid-19 (Sunjaya et al., 2021). Fenomena tersebut kompleks dan terkait dengan berbagai isu antara lain beban kerja yang terus tinggi, meningkatnya ketergantungan dan kematian pasien, kelelahan kerja, ketersediaan dan penggunaan alat pelindung diri, ketakutan penyebaran virus ke keluarga dan kerabat, peningkatan kekerasan dan diskriminasi terhadap perawat, penyangkalan Covid-19 dan penyebaran informasi yang salah, dan kurangnya dukungan keputusan sosial dan mental (ICN, 2021).

Dampak merugikan yang timbul dari adanya stress kerja bagi karyawan maupun organisasi adalah menurunnya gairah kerja, kecemasan yang tinggi, dan frustasi sehingga memicu penurunan produktivitas yang berhubungan dengan aktivitas kerja maupun aktivitas lain di luar pekerjaan, selain itu juga dapat menyebabkan gangguan keputusan fisik, keputusan psikologis, *performance* kerja menurun, serta mempengaruhi dalam pengambilan keputusan. Selain itu dampak stress kronis juga dapat mempengaruhi hubungan keluarga dan professional (Donsu, 2019).

Setiap individu memiliki daya tahan yang berbeda-beda dalam menghadapi stressor yang muncul dapat menimbulkan stress sehingga memicu reaksi pertahanan diri. Bila stressor muncul dalam jangka waktu yang singkat serta dapat teratasi tidak akan mengganggu. Sebaliknya, meskipun dalam kadar ringan namun berlangsung terus menerus atau berkepanjangan, stress mengakibatkan kebingungan, kekacauan pikiran, gangguan pengamatan yang dapat terwujud dalam tingkah laku menyimpang (Donsu, 2019).

Perawat memerlukan adanya pemahaman dan pengetahuan terkait pengelolaan stress. (Fathi & Simamora, 2019) menyampaikan bahwa strategi koping yang efektif digunakan oleh perawat di Indonesia dalam menghadapi stressor di tempat kerja meningkatkan produktifitas dan kualitas kehidupan kerja perawat. Manajemen stress terdiri dari berbagai model yaitu salah satu bentuk pelaksanaan yang dapat dilakukan secara mandiri, tidak memerlukan biaya besar, tidak terbatas waktu dan dapat dengan mudah dilakukan oleh masing-masing perawat adalah dengan melakukan teknik *Self-hypnosis*.

Teknik *Self-hypnosis* yang dilakukan dengan sugesti yang sesuai untuk diterapkan akan berguna dalam mengubah kebiasaan buruk, mengatasi kecemasan, memunculkan motivasi dan dapat meningkatkan kepercayaan diri (WP, 2017). Penelitian yang dilakukan oleh Dwi, Galih (2016) mengungkapkan bahwa adanya pengaruh *self-hypnosis* terhadap peningkatan motivasi kerja sebanyak 58,63%. Studi eksplorasi yang dilakukan oleh (Fisch et al., 2020) menunjukkan adanya pengurangan stress yang dialami individu dengan adanya program hipnoterapi kelompok dengan pendekatatan *self-hypnosis* sesudah dilakukan intervensi. Rata – rata intensitas stress yang dirasakan dianalisis dengan visual analog scale dalam 7 hari terakhir berkurang. Penelitian (Candra et al., 2021a) mengungkapkan bahwa terdapat pengaruh yang signifikan setelah terapi *self-hypnosis* terhadap tingkat stress petugas gugus tugas pencegahan Covid-19, bahwa *self-hypnosis* dengan *positif self-talk* secara signifikan dapat menurunkan tingkat stress.

Pelatihan *self-hypnosis* bagi perawat sebagai salah satu mekanisme koping penanganan stress merupakan alternatif pengobatan yang cepat, hemat biaya, tidak membuat ketagihan dan aman untuk pengobatan kondisi yang berhubungan dengan kecemasan dan ganguan terkait stress (Hammond, 2014). Jika pikiran bawah sadar memahami akan instruksi kepada diri sendiri, maka pikiran bawah sadar akan mempengaruhi tindakan di kehidupan sehari – hari, sehingga *self-hypnosis* ini sangat bagus diterapkan untuk mencapai kualitas hidup yang semakin baik (WP, 2017)

Quality of Nursing Work Life (QNWL) adalah derajat kepuasan perawat tentang kehidupan pribadi (kesempatan berkembang dan keselamatan) serta organisasi (peningkatan produktifitas dan penurunan *turnover*) melalui pengalaman dalam organisasi kerja untuk mencapai tujuan organisasi. Peningkatan QNWL merupakan prasyarat untuk meningkatkan produktifitas

perawat di rumah sakit (Brooks & Anderson, 2005). Pemberdayaan psikologis secara negatif dapat mempengaruhi *burnout* dari perawat, yang pada akhirnya dapat berdampak negatif pula terhadap QNWL (Nursalam, 2018).

Hasil penelitian yang dilakukan oleh (Puspita et al., 2017) menunjukkan bahwa perawat di RSMB memiliki nilai QNWL dengan dimensi QNWL berada dalam kategori baik. Hasil penelitian ini juga menunjukkan faktor demografi yang berpengaruh signifikan terhadap QNWL, yaitu: jenis kelamin, umur, dan lama kerja di rumah sakit. Sedangkan penelitian yang dilakukan Nursalam *et al* (2018) menyampaikan bahwa ada hubungan antara QNWL dengan kinerja perawat ($p<0,001$). Sehingga dari kedua penelitian tersebut dapat diketahui adanya hubungan antara faktor demografis ataupun karakteristik/ identitas perawat dengan *Quality of Nursing Work Life*. QNWL yang lebih baik adalah kunci untuk menarik dan mempertahankan perawat yang kompeten.

Masih terbatasnya sebuah studi penelitian terkait karakteristik perawat dan manajemen stress perawat yang berpengaruh dengan QNWL maka peneliti tertarik untuk melakukan penelitian tentang "Pengaruh *Self-hypnosis* Pada Manajemen Stres Terhadap *Quality of Nursing Work Life* Perawat Post Pandemi Covid-19 di RS X".

METODE

Metode penelitian kuantitatif menggunakan rancangan *quasy experiment nonequivalent control group pre-posttest design.* Sampel penelitian 118 perawat di RS X di Jakarta Utara yang bertugas di rawat inap maupun rawat jalan yang terbagi menjadi kelompok intervensi sebanyak 94 partisipan dan kelompok kontrol sebanyak 24 partisipan. Partisipan diberi intervensi *self-hypnosis* menggunakan audio motivasi yang diberikan melalui media elektronik/ handphone partisipan yang dapat diputar secara pribadi oleh subjek dan sebelumnya diawali dengan pemaparan materi dan tatacara pelaksanaan *self-hypnosis* oleh peneliti dan *enumerator*.

Penelitian dilakukan dari tanggal 25 Juli-25 Agustus 2022. Penelitian ini berdasarkan prinsip etik dalam menjamin kerahasian, melindungi dan menghormati hak partisipan dengan pemberian *informed consent* dan kajian etik dari institusi terkait. Alat ukur berupa kuesioner *quality of nursing work life* yang dibagikan setelah intervensi dalam jangka waktu 2 minggu. Kuesioner ini memiliki pernyataan yang berjumlah 42 soal yang diadaptasi peneliti dari kerangka kerja teori QNWL oleh Brooks & Anderson (2005) alat ukur ini sudah terstandar. Peneliti mengadaptasi kuesioner yang telah

dilakukan uji validitas dan reliabilitas oleh (Fardiana, 2019) dengan hasil uji validitas diperoleh r tabel dalam rentan 0,462-0,966, nilai menunjukkan bahwa pertanyaan penelitian valid, sedangkan hasil uji reabilitas QNWL didapatkan *Alpha Cronbach* pada masing – masing pernyataan dimensi adalah 1) *Work life-home life* (0,807) sangat reliabel, 2) *Work design* (0,836) sangat reliabel, 3) *Work context* (0,903) sangat reliabel, 4) *Work wold* (0,707) reliabel dan diakui sehingga peneliti tidak melakukan uji validitas dan reabilitas ulang. Pernyataan dengan menggunakan skala ukur *Likert.* Analisis data yang digunakan yaitu analisis univariat dengan analisis deskriptif untuk menggambarkan karakteristik dari setiap variabel, analisis bivariat dengan uji statitistik *Chi Square* dan uji *Wilcoxson*, serta analisis multivariat dengan uji statistik *Regresi Logistic Multinomial*.

HASIL

Berdasarkan hasil penelitian yang dilakukan di RS X, didapatkan data karakteristik perawat sebagai berikut:

Table 1. Distribusi Frekuensi Demografi Karakteristik Subjek (n=118), Agustus (2022)

Karakteristik Perawat	Kelompok Intervensi		Kelompok Kontrol	
	N	%	n	%
Umur				
21-35 Tahun	60	63,8	14	58,3
36-45 Tahun	31	33,0	9	37,5
46-55 Tahun	3	3,2	1	4,2
Jenis Kelamin				
Laki-laki	21	22,3	6	25,0
Perempuan	73	77,7	18	75,0
Tingkat Pendidikan				
D3 Keperawatan	59	62,8	19	79,2
Profesi Ners	35	37,2	5	20,8
Status Pernikahan				
Menikah	49	52,1	6	25,0
Belum menikah	45	47,9	18	75,0
Masa Kerja				
< 1 tahun	17	18,1	1	4,2
1 – 5 tahun	37	39,4	9	37,5
6 – 10 tahun	16	17,0	9	37,5
>10 tahun	24	25,5	5	20,8
Total	**94**	**100,0**	**24**	**100,0**

Tabel 1. menjelaskan bahwa karakteristik perawat didapatkan data bahwa sebagian besar umur subjek penelitian adalah usia 21-35 tahun yang merupakan kategori usia dewasa awal, yaitu sebanyak 74 orang (62,7%). Data terkait jenis kelamin sebagian besar subjek adalah perempuan sebanyak 91 orang (77,1%). Hal ini didukung berdasarkan Pusat Data Dan Informasi Kementrian Kesehatan RI yang dilaporkan

oleh organisasi profesi perawat PPNI) bahwa persentase keanggotaan yang tercatat dalam 5 tahun terakhir pada tahun 2017 sebanyak 71% perawat berjenis kelamin perempuan dan 29% perawat berjenis kelamin laki – laki.

Berdasarkan karakteristik tingkat pendidikan paling banyak berada pada pendidikan D3 Keperawatan, sebanyak 78 orang (66,1%). Hal ini didukung oleh data dari Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan yang diolah oleh Pusat Data dan Informasi pada tahun 2017 sebanyak 77,56% merupakan perawat NonNers yaitu lulusan D3 Keperawatan dan S1 Keperawatan, sedangkan perawat dengan lulusan Profesi Ners sebanyak 10,84%.

Data terkait status pernikahan paling banyak adalah subjek belum menikah sejumlah 63 subjek (53,4%). Berdasarkan analisa status pernikahan responden dalam penelitian ini berbanding lurus dengan usia responden yang sebagian besar dalam kategori dewasa awal yaitu usia 21-35 tahun dengan masa kerja < 5 tahun. Data terkait masa kerja paling banyak berada pada lama kerja 1-5 tahun sebanyak 46 subjek (39,0%).

Analisis bivariat dilakukan untuk mengetahui perbedaan *Quality of Nursing Work Life* perawat pada kelompok kontrol dan intervensi berdasarkan karakteristik subjek dan intervensi *self-hypnosis*. Berdasarkan tabel 2. didapatkan data bahwa status pernikahan memiliki hubungan dengan peningkatan *quality of nursing work life* dibuktikan dengan hasil *p value*=0,003 (p<0,05). Karakteristik umur, jenis kelamin, usia, tingkat pendidikan dan masa kerja tidak terdapat hubungan dengan *quality of nursing work life* dibuktikan dengan hasil *p value* > 0,05. Uji *Chi Square* didapatkan hasil bahwa *self-hypnosis* memiliki hubungan dengan peningkatan *quality of nursing work life* dibuktikan dengan hasil *p value*<0,001 (p<0,05).

Table 2. Hubungan Karakteristik Subjek dan *Self Hipnosis* pada Kelompok Intervensi dan Kelompok Kontrol Terhadap *Quality of Nursing Work Life* (n=118), Agustus 2022

Karakteristik subjek	QNWL Cukup		QNWL Baik		*p value*
	n	%	n	%	
Umur					
21-35 tahun	32	43,2	42	56,8	0,749
36-45 tahun	16	40,0	24	60,0	
45-55 tahun	1	25,0	3	75,0	
Jenis kelamin					
Laki-laki	13	48,1	14	51,9	0,426
Perempuan	36	39,6	55	60,4	
Pendidikan					
D3 Keperawatan	31	39,7	47	60,3	0,583
Profesi Ners	18	45,0	22	55,0	
Status Pernikahan					
Menikah	15	27,3	40	72,7	0,003
Belum Menikah	34	54,0	29	46,0	
Masa Kerja					
< 1tahun	8	44,4	10	55,6	
1-5 tahun	20	43,5	26	56,5	0,930
6-10 tahun	9	36,0	16	64,0	
>10 tahun	12	41,4	17	58,6	
Self-hypnosis					
Kelompok kontrol	23	95,8	1	4,2	0,001
Kelompok intervensi	26	27,7	68	72,3	

Table 3. Perbedaan Quality of Nursing Work Life Subjek Pre dan Post Intervensi Self-hypnosis Pada Kelompok Intervensi dan Kelompok Kontrol (n=118), Agustus 2022

Quality of Nursing Work Life	**n**	**Mean Rank**		***p value***
		Negatif	**Positif**	
Postest (Intervensi)- Pretest (Intervensi)	94	29,50	29,50	*0,001*
Postest (Kontrol) - Pretest (Kontrol)	24	0.00	0,00	*1,000*

Berdasarkan Tabel 3. Hasil Uji *Wilcoxon* pada kelompok intervensi sebelum dan sesudah pelaksanaan *Self-hypnosis* menunjukan nilai signifikansi *p value* < *0,001*, maka disimpulkan ada perbedaan antara rata-rata hasil *quality of nursing work life* sebelum dan sesudah intervensi *self-hypnosis* pada kelompok intervensi. Sedangkan kelompok kontrol diperoleh *p value = 1,000* (*p>0,05*) dengan arti bahwa tidak terdapat perbedaan rata-rata *quality of nursing work life* pada subjek kontrol saat sebelum dan sesudah intervensi *self-hypnosis*.

Tabel berikut merupakan analisis data untuk mengetahui pengaruh pelaksanaan *self-hypnosis*, dan data karakteristik demografi secara parsial dan simultan terhadap *quality of nursing work life* pada subjek penelitian, dengan data sebagai berikut:

Table 4. *Model Fitting Information*, Agustus 2022

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	129,726			
Final	26,283	103.443	18	.001
Link function: Logit.				

Berdasarkan hasil uji *Regresi Logistic Multinomial* terkait *Model Fitting Information* pada tabel 4. menunjukkan hasil *-2 Log Likelihood* terjadi penurunan nilai dari *intercept only* 129,726 ke final 26,283 dengan nilai signifikansi *p=0,001* (*p<0,05*), maka model *regresi logistic multinomial* hasilnya lebih baik dibandingkan dengan *intercept only* dengan nilai *Chi-Square* sebesar 103,443 sehingga dapat diartikan bahwa model regresi logistik multinomial dengan adanya karakteristik perawat dan *self-hypnosis* mampu memberikan akurasi yang lebih baik untuk memprediksi *quality of nursing work life*.

Table 5. Likelihood Ratio Tests

Effect	Model Fitting Criteria -2 Log Likelihood of Reduced Model	Likelihood Ratio Tests Chi-Square	df	*Sig.*
Intercept	26,283[a]	,000	0	.
Jenis Kelamin	28,669	2,387	2	,303
Pendidikan	27,575	1,292	2	,524
Self-hypnosis	107,245	80,963	2	**,000**
Status Pernikahan	28,941	2,659	2	,265
Masa Kerja	31,845	5,563	6	,474
Umur	27,025	,742	4	,946

Berdasarkan hasil uji *Regresi Logistic Multinomial* terkait *Likelihood Ratio Tests* pada tabel 5. pengujian secara parsial dalam penelitian ini digunakan untuk menguji pengaruh variabel Umur responden (X1), jenis kelamin responden (X2), pendidikan responden (X3), status pernikahan responden (X4), masa kerja responden (X5), dan *self-hypnosis* (X6) terhadap *Quality of Nursing Work Life* (Y), dimana hasilnya dapat dilihat sebagaimana berikut ini:

1) Pengujian secara parsial pengaruh umur, jenis kelamin, pendidikan, status pernikahan, masa kerja responden, terhadap *Quality of Nursing Work Life*. Berdasarkan hasil uji individu pada Tabel 7, menunjukan nilai *p-value >0,05*. Dengan demikian, maka variabel

karakteristik demografi subjek signifikasi pada level 95% (=5%) sehingga sesuai dengan ketentuan dalam kriteria pengujian, jika nilai *p-value* > 5% maka Ha ditolak dan Ho diterima. Hal ini berarti karakteristik demografi perawat secara parsial tidak berpengaruh terhadap *Quality of Nursing Work Life* (Y).

Table 6. Parameter Estimated Uji Regresi Logistic Multinomial

Postest QNWL[a]		B	Sig.	Exp (B)	95% CI for Exp(B)	
					Lower Bound	Upper Bound
Kurang	Intercept	-53,39	,993			
	Jenis Kelamin=1	3,27	,136	26,49	,358	1959,782
	Jenis Kelamin=2	0[b]	.	.	.	.
	Pendidikan=1	-1,24	,601	,289	,003	30,324
	Pendidikan=2	0[b]	.	.	.	.
	Self-hypnosis=0	53,11	,993	117222418634834050000000,000	,000	.[c]
	Self-hypnosis=1	0[b]	.	.	.	.
	Status Pernikahan=1	-,545	,820	,580	,005	63,237
	Status Pernikahan=2	0[b]	.	.	.	.
	Masa Kerja=1	2,233	1,000	9,330	,000	.[c]
	Masa Kerja=2	15,673	,998	6406032,447	,000	.[c]
	Masa Kerja=3	1,513	1,000	4,540	,000	.[c]
	Masa Kerja=4	0[b]	.	.	.	.
	Umur=1	17,270	**,000**	31632857,661	398385,444	2511732542,884
	Umur=2	16,445	.	13860632,662	13860632,662	13860632,662
	Umur=3	0[b]	.	.	.	.
Cukup	Intercept	-18,460	,997			
	Jenis Kelamin=1	1,155	,258	3,175	,430	23,456
	Jenis Kelamin=2	0[b]	.	.	.	.
	Pendidikan=1	-1,172	,273	,310	,038	2,523
	Pendidikan=2	0[b]	.	.	.	.
	Self Hypnoisis=0	37,738	,994	24525563483162096,000	,000	.[c]
	Self Hypnoisis=1	0[b]	.	.	.	.

2) Pengujian secara parsial pengaruh *self-hypnosis* terhadap *Quality of Nursing Work Life*. Berdasarkan hasil hasil uji individu pada Tabel 7, menunjukan nilai *p-value 0,000 (<0,05).* Dengan demikian, maka variabel (X6) signifikasi pada level 95% (=5%) sehingga sesuai dengan ketentuan dalam kriteria pengujian, jika nilai *p-value* > 5% maka Ha diterima dan Ho ditolak. Hal ini berarti *self-hypnosis* (X6) secara parsial berpengaruh terhadap *Quality of Nursing Work Life* (Y).

Hasil penelitian ini menunjukkan bahwa dampak dari pelaksanaan *Self-hypnosis* yang dilakukan oleh subjek dapat meningkatkan nilai dari *Quality of Nursing Work Life* Perawat Post Pandemi Covid-19.

Berdasarkan hasil uji regresi *Logistic Multinomial* terkait *Parameters Estimated* pada tabel 6. dengan tujuan untuk mengetahui pengaruh secara simultan dari karakteristik perawat dan *self-hypnosis* terhadap *quality of nursing work life*. Didapatkan hasil bahwa nilai signifikan pada karakteristik subjek terutama variable umur sebesar *p=0,001* (*p<0,05*) dapat diartikan bahwa variabel umur merupakan salah satu faktor yang berpengaruh secara simultan terhadap *quality of nursing work life.*

PEMBAHASAN

Penelitian ini sejalan dengan (Suwandi et al., 2021) yang menyatakan bahwa hasil kategori QNWL di Rumah Sakit Umum Daerah M. Natsir dimasa pandemi Covid-19 dalam kategori sedang sebanyak 75,4%. *Quality of Nursing Work Life* (QNWL) merupakan derajat kepuasan perawat tentang kehidupan pribadi (kesempatan berkembang dan keselamatan) *serta* organisasi (peningkatan produktifitas dan penurunan *turnover*) melalui pengalaman dalam organisasi kerja untuk mencapai tujuan organisasi. Peningkatan QNWL merupakan prasyarat untuk meningkatkan produktifitas perawat di rumah sakit (Brooks & Anderson, 2005). Berdasarkan hal tersebut di atas maka kelompok intervensi akan memiliki peningkatan produktifitas kerja, dibandingkan dengan kelompok kontrol yang tidak mengalami perubahan.

(Beebe, 2014) menyampaikan individu dapat terdampak hypnosis tergantung pada *hipnotizability* yaitu kerentanan hypnosis atau sugesti yang merupakan kemampuan sifat yang tergantung dari sikap atau harapan individu menerima sugesti yang diberikan.

Peneliti berasumsi bahwa tahapan pelaksanaan *self-hypnosis* yang dilakukan oleh subjek tidak sepenuhnya dilakukan dengan proses yang maksimal. Penyebab yang mungkin terjadi adalah subjek sudah merasa nyaman dengan kondisi yang rileks sehingga subjek masuk dalam kondisi tidur. Namun beberapa subjek membutuhkan waktu yang cukup lama untuk memasuki fase yang tenang dan nyaman yang disebabkan karena dalam fase prainduksi subjek diharuskan mengetahui tujuan dari prosedur hypnosis yang akan dilaluinya dan tidak berorientasi pada hasil setelah melakukan *self-hypnosis*

Penelitian ini mendukung penelitian yang dilakukan oleh (Kim et al., 2014) dalam penelitiannya menyatakan program manajemen stress yang komprehensif secara efektif dalam mengurangi stress terkait pekerjaan dalam periode jangka pendek.

Peneliti berasumsi bahwa dengan perawat melakukan *self-hypnosis* melalui audio motivasi, maka akan meningkatkan rasa nyaman dan tenang dalam menjalani kehidupannya baik kehidupan keluarga dan pekerjaannya. Teknik *self-hypnosis* yang dilakukan dengan mendengarkan audio motivasi merupakan tindakan pengendalian diri dan digunakan untuk mengelola pikiran dan keinginan seseorang secara lebih efektif, *self-hypnosis* merupakan cara yang berguna untuk mengendalikan emosi negatif seputar peristiwa dan situasi tertentu dengan menyalurkan ke arah yang benar menuju pandangan yang lebih positif

Hal ini sesuai dengan penelitian yang dilakukan oleh (Candra et al., 2021b) yaitu terdapat pengaruh signifikan dari *self-hypnosis* dengan positif *self-talk* terhadap tingkat stress petugas satgas kerjasama Covid-19 di Kabupaten Karangasem, Bali dengan hasil *p value* 0,002 (p<0,010). Hal serupa juga diungkapkan oleh (Elkins, 2018) dalam study kasus yang dilakukan dengan hasil bahwa pelaksanaan *self-hypnosis* yang penuh perhatian untuk perawatan diri dapat mengatasi stress sehari – hari dengan merasa lebih tenang disaat stress, peningkatan kesadaran yang tidak menghakimi, serta lebih berorientasi pada saat ini.

Hasil penelitian ini sesuai studi eksplorasi yang dilakukan oleh (Fisch et al., 2020) menunjukkan adanya pengurangan stress yang dialami individu dengan adanya program hipnoterapi kelompok dengan pendekatatan *self-hypnosis* sesudah dilakukan intervensi. Rata – rata intensitas stress yang dirasakan dianalisis dengan visual analog scale dalam 7 hari terakhir berkurang dari 75,5 mm pada awal dan menjadi 33,9 mm (p<0.00).

Self-hypnosis merupakan tindakan pengendalian diri dan digunakan untuk mengelola pikiran, dan keinginan seseorang secara lebih efektif., memiliki beberapa manfaat diantaranya mengatasi hambatan mental dalam pikiran sadar untuk mengubah keyakinan tersebut, meningkatkan kepercayaan diri untuk dapat mencapai tujuan atau impian hidup, membuka ketrampilan dan bakat yang mungkin selama ini tidak pernah dipercayai sebelumnya dan mengubah citra diri yang negative menjadi citra diri yang positif, (Price, 2016).

Cara kerja *hypnosis* menurut (Prasetya, 2022) adalah membuat jalan pintas *critical factor* subjek dan langsung berkomunikasi dalam pikiran bawah sadar dari subjek tersebut. *Critical factor* merupakan suatu faktor yang membentengi pikiran bawah sadar seseorang dari informasi, gagasan, sugesti, atau pemikiran lain yang dapat merubah program pikiran yang telah tertanam didalam pikiran bawah sadar. Saat *critical factor* ini dapat dilewati maka hasilnya dapat memprogram ulang pikiran subjek tersebut, perlu diketahui bahwa jalan pintas dalam hal ini bukan sebagai manipulasi.

Kondisi pasca Covid-19 memaksa perawat untuk menghadapi situasi yang berbeda, kondisi di luar zona nyaman yang biasa dirasakan dengan situasi yang tidak tahu kapan berakhirnya, menjadi penyebab perawat mengalami stress dan berakibat melakukan kesalahan-kesalahan saat bekerja. Berdasarkan hal tersebut di atas peneliti menyimpulkan bahwa penggunaan metode *self-hypnosis* ini diharapkan dapat menembus bagian *critical factor* seseorang, sehingga dapat mengubah persepsi mengenai kecemasan menjadi lebih positif, termasuk pada perawat di kondisi pandemic Covid-19 seperti sekarang ini. Oleh sebab itu perawat diharapkan mampu menerapakan manajemen stress (*self-hypnosis*) untuk mencegah terjadinya *burnout* yang berdampak terhadap kualitas kehidupan kerja perawat.

Pelatihan *self-hypnosis* bagi perawat sebagai salah satu mekanisme koping penanganan stress merupakan alternatif pengobatan yang cepat, hemat biaya, tidak membuat ketagihan dan aman untuk pengobatan kondisi yang berhubungan dengan kecemasan dan ganguan terkait stress (Hammond, 2014). Jika pikiran bawah sadar memahami akan instruksi kepada diri sendiri, maka pikiran bawah sadar akan mempengaruhi tindakan di kehidupan sehari-hari, sehingga *self-hypnosis* ini sangat bagus diterapkan untuk mencapai kualitas hidup yang semakin baik (WP, 2017). Penelitian ini mendukung pernyataan (Suparto, 2018) bahwa jenis kelamin, pendidikan perawat, status pernikahan dan masa kerja tidak berhubungan dengan *quality of nursing work life*. Peneliti berasumsi bahwa data demogrfi perawat bukan merupakan satu-satunya faktor yang mempengaruhi kualitas kerja perawat, terdapat faktor lain yang berpengaruh terhadap *quality of nursing work life*.

Penelitian ini mendukung (Muthiah et al., 2022) yang mengungkapkan bahwa terdapat

hubungan antara usia dengan *quality of work life* pada perawat di RSUD Prof. Dr. H. Aloei Saboe Kota Gorontalo dengan nilai *pvalue* 0,001 (p<0,05). Usia perawat memberikan gambaran kesiapan mental dalam melakukan pelayanan keperawatan. Bertambahnya usia individu menjadi lebih matang, stabil dalam kesiapan memberikan pelayanan keperawatan dan menjalankan peran baik secara personal maupun sosialnya.

Peneliti berasumsi bahwa perawat yang memiliki usia lebih dewasa akhir akan memiliki QNWL yang lebih baik dibandingkan dengan mereka yang memiliki usia dewasa awal karena mereka merasa banyak penundaan dalam tugas rutinitas pekerjaan mereka sehari-hari, dibandingkan dengan orang dewasa akhir.

KESIMPULAN

1) Sebagian besar responden penelitian berusia 21-35 tahun yang merupakan kategori usia dewasa awal, yaitu sebesar 62,7%, berjenis kelamin perempuan sebesesar 77,1%, memiliki pendidikan D3 Keperawatan, sebesar 66,1%, memiliki status belum menikah sebesar 53,4%, dan memiliki masa kerja 1-5 tahun sebesar 39,0%.
2) Sebagian besar responden penelitian memiliki *Quality of Nursing* Work *Life* (QNWL) *pretest* dalam kriteria "Cukup", baik kelompok intervensi yaitu sebesar 62,8% maupun kelompok kontrol yaitu sebesar 87,5%. Sementara hasil *posttest* kelompok intervensi sebagian besar memiliki QNWL dalam kriteria "Baik" yaitu sebesar 92,6%, dan pada kelompok kontrol memiliki QNWL dalam kriteria "Cukup" yaitu sebesar 87,5%.
3) Tidak ada perbedaan hubungan umur perawat dengan nilai *p=0,946*, jenis kelamin dengan nilai p=0,*303*, pendidikan dengan nilai *p=0,524*, status pernikahan dengan nilai *p=0,265*, masa kerja dengan nilai *p=0,474* saat pre dan post intervensi pada kelompok intervensi dan kontrol terhadap *quality of nursing work life* perawat post pandemi Covid-19 di RS X. Namun ada perbedaan pengaruh *self-hypnosis* saat pre dan post intervensi pada kelompok intervensi dan kontrol terhadap *quality of nursing work life* perawat post pandemi Covid-19 di RS X, dengan nilai *p* = 0,000. Dapat diartikan bahwa *self-hypnosis* berhubungan langsung dengan *quality of nursing work life* perawat post pandemi covid-19 di RS X.
4) Tidak ada pengaruh secara parsial antara karakteristik perawat saat pre dan post

intervensi pada kelompok kontrol dan intervensi terhadap *quality of nursing work life* perawat post pandemi Covid-19 di RS X, dengan nilai p>0,05. Namun ada pengaruh secara parsial antara *self-hypnosis* terhadap *quality of nursing work life* perawat post pandemic Covid-19 di RS X. Sementara ada pengaruh simultan pada karakteristik subjek terutama variable umur sebesar *p=0,000* sehingga dapat diartikan bahwa variable umur merupakan salah satu faktor yang berpengaruh secara simultan terhadap *quality of nursing work life.*

SARAN

1) Bagi Bidang Keperawatan

   Bidang keperawatan diharapkan dapat mempertimbangkan untuk melakukan kegiatan pelatihan/edukasi *self-hypnosis* maupun program konsultasi bagi para perawat tentang manajemen stress dalam menghadapi situasi pandemi Covid-19, sehingga psikologi perawat tetap terjaga dan mampu meningkatkan mutu layanan dan kinerja bidang keperawatan.

2) Bagi Institusi Pendidikan

   Institusi pendidikan diharapkan dapat mengembangkan sistem pembelajaran melalui program pelatihan dan modul tentang manajemen stress (*self-hypnosis*) dan *quality of nursing work life*. Penelitian ini dapat digunakan dalam program pembelajaran mata kuliah manajemen keperawatan dan keperawatan jiwa bagi mahasiswa dengan topik manajemen stress dan *self-hypnosis* diintegrasikan dengan *quality of nursing work life*.

3) Bagi Perawat

   Perawat diharapkan mampu menerapkan manajemen stress yang baik berupa *self-hypnosis* dalam mengelola stress kerja yang dialaminya sehingga mencegah terjadinya *burnout* ataupun *turnover intention* yang berdampak terhadap kualitas kehidupan kerja perawat terutama dalam menghadapi situasi yang penuh dengan ketidakpastian. Bertambahnya usia perawat maka dituntut untuk berfikir lebih bijaksana dan kritis dalam menghadapi situasi yang dapat memicu terjadinya tekanan psikologis.

4) Bagi Penelitian selanjutnya

   Peneliti selanjutnya dapat meneliti terkait dengan topik pengaruh tingkat kecemasan perawat terhadap peningkatan *quality of nursing work life*.

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CHRISTIAN NURSES' CALLING AND CAREER COMMITMENT IN INDONESIA: A CROSS-SECTIONAL STUDY

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ABSTRACT
Calling is a strategy for discovering the purpose and significance of every individual, including the nurse. The awareness of a calling can motivate nurses to commit to a career. The greater nurses' awareness of their calling, the greater their devotion and sense of purpose in their work. The purpose of this study was to examine the relationship between calling and career commitment among Christian nurses in Indonesia. The study utilized a quantitative correlational method and cross-sectional approaches utilizing online survey technique. Accidental sampling was utilized, obtaining 96 Indonesian Christian nurses. The instruments were the Indonesian version of the Calling and Vocation Questionnaire (CVQ) (Alpha Cronbach = 0.873) and the Career Commitment Scale (CCS) questionnaire (Alpha Cronbach = 0.820). Data was analyzed using descriptive and bivariate analysis using Spearman rank correlation test. This study discovered a moderately positive correlation between a nurse's calling and career commitment ($p = 0.001$; $r = 0.362$). It is suggested that future research investigates other factors that may affect the nurse's career commitment. Understanding one's own calling as a nurse and acting on it is essential to increasing nurses' commitment to their profession.

Keywords: Calling, Career Commitment, Christian Nurse, Indonesia

INTRODUCTION

Nurses assume a vital and indispensable position within the realm of healthcare services. According to the Ministry of Health of Indonesia, in 2025, there is a projected need for 200 nurses per 100,000 people. However, an analysis of data from 2019 indicated the existence of ongoing nursing shortages in specific regions within the country (Anaya, 2022). Furthermore, based on the data from the Health Human Resources Information System in 2023, it is evident that there is a deficiency in the number of nurses in Indonesia. The ratio of nurses to the population is at just one nurse for every 800 to 1000 individuals, which falls short of the government's stipulated need (Novrizaldi, 2023; SISDMK, 2023). The shortage of nurses may contribute to the increasing workload of nurses, which may raise burnout and job dissatisfaction levels and increase turnover rates (Aiken et al., 2014; Budiono et al., 2014)**.** The aforementioned factors have the potential to exert an influence on an individual's level of career commitment, hence serving as motivators for nurses to discontinue their engagement in the nursing profession (Moloney et al., 2018). Nevertheless, an individual's commitment to their profession can be influenced by a variety of intrinsic and extrinsic factors (Ingarianti, 2017).

Christians hold the belief that the act of creation and the subsequent divine calling of people are integral to the fulfillment of God's

mission in the world, which encompasses the expression of God's love, justice, and truth (*English Standard Version*, 2016)**.** Specifically, it can be asserted that people are designated by God as collaborative partners in His work (Ng et al., 2020). Vocation is frequently conceptualized as a profound inward inclination towards particular behaviors, coupled with a conviction in the presence of divine power (*Merriam-Webster Dictionary*, 2022)**.** Hence, possessing a sense of calling for a profession is of utmost importance, particularly within sectors characterized by significant challenges, such as the field of nursing (Dik & Duffy, 2009). Nurses who possess a comprehensive understanding of their professional calling are more inclined to exhibit a higher level of commitment and ascribe greater significance to their work (Jung & Yoon, 2016; Puspita, 2012). Among the various internal factors at play, it can be argued that calling exerts a more significant influence on an individual's commitment to a career compared to other factors. This is mainly because when a person aligns their profession with their values, they are able to perceive their work as meaningful, which in turn fosters a higher level of dedication to their chosen professional path. (Puspita, 2012)**.**

Career commitment refers to an individual's inclination to dedicate oneself to their selected profession or their attitude towards a career opportunity, regardless of their level of competence (Blau, 1985, 1988)**.** Individuals who have a commitment to work may or may not have a career commitment. In contrast, individuals who have made career commitments prioritize their professional pursuits over considerations such as working conditions, colleagues, or their employer. Hence, in the event that an individual experiences discontentment within the organization, they may choose to persist in their employment by carefully evaluating the future of their career (Jones et al., 2006).

The importance of commitment in sustaining a nursing profession and cultivating a strong sense of vocation is critical for all healthcare providers to actively engage in the sphere of healthcare. Christians, on the other hand, believe that nursing is a vocation from God to care for others, and hence highlight the commitment required to fulfill the calling (Shelly et al., 2021). The comprehension of one's personal calling might lead to the interpretation of the work one is engaged in, subsequently influencing their level of commitment to a profession in nursing. The level of commitment demonstrated by nurses

tends to rise in tandem with their accumulated years of working experience (Sasaki et al., 2019). Nevertheless, it is worth noting that the responsibilities and duties associated with nursing positions may undergo changes over the course of a nurse's professional trajectory. These transitions have been known to inspire nurses to engage in introspection, leading them to contemplate their chosen profession with a heightened sense of meaning and significance (Kallio et al., 2022). The objective of this study was to provide a description of the correlation between calling and career commitment among Christian nurses.

METHOD

This study used a correlational quantitative method with a cross-sectional approach, using an accidental sampling technique. This study obtained an ethical clearance by the Institutional Review Board (IRB) no 018/KEPFON/2023. The instruments are demographic questionnaire, the Indonesian version of Calling and Vocation Questionnaire (CVQ), and the Career Commitment Scale (CCS). The demographic questionnaire consists of gender, age, province, work unit, work experience, educational background.

The CVQ questionnaire has 24 statements, which are divided into 6 dimensions: transcendent summons-present (items 1, 8, 11, 23), transcendent summons-search (items 2, 13, 18, 19), purposeful work-present (items 3, 15, 20, 24), purposeful work-search (items 4, 6, 14, 21), prosocial orientation-present (items 9, 12, 17, 22), and prosocial orientation-search (items 5, 7, 10, 16). Assessment of the questionnaire using a Likert scale from 1 to 4: with 1: doesn't fit me at all 2: somewhat in line with the real me, 3: mostly in accordance with the real me, 4: Really fit me. The reverse score was applied for item 8. To determine the category, the score is calculated using total score and the results are categorized into score <55.5: not living up to the calling, score 55.5-69: less living up to the calling, score 69.1-82.5: most are living the calling, score ≥ 82.6: really living the calling. The CVQ has been translated into Indonesian (Yuliawati & Ardyan, 2022).

The CCS questionnaire has 26 questions, which are divided into three dimensions: career commitment (items 1–8), work involvement (items 9–17), and organizational commitment (items 18–26). The measurement is using a Likert scale from one to six (1: strongly disagree, 2: disagree, 3: somewhat disagree, 4: somewhat agree, 5: agree, 6: strongly agree).

Reverse score was applied for items 1,3,7, and 10. Mean total score was calculated and the results are categorized into: score <108: low career commitment, score ≥108: high career commitment. The original CCS was written in English but with permission, it was translated into Indonesian. The translation process continued with a certified translator did the backward translation of the questionnaire.

The two questionnaires were tested for their validity and reliability on a group of 39 nurses. The CVQ questionnaires had 21 valid statements (r-table: 0.3160; r-count range of -0.102 to 0.756). The 3 statements were not valid. However, due to the importance of the statements to answer the research questions, the invalid statements were modified. The CVQ questionnaire was reliable (Alpha Cronbach: 0.863). The CCS questionnaire were tested valid (r-table=0.3160; r-count range: -0.046 to 0.773). There were 20 valid statements, with 6 invalid statements. The 6 statements were then modified. The CCS questionnaire was reliable (Alpha cronbach= 0.820).

The research was conducted online using Survey Monkey® from January to May 2023. The questionnaire link was distributed through social media such as WhatsApp, Instagram, Twitter, and Facebook. A total of 132 Christian nurses accessed the link shared, but only 96 people completed the questionnaire. The data was analyzed using descriptive univariate analysis to determine the demographic characteristics of the respondents. A bivariate analysis using the Spearman rank test was conducted to determine the relationship between the calling variable and the career commitment variable and the strength of the relationship between the two variables.

RESULT

Based on the data shown in Table 1, it is evident that a substantial percentage of the participants were classified as female (85%), while a noteworthy proportion of the respondents were under the age of 25 (38.5%). Approximately 40.6% of the participants were engaged in specialised units, including the Emergency Department (ED), Intensive Care Unit/Intensive Coronary Care Unit (ICU/ICCU), Pediatric Intensive Care (PIC), and Operating Theatre (OT). Furthermore, nearly half of the participants indicated having less than three years of professional experience, but the majority (82.3%) held a bachelor's degree.

Table 1. Demographic Characteristics (n=96)

Variable	Category	N	%
Gender	Man	14	14.6
	Woman	82	85.4
Age	≤ 25	37	38,5
	26-30	15	15,6
	31-35	17	17,8
	36-40	11	11,4
	41-45	8	8,3
	>45	8	8,1
Province	North Sumatra	6	6.3
	West Kalimantan	1	1.0
	South Kalimantan	1	1.0
	Banten	5	5.2
	DKI Jakarta	12	12.5
	West Java	17	17.7
	Special Region of Yogyakarta	1	1.0
	East Java	5	5.2
	Bali	1	1.0
	East Nusa Tenggara	7	7.3
	North Sulawesi	31	32.3
	South East Sulawesi	2	2.1
	South Sulawesi	5	5.2
	Maluku	2	2.1
Work Unit	Health Center/Clinic	11	11.5
	Special units (ED, ICU/ICCU, PICU, OT)	39	40.6
	Outpatient unit	7	7.3
	Pediatric unit	6	6.3
	Adult inpatient unit	32.4	33.3
Work Experience	≤ 3 years	44	45.8
	4-6 years	11	11.5
	7-9 years	9	9.4
	10-12 years	7	7.3
	13-15 years	8	8.3
	>15 years	17	17.7
Educational Background	Diploma	14	14.6
	Undergraduate	79	82.3
	Postgraduate	3	3.1

The findings shown in Table 2 indicate that the transcendent summons-presence sub-variable exhibits the highest response rate among nurses. Specifically, 52 respondents (54.2%) reported experiencing this phenomenon. This implies that nurses derive motivation in their professional endeavors from extrinsic factors. In the context of purposeful work-presence sub-variable, it was observed that the majority of nurses (60.4%) were in the low category. This observation suggests that nurses continue to experience a deficiency in finding significance and perceive their profession as the primary source of purpose in their lives.

Table 2. Calling Christian Nurses in Indonesia (n=96)

Sub variable	Category	N	%
Transcendent summons-Presence	High	52	54.2
	Low	44	45.8
Transcendent summons-Search	High	50	52.1
	Low	46	47.9
Purposeful work-Presence	High	38	39.6
	Low	58	60.4
Purposeful work-Search	High	39	40.6
	Low	57	59.4
Orientation Prosocial-Present	High	47	49.0
	Low	49	51.0
Orientation Prosocial-Search	High	41	42.7
	Low	55	57.3

Moreover, the results displayed in Table 3 indicate that a substantial percentage of Christian nurses (41.7%) exhibit a profound dedication to their vocational calling. In contrast, a small proportion of nurses, namely 9.4% or 9 individuals, seem to be inadequate in meeting the requirements of their chosen profession.

Table 3. Christian Nurses' Calling in Indonesia (n = 96)

Calling Category	N	%
Not living up to the calling	9	9.4
Less living up to the calling	24	25
Most are living the calling	40	41.7
Really living the calling	23	24

Table 4 reveals that Christian nurses demonstrate a significant level of job commitment, as evidenced by a considerable percentage of respondents (52.1%). These

findings indicate that nurses exhibit a profound dedication to their job and firmly believe that their role as a nurse carries substantial significance. Notably, 52.1% had a poor level of job dedication. The research indicates a decline in nurses' professional behaviour, which hampers their job retention.

Table 4. Christian nurses' career commitment in Indonesia (n=96)

Sub variable	Category	N	%
Career Commitment	High	46	47.9
	Low	50	52.1
Job Involvement	High	50	52.1
	Low	46	47.9
Organizational Commitment	High	48	50.0
	Low	48	50.0

According to the findings presented in Table 5, the acquired data indicate a p-value of 0.001 (< 0.05). Therefore, it can be inferred that the research hypothesis was accepted, suggesting a significant correlation between calling and career dedication among Christian nurses in Indonesia. According to the data presented in the table, the calculated value of the correlation coefficient (r) is 0.362. This indicates a significant level of association between the act of calling and the level of professional commitment among Christian nurses in Indonesia.

Table 5. Calling and Career Commitment of Christian Nurses in Indonesia (n=96)

		Career Commitment	
Spearman's rho	Calling	R count	.362**
		P Value	<.001
		N	96

DISCUSSION

The findings of this study suggest a significant association between one's *calling* and their level of job dedication (p = 0.001), with a moderate strength of correlation (r count = 0.362). The current study found that while the majority of nurses have successfully embraced their profession. The amount of career commitment among nurses, as evaluated by organizational commitment, is equivalent among persons with high and low levels of commitment.

There is a positive correlation between the extent to which an individual engages in a vocation and their level of organizational commitment. This relationship is influenced by various elements, one of which is career commitment (Afsar et al., 2019). The level of motivation towards a career tends to surpass the level of commitment towards the organization (Ingarianti, 2017). This

phenomenon can manifest even in cases where an individual has dissatisfaction with their company; nonetheless, they may choose to persist in their work if they carefully evaluate the career opportunities available to them (Jones et al., 2006).

In contrast, the results of this study suggest that nurses' career commitment has a little smaller magnitude compared to their organizational commitment dimensions. This phenomenon can be attributed to the fact that nurses are more inclined to stay within organizations that provide opportunities for career advancement, as a means of fulfilling their professional aspirations (Adi et al., 2020; Ingarianti, 2017). Therefore, someone will try to involve himself in his work for the development of career paths in his organization. This is akin to a research study that proposes the influence of career commitment stemming from one's feeling of calling on their degree of involvement with the nursing profession (Jung & Yoon, 2016). This research provides further evidence in line with the findings of the aforementioned study, indicating that among the several dimensions of career commitment, Christian nurses in Indonesia exhibit the highest level of career commitment specifically in the dimension of job engagement.

The present study also revealed that a significant number of Christian nurses in Indonesia showed a strong inclination towards the transcendent summons dimension. In contrast, Kallio et al. (2022) suggests that even when personal beliefs and worldviews might exert an influence on an individual's career choice, their research indicates that the transcendent summons dimension ranks lowest among the various dimensions of summons. This phenomenon may be attributed to the fact that within the context of Christianity, the act of calling is often regarded as being synonymous with an individual's connection to God, which is considered to be transcendent in nature, and is reflected in their approach towards their work. Nevertheless, the trajectory of nursing careers may exhibit fluctuations throughout time, with occupations experiencing periods of growth, followed by potential decline and eventual obsolescence (Kallio et al., 2022). Specifically, Christian values and perspectives are often regarded as being closely associated with a calling to pursue a career in nursing.

Multiple studies have indicated that the motivation to pursue a career in nursing and remain in the profession is frequently attributed to a sense of calling (Eley et al., 2012; Xu et al., 2020). Historically, nursing

has frequently been characterized as a "vocation profession" or "a calling profession" due to the resultant profound aspiration to pursue a nursing career and provide care to individuals (Emerson, 2017).

The study conducted by Kallio et al. (2022) revealed that the dimension of prosocial orientation yielded the highest outcomes. Similarly, in the present study, the dimension of prosocial orientation ranked second highest, behind the transcendent summons dimension. Within the framework of Christian principles, the concept of calling pertains to the divine mission of God's labor, which mandates His followers to engage in productive endeavors. By means of their work, Christians exhibit affection, fairness, and veracity towards their fellow individuals (English Standard Version, 2016; Ng et al., 2020; Yeniretnowati & Perangin Angin, 2021). Consequently, nurses fulfill their duties in accordance with divine directives, placing a paramount emphasis on the welfare of others (orientation summons).

This survey additionally discovered that most Christian nurses have embraced their job, indicating that they had an inherent sense of purpose (presence). The existence of vocational calling offers individuals a feeling of self-identity that facilitates their commitment to their chosen career paths (Li et al., 2021). This, in turn, leads to heightened levels of nurse job satisfaction and increased engagement in their work (Afsar et al., 2019; Xu et al., 2020; Ziedelis, 2019). According to a recent study conducted by Kallio et al. (2022), it was observed that nurses who possess a sense of calling exhibit a greater capacity to accept commonly complained-about situations and are more adept at managing work-related challenges.

Additionally, the present study revealed that a significant proportion of participants possessed a vocational inclination, indicating their potential to experience similar favorable outcomes associated with having a calling. Specifically, these individuals exhibited enhanced work motivation, heightened job satisfaction, increased job involvement, and notably, greater resilience in addressing work-related challenges within the nursing profession (Dik & Duffy, 2009). In the context of nursing, individuals who do not possess an inherent sense of calling must actively seek their professional calling, as failing to align with one's calling as a nurse can lead to diminished morale and adversely affect career commitment (Dik & Duffy, 2009).

Most participants in the present study showed a notable level of career commitment. This finding aligns with the research conducted by Afsar et al. (2019), which suggests that a high degree of career commitment plays a mediating role in the association between vocation and the intention to switch employment, as well as between commitment and behavior. According to the current study, over 50% of nurses still show low levels of commitment to their careers. This tendency is concerning since it may have unfavorable effects, as a decreased level of career commitment may increase people's desire to leave the nursing field (Moloney et al., 2018). According to a study conducted by Sasaki et al. (2019), it was observed that nurses with work experience ranging from 3 to 4 years had a pattern of commitment ratings that initially fell, followed by a stabilization, and ultimately an increase. For this reason, it is essential to provide enough support to nurses during their initial and subsequent years of employment to ensure a seamless transition from education to employment. This is because the provision of adequate support significantly influences the level of career commitment exhibited by nurses.

Furthermore, a study conducted by Choi et al. (2020) suggested that unregulated calling can potentially yield adverse consequences. Individuals who possess a strong sense of calling may exhibit workaholic tendencies, rendering them more susceptible to the heightened likelihood of experiencing burnout due to their inclination to prioritize work over their personal time and well-being. According to this study, there is a substantial degree of relationship strength between calling and career commitment, as indicated by the correlation value of 0.362. The level of an individual's sense of purpose can significantly influence the development of high levels of morale. Hence, nurses with a profound calling to their profession must demonstrate self-control to avoid compromising their well-being due to overwhelming employment requirements. Experiencing a calling is linked to increased self-confidence and job contentment (Lee et al., 2020). This implies that those who perceive their work as a calling tend to exhibit higher levels of self-assurance in their abilities and greater contentment in their professional roles. According to Duffy et al. (2014), Individuals who exhibit a profound dedication to their chosen profession receive a strong sense of meaning from their work, experience fulfilment in their employment, and are more likely to view their occupation as a vocation in life.

The adherence to one's professional vocation is of utmost significance for nurses, as several aspects such as compensation, workload, and the overall work environment significantly impact their professional lives (Fité-Serra et al., 2019; Halcomb et al., 2018; McDermid et al., 2020; McHugh & Ma, 2014). It might be challenging for nurses who fail to fulfill their career commitment to thrive in their demanding nursing roles. Moreover, the presence of calling may serve as a contributing factor in facilitating the reduction of deviant behavior among nurses and decreasing the likelihood of displaying negative emotions in their professional duties (Afsar et al., 2019).

This study is expected to serve as a fundamental reference for future inquiries into a comparable topic. Potential researchers have the opportunity to investigate several other factors that could impact the level of dedication nurses have towards their careers. The research findings have substantial ramifications for both practicing nurses and aspiring nursing students. Christian nursing educators are tasked with aiding their students in uncovering their occupational purpose. Christian nurses necessitate a supportive community that fosters their professional and spiritual growth. Engaging in a community of Christian nurses, such as the Nurse's Christian Fellowship, on a national or worldwide scale, can strengthen and reaffirm the sacred calling given to us by God.

CONCLUSION

The outcomes of the study on Christian nurses in Indonesia were consistent with the research goals. A notable percentage of nurses who profess Christianity exhibit a profound feeling of vocation in connection with their selected occupation. The findings indicate that nurses who possess the highest level of vocational commitment are mostly associated with the transcendent summons-presence component. In contrast, nurses with a diminished sense of calling are situated within the purposeful work-presence dimension. A significant proportion of nurses who identify as Christians have a significant degree of dedication to their professions. When examining the career commitment sub-variable among Christian nurses, the findings indicate that the job involvement sub-variable falls within the high group, however, the career commitment sub-variable for Christian nurses falls within the low category. There is a significant association between one's job and the process of summoning or recognising a certain purpose or occupation.

Dedication to the Christian faith among nurses in Indonesia.

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STUDI KASUS: EFEKTIVITAS RELAKSASI GENGGAM JARI DAN *BACK MASSAGE* TERHADAP INTENSITAS NYERI PASIEN *POST OP* APENDIKTOMI

CASE STUDY: THE EFFECTIVENESS OF FINGER GRIP RELAXATION AND BACK MASSAGE ON PAIN INTENSITY IN POST-APPENDECTOMY PATIENTS

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ABSTRAK
Apendiktomi merupakan proses pembedahan dengan cara disayat untuk mengangkat apendiks yang meradang. Tindakan pembedahan ini dapat menyebabkan penderitanya merasakan nyeri akibat dari insisi yang disebabkan oleh robeknya jaringan pada dinding perut. Apabila nyeri tidak diatasi maka dapat mengganggu proses penyembuhan, meningkatkan stress, dan dapat mempengaruhi sistem pernafasan, kardiovaskuler, gastrointestinal, dan imunologi. Tujuan penelitian ini yaitu untuk mengetahui efektifitas relaksasi genggam jari dan *back massage* pada pasien *post op* apendiktomi dengan masalah keperawatan nyeri akut. Desain penelitian ini adalah studi kasus menggunakan dua partisipan pasien *post op* apendiktomi dengan masalah keperawatan nyeri akut, dilakukan asuhan keperawatan selama tiga hari berturut-turut menggunakan intervensi relaksasi genggam jari dan *back massage* dengan pengukuran skala nyeri yang digunakan yaitu *Numeric Rating Scale* (*NRS*). Hasil penelitian menunjukkan masalah nyeri akut teratasi pada hari ketiga dengan skala nyeri pasien 1 pada hari pertama skala nyeri 5 menurun ke skala 3 pada hari ketiga dan pasien 2 dari skala nyeri 6 menurun ke skala 4 pada hari ketiga. Relaksasi genggam jari dan *back massage* dapat diterapkan sebagai terapi tambahan untuk menurunkan intensitas nyeri pada pasien *post op* apendiktomi karena memberikan relaksasi fisik dan mental sehingga mampu meredakan nyeri.

Kata Kunci: Apendiktomi, *Back Massage,* Nyeri Akut, Relaksasi Genggam Jari

ABSTRACT
An appendectomy is a surgical procedure that involves an incision to remove an inflamed appendix. This surgical procedure can cause patients to experience pain due to the incision and the tearing of tissue in the abdominal wall. If the pain is not addressed, it can interfere with the healing process, increase stress, and potentially affect the pulmonary, cardiovascular, gastrointestinal, and immune systems. This study aims to determine the effectiveness of finger grip relaxation and back massage in post-operative appendectomy patients with acute pain nursing problems. This research design is a case study involving two post-operative appendectomy patients with acute pain nursing problems. Nursing care was provided for three consecutive days using the interventions of finger grip relaxation and back massage, with the pain scale measurement used as the Numeric Rating Scale (*NRS*). *The results of the study showed that the acute pain problem was resolved by the third day, with patient 1's pain scale decreasing from 5 on the first day to 3 on the third day, and patient 2's pain scale decreasing from 6 to 4 on the third day. Finger grip relaxation and back massage can be applied as additional therapy to reduce pain intensity in post-operative appendectomy patients by providing physical and mental relaxation, thus relieving pain*.

Keywords: *Appendectomy, Acute Pain, Back Massage, Finger Grip Relaxation*

PENDAHULUAN

Apendisitis adalah salah satu kasus dalam bidang bedah abdomen yang menyebabkan nyeri abdomen akut dan harus dilakukan tindakan bedah segera, yaitu pembedahan apendiktomi agar terhindar dari komplikasi yang berpotensi berbahaya seperti peritonitis generalisata, gangren, bahkan perforasi (Amalina, 2018). Pasien setelah pembedahan akan mengeluh nyeri yang memiliki rentang skala nyeri yang berbeda-beda dan memiliki pengalaman yang kurang menyenangkan akibat nyeri yang tidak adekuat (Sulung & Rani, 2017). Apabila nyeri tidak diatasi, bisa mengganggu proses penyembuhan, meningkatkan stress, serta menyebabkan efek yang membahayakan seperti dapat mempengaruhi sistem pernafasan, gastrointestinal, endokrin, imunologi, dan kardiovaskuler (Hayat, Ernawati, & Ariyanti, 2020).

Menurut Departemen Kesehatan (2020) jumlah kasus apendisitis di dunia pada tahun 2019 mencapai 3.442 juta kasus tiap tahun. Di Indonesia, pada tahun 2018 terdapat hasil survey pada beberapa provinsi ada 4.351 pasien rawat inap dikarenakan apendisitis. Pada tahun itu terjadi peningkatan kasus apendisitis dari tahun sebelumnya yaitu 3.236 pasien (Depkes, 2020). Menurut Dinas Kesehatan Jawa Timur, jumlah kasus apendisitis di Jawa Timur terdapat 5.980 penderita di tahun 2018 (Dinkes, 2018). Berdasarkan data yang diperoleh dari ruang Bima RSUD Jombang jumlah pasien yang menjalani operasi apendisitis dari bulan Juni 2021 sampai bulan Juni 2022 yaitu sebanyak 32 orang dan semuanya mendapatkan terapi medis untuk nyeri.

Infeksi pada usus buntu yang mengakibatkan peradangan akut merupakan penyebab apendisitis (Hardi & Amin, 2015). Pada umumnya penderita apendisitis akan mengeluh nyeri pada area periumbilikal atau epigastrium yang menjalar ke kuadran kanan bawah abdomen (Warsinggih, 2010 ; Dewi & Iriani, 2020). Apendisitis memerlukan tindakan operasi segera yaitu apendiktomi untuk mengangkat apendiks yang meradang agar terhindar dari resiko perforasi (Sulung & Rani, 2017). Dampak yang dapat ditimbulkan dari operasi apendiktomi yaitu infeksi saluran kemih, obstruksi usus, luka infeksi, dan rasa nyeri (Faridah, 2015 ; Ismail *et al*., 2020).

Nyeri merupakan sensori subjektif dan pengalaman emosional yang kurang menyenangkan yang berkaitan dengan kerusakan jaringan aktual, potensial, atau yang dirasakan dalam kejadian saat terjadi kerusakan jaringan (Smeltzer, 2002 ;

Damayanti *et al*., 2019). Nyeri pasca operasi terjadi karena adanya luka insisi yang menyebabkan kerusakan jaringan sebagai stimulus mekanik. Adanya kerusakan jaringan akan menyebabkan pelepasan mediator prostaglandin, histamin, bradikinin yang akan diterima oleh reseptor nyeri sebagai impuls nyeri yang akan dihantar ke sistem saraf pusat melalui serabut saraf perifer lalu dipersepsikan sebagai respon nyeri (Potter & Perry, 2006 ; Damayanti *et al*., 2019). Dampak nyeri pada pasien *post* operasi akan meningkat apabila tidak segera ditangani sehingga perlu tindakan yang tepat agar penyembuhan nyeri menjadi maksimal (Faridah, 2015 ; Ismail *et al*., 2020).

Upaya yang dapat dilakukan untuk mengatasi nyeri yang dirasakan pasien *post op* apendiktomi yaitu dengan menerapkan terapi relaksasi genggam jari dan *back massage* sebagai terapi non farmakologis. Kedua terapi tersebut dapat merangsang serabut A beta yang terdapat pada kulit dan memberikan respon tehadap tubuh sehingga impuls yang dihantarkan lebih cepat. Pemberian stimulasi ini membuat masukan impuls dominan berasal dari serabut A beta sehingga pintu gerbang menutup dan impuls nyeri tidak dapat diteruskan ke korteks serebral untuk dipersepsikan sebagai nyeri (Nababan, Kaban, & Ndruru, 2019). Relaksasi genggam jari mampu meningkatkan tolerasi terhadap nyeri karena memberikan efek rileks sehingga dapat membebaskan mental dan fisik dari ketegangan stress akibat nyeri (Hasaini, 2019). Pemberian terapi relakasi genggam jari dalam penelitian yang dilakukan oleh Hayat, Ernawati, dan Ariyanti (2020) dan Wati & Ernawati (2020) terbukti berpengaruh terhadap penurunan intensitas nyeri pada pasien *post op* apendiktomi. Selain itu, *back massage* juga efektif mengatasi nyeri karena memberikan relaksasi fisik dan mental (Damanik, Manurung, & Sagala, 2022). Penelitian yang dilakukan oleh Sulung dan Rani (2017) dan Nababan, Kaban, dan Ndruru (2019) membuktikan bahwa *back massage* berpengaruh terhadap penurunan intensitas nyeri pada pasien *post op* apendiktomi. Berdasarkan uraian diatas, peneliti tertarik untuk membuktikan efektifitas teknik relaksasi genggam jari dan *back massage* pada pasien *post op* apendiktomi dalam mengatasi nyeri dengan melakukan penelitian dengan judul "Studi Kasus : Efektifitas Relaksasi Genggam Jari dan *Back Massage* Terhadap Intensitas Nyeri Pasien *Post Op* Apendiktomi".

METODE

Penelitian ini menggunakan metode studi kasus dengan pendekatan asuhan keperawatan. Populasi penelitian ini yaitu pasien yang mengalami operasi apendiktomi di ruang Bima RSUD Jombang. Sampel pada penelitian ini, dua pasien *post op* apendiktomi dengan masalah keperawatan nyeri akut pada hari pertama, dengan skala nyeri berat atau sedang, pasien dengan kesadaran penuh, dapat berkomunikasi dengan baik, dan bersedia menjadi responden. Penelitian dilakukan di ruang Bima RSUD Jombang selama tiga hari berturut-turut pada tanggal 8-10 Juni 2023 pada pasien 1 dan tanggal 9-11 juni 2023 pada pasien 2.

Sebelum penelitian, dilakukan uji etik oleh Komite Etik Penelitian Kesehatan RSUD Jombang yang kemudian dinyatakan lolos uji etik sehingga penelitian dapat dilanjutkan. Pengumpulan data dilakukan peneliti dengan cara wawancara pada pasien, keluarga pasien, dan perawat, melakukan observasi, pemeriksaan fisik, dan studi dokumentasi pada pasien. Pengumpulan data dilakukan saat peneliti bertemu pasien *post op* apendiktomi hari pertama dan mengajukan permohonan menjadi responden. Peneliti menjelaskan rencana penelitian dan apabila pasien bersedia akan diberikan lembar *informed consent*. Pengumpulan data dilakukan dengan pengkajian terhadap pasien lalu melakukan pemeriksaan nyeri menggunakan *Numeric Rating Scale (NRS)*. Setelah dilakukan pemeriksaan nyeri, pasien akan diberikan latihan relaksasi genggam jari dan *back massage* yang diberikan satu kali sehari.

Relaksasi genggam jari dan *back massage* pertama kali dilakukan pada hari pertama pasien setelah dioperasi. Peneliti melakukan relaksasi genggam jari dengan cara menggenggam jari tangan pasien selama 20 menit dengan dengan rentang waktu 2 menit untuk setiap jarinya. Saat penatalaksanaan genggam jari, peneliti mengintruksikan pasien untuk mengatur nafas dengan menghirup oksigen melalui hidung kemudian dihembuskan melalui mulut. Lalu dilanjutkan penatalaksanaan *back massage* dengan memijat punggung pasien dengan cara gerakan memutar menggunakan ibu jari pada daerah punggung dari bahu sampai ke pinggang dengan posisi pasien miring ke kiri dan dilakukan selama 10 menit. Kemudian hasil observasi dan pemeriksaan yang dilakukan dicatat dan didokumentasikan.

HASIL

Hasil pengkajian pada kedua pasien *post op* apendiktomi yaitu pasien 1 Tn. W berusia 48 tahun bekerja sebagai penjaga proyek dan Pasien 2 Ny. U berusia 34 tahun sebagai Ibu Rumah Tangga. Kedua pasien sama-sama mengeluh nyeri pada luka operasi dan pasien tampak meringis saat bergerak. Saat pemeriksaan fisik, pada abdomen kanan bawah kedua pasien terdapat luka operasi sekitar 10 cm tertutup kasa bersih dan terdapat luka tekan. Diagnosis keperawatan yang ditemukan berdasarkan pengkajian pada kedua pasien yaitu nyeri akut berhubungan dengan agen pencedera fisik.

Intervensi keperawatan pada kedua pasien dengan prioritas masalah nyeri akut yaitu manajemen nyeri dan terapi pemijatan dengan penerapan relaksasi genggam jari dan *back massage* yang disesuaikan kondisi pasien. Intervensi dibuat berdasarkan teori Standar Luaran Keperawatan Indonesia (SLKI) dan Standar Intervensi Keperawatan Indonesia (SIKI) yang disesuaikan dengan kebutuhan dan kondisi pasien dengan tujuan setelah dilakukan tindakan keperawatan selama 3x24 jam diharapkan tingkat nyeri menurun dengan kriteria hasil keluhan nyeri menurun.

Implementasi keperawatan pada kasus ini dilaksanakan berdasarkan intervensi yang disusun sesuai dengan kondisi pasien yaitu melakukan relaksasi genggam jari dan *back massage*. Hasil evaluasinya masalah teratasi pada hari ketiga sesuai dengan kriteria hasil yang telah ditentukan yaitu keluhan nyeri menurun dengan skala nyeri pasien 1 pada hari pertama skala 5 menurun ke skala 3 pada hari ketiga dan pasien 2 dari skala nyeri 6 menurun ke skala 4 pada hari ketiga.

PEMBAHASAN

Pengkajian

Berdasarkan data yang diperoleh dari pengkajian pasien 1 dan 2 sama-sama mengeluh nyeri pada luka operasi. Secara teori, keluhan utama yang dikeluhkan pasien *post op* apendiktomi biasanya mengeluh nyeri pada luka operasi di abdomen (Agustin, 2021). Nyeri tersebut dikarenakan adanya trauma pada tubuh atau fisik yaitu prosedur operasi (PPNI, 2017). Pasien yang telah menjalani operasi sering kali merasakan nyeri akibat diskontinuitas jaringan, luka bedah karena sayatan, dan posisi tubuh selama prosedur operasi (Rosiska, 2021).

Menurut peneliti, terdapat kesesuaian antara teori dan hasil pengkajian, yaitu kedua pasien mengeluh nyeri pada luka

operasi karena saraf disekitar luka mengalami kerusakan akibat sayatan saat operasi dan efek anestesi yang berangsur menghilang setelah operasi sehingga kedua pasien merasakan nyeri.

Diagnosis Keperawatan

Diagnosis keperawatan yang ditemukan pada pasien 1 dan 2 yaitu nyeri akut berhubungan dengan agen pencedera fisik dengan mengacu pada data pengkajian yang dikumpulkan berdasarkan data subjektif kedua pasien mengeluh nyeri pada luka operasi dan data objektif kedua pasien tampak meringis saat melakukan pergerakan.

Diagnosa yang muncul pada pasien *post op* apendiktomi secara teori ada lima, yaitu nyeri akut berhubungan dengan agen pencedera fisik, risiko infeksi berhubungan dengan efek prosedur invasif, risiko hipovolemia berhubungan dengan kehilangan cairan secara aktif, gangguan mobilitas fisik berhubungan dengan nyeri, dan gangguan pola tidur berhubungan dengan nyeri (PPNI, 2017). Berdasarkan SDKI (PPNI, 2017) gejala dan tanda mayor nyeri akut yaitu data subjektif pasien mengeluh nyeri, data objektif pasien tampak meringis, bersikap protektif, dan gelisah.

Menurut peneliti, terdapat kesesuaian antara teori dan fakta, yaitu nyeri akut berhubungan dengan agen pencedera fisik ditandai dengan pasien mengeluh nyeri, pasien tampak meringis saat bergerak yang sesuai tanda dan gejala mayor nyeri akut. Diagnosis yang muncul pada kedua pasien terdapat pada diagnosis di teori.

Intervensi Keperawatan

Intervensi keperawatan pasien 1 dan 2 dibuat berdasarkan teori Standar Luaran Keperawatan Indonesia (SLKI) dan Standar Intervensi Keperawatan Indonesia (SIKI) yang disesuaikan dengan kebutuhan dan kondisi pasien. Intervensi keperawatan pada pasien 1 dan 2 dengan diagnosis keperawatan nyeri akut disusun dengan tujuan dan kriteria hasil pada diagnosis tersebut. Tujuan : setelah dilakukan tindakan keperawatan selama 3x24 jam diharapkan tingkat nyeri menurun dengan kriteria hasil keluhan nyeri menurun. Intervensi yang dilakukan yaitu manajemen nyeri dan terapi pemijatan.

Penatalaksanaan nonfarmakologi pasien *post op* apendiktomi dengan masalah keperawatan nyeri akut yaitu penerapan relaksasi genggam jari dan *back massage*. Relaksasi genggam jari menggabungkan relaksasi nafas dalam dengan genggam jari untuk meningkatkan

relaksasi, perasaan yang lebih nyaman, dan melepaskan ketegangan dan stress baik secara fisik maupun psikologis sehingga toleransi terhadap nyeri meningkat (Hasaini, 2019). *Back massage* merupakan terapi yang menstimulasi permukaan kulit yang dapat meningkatkan vasodilatasi lokal sehingga sirkulasi darah menjadi lancer, membantu menghilangkan sisa-sisa pembakaran dari jaringan, memberikan efek pengalihan atau distraksi, dan meningkatkan relaksasi yang dapat mengurangi tingkat nyeri (Damanik, Manurung, & Sagala, 2022).

Menurut peneliti, terdapat kesesuaian antara fakta dan teori bahwa kriteria hasil dan penerapan intervensi yang sudah disusun pada pasien 1 dan 2 sesuai dengan Standar Luaran Keperawatan Indonesia dan Standar Intervensi Keperawatan Indonesia. Intervensi yang disusun disesuaikan dengan kondisi dan keadaan pasien sehingga tidak semua intervensi di buku SIKI dilakukan, hanya yang sesuai kondisi pasien saja.

Implementasi Keperawatan

Pelaksanaan tindakan keperawatan pada pasien 1 pada tanggal 8 Juni sampai 10 Juni 2023 dan pasien 2 tanggal 9 Juni sampai 11 Juni 2023. Implementasi dilakukan sesuai dengan intervensi yang dibuat dan disesuaikan dengan masalah keperawatan yang ditemukan pada pasien. Implementasi yang dilakukan selama tiga hari pada kedua pasien *post op* apendiktomi dengan masalah keperawatan nyeri akut yaitu sesuai dengan intervensi yang dibuat. Kedua pasien mendapat terapi farmakologi yang berbeda. Pada pasien 1 mendapat terapi injeksi Santagesik, Lanzoprazole, Ceftriaxon, dan Metronidazole, sedangkan pasien 2 mendapat terapi injeksi Antrain, Ranitidin, Metronidazole, dan Ceftriaxon. Selain itu, terdapat terapi nonfarmakologis yang dilakukan yaitu relaksasi genggam jari dan *back massage* (pijat punggung) pada kedua pasien yang dilakukan selama tiga hari berturut-turut.

1) Pasien 1 dengan masalah keperawatan nyeri akut : melakukan relaksasi genggam jari selama 20 menit dengan waktu 2 menit perjarinya dengan cara peneliti menggenggam jari pasien dari ibu jari hingga kelingking pada tangan kanan lalu berpindah ke tangan kiri. Kemudian dilanjutkan *back massage* yang dilakukan selama 10 menit dengan posisi pasien miring ke kiri lalu memijat punggung pasien dengan gerakan memutar dengan ibu jari dari bahu sampai ke pinggang.

2) Pasien 2 dengan masalah keperawatan nyeri akut : melakukan relaksasi genggam jari selama 20 menit dengan waktu 2 menit perjarinya dengan cara peneliti menggenggam jari pasien dari ibu jari hingga kelingking pada tangan kanan lalu berpindah ke tangan kiri. Kemudian dilanjutkan *back massage* yang dilakukan selama 10 menit dengan posisi pasien miring ke kiri lalu memijat punggung pasien dengan gerakan memutar dengan ibu jari dari bahu sampai ke pinggang.

Menurut peneliti, terdapat kesesuaian antara fakta dengan teori, semua implementasi yang diberikan sesuai dengan intervensi yang dibuat berdasarkan kondisi pasien. Implementasi yang diberikan pada pasien untuk mengurangi rasa nyeri yaitu dengan menggunakan terapi relaksasi genggam jari dan *back massage* selama tiga hari.

Evaluasi

Evaluasi dalam penelitian ini dilakukan selama tiga hari berturut-turut dengan hasil evaluasi hari pertama hingga hari ketiga masalah telah teratasi karena keluhan nyeri kedua pasien menurun sesuai dengan kriteria hasil. Pada pasien 1 evaluasi hari pertama pasien mengeluh nyeri pada luka operasi, masalah belum teratasi dengan kriteria hasil keluhan nyeri 2 (cukup meningkat). Kemudian setelah diberikan intervensi berupa teknik relaksasi genggam jari dan *back massage* selama tiga hari, pasien mengatakan nyeri luka operasi sudah berkurang, masalah teratasi dengan kriteria hasil keluhan nyeri 5 (menurun).

Pada pasien 2 evaluasi hari pertama pasien mengatakan nyeri pada luka operasi, masalah belum teratasi dengan kriteria hasil keluhan nyeri 2 (cukup meningkat). Kemudian setelah diberikan intervensi berupa teknik relaksasi genggam jari dan *back massage* selama tiga hari, pasien mengatakan nyeri pada luka operasi sudah berkurang, masalah teratasi dengan kriteria hasil keluhan nyeri 5 (menurun).

Berdasarkan teori, pada penelitian Hayat, Ernawati, dan Ariyanti (2020) dan Wati & Ernawati (2020) membuktikan bahwa relaksasi genggam jari berpengaruh terhadap penurunan intensitas nyeri pada *post op* apendiktomi. Analisis masalah keperawatan nyeri akut dapat teratasi sebagai bukti bahwa responden mengalami penurunan skala nyeri setelah dilakukan teknik relaksasi genggam jari selama 20 menit dalam waktu tiga hari berturut-turut (Wati & Ernawati, 2020).

Tingkat nyeri sesudah diberikan teknik relaksasi genggam jari menurun dari kategori nyeri sedang menjadi nyeri ringan, hal ini terjadi karena dengan merileksasikan otot-otot yang mengalami spasme akibat terputusnya kontinuitas jaringan akibat pembedahan sehingga terjadi vasodilatasi pembuluh darah dan akan meningkatkan aliran darah ke daerah yang mengalami spasme dan iskemik sehingga intensitas nyeri menurun (Hayat, Ernawati, & Ariyanti, 2020). Penurunan rasa nyeri dapat terjadi ketika seseorang melakukan relaksasi genggam jari untuk mengendalikan nyeri yang dirasakan sehingga memberikan rasa tenang yang mampu mengatasi rasa nyeri (Hasaini, 2019).

Pemberian *back massage* dalam penelitian Sulung dan Rani (2017) dan Nababan, Kaban, dan Ndruru (2019) terbukti berpengaruh terhadap penurunan intensitas nyeri pada pasien *post op* apendiktomi. Hal ini sejalan dengan penelitian Melina dan Chotimah (2022) pemberian *massage* punggung efektif dalam menurunkan skala nyeri pada pasien *post op* apendiktomi dimana setelah pemberian *massage* punggung skala nyeri mengalami penurunan dari skala nyeri sedang ke ringan. Pemberian back massage selama 5-10 menit dengan gerakan memutar pada area punggung memberikan stimulasi pada permukaan kulit yang dapat meningkatkan vasodilatasi lokal sehingga memberikan sensasi rileks dan rasa nyeri yang dirasakan pasien dapat menurun (Damanik, Manurung, & Sagala, 2022). Back massage menjadi salah satu terapi yang efektif untuk menurunkan intensitas nyeri karena terapi ini mudah dilakukan dan tidak membutuhkan tempat yang luas sehingga cocok dilakukan oleh semua orang terutama pada pasien yang telah menjalani operasi apendisitis (Nababan, Kaban, & Ndruru, 2019).

Menurut peneliti, terdapat kesesuaian antara fakta dan teori, yaitu dengan diberikan intervensi teknik relaksasi genggam jari dan *back massage* selama tiga hari berturut-turut, masalah teratasi pada hari ketiga dengan kriteria hasil keluhan nyeri kedua pasien menurun dengan skala nyeri pasien 1 pada hari pertama skala 5 menurun ke skala 3 pada hari ketiga dan pasien 2 dari skala nyeri 6 menurun ke skala 4 pada hari ketiga. Intensitas nyeri bisa menurun karena dilakukan relaksasi genggam jari dan *back massage* yang dapat memberikan perasaan nyaman dan lebih rileks sehingga mengurangi ketegangan otot yang bisa memperburuk rasa nyeri.

KESIMPULAN

Berdasarkan hasil penelitian yang dilakukan masalah nyeri akut teratasi pada hari ketiga sehingga dapat disimpulkan bahwa terapi relaksasi genggam jari dan *back massage* efektif menurunkan intensitas nyeri pada pasien *post op* apendiktomi dengan masalah keperawatan nyeri akut. Relaksasi genggam jari dan *back massage* dapat diterapkan sebagai terapi tambahan untuk menurunkan intensitas nyeri pada pasien *post op* apendiktomi karena memberikan relaksasi fisik dan mental sehingga mampu meredakan nyeri. Penelitian lebih lanjut diperlukan terkait hasil penelitian ini untuk mengembangkan seberapa besar tekanan yang diperlukan saat melakukan genggam jari dan *back massage* agar lebih maksimal.

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DAMPAK STIGMA YANG DIALAMI PETUGAS KESEHATAN SELAMA PANDEMI COVID-19: REVIEW LITERATUR

THE IMPACT OF STIGMA EXPERIENCED BY HEALTH WORKERS DURING THE COVID-19 PANDEMIC: LITERATURE REVIEW

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ABSTRAK
Pandemi COVID-19 telah memengaruhi kesehatan mental tenaga kesehatan. Situasi pandemi telah memengaruhi kondisi petugas kesehatan secara fisik dan mental. Pengetahuan tentang COVID-19 yang belum memadai dan ketakutan terhadap penyakit baru berpotensi menimbulkan stigma. Petugas kesehatan yang terpapar COVID-19 dalam menjalankan tugas turut mendapatkan stigma. Tujuan artikel ini adalah untuk mengidentifikasi bagaimana stigma yang dialami petugas kesehatan akibat COVID-19. Pencarian database elektronik EBSCO dan ProQuest dilakukan dengan menggunakan istilah pencarian dan di temukan 10 artikel yang sesuai dengan kriterian inklusi. Ditemukan dua tema dalam yakni penyebab stigma dan dampak stigma pada petugas kesehatan. Hasil telaah menemukan stigma yang dialami berdampak pada penurunan kondisi kesehatan mental petugas kesehatan dan memengaruhi kualitas kerja profesional. Upaya menurunkan stigma pada petugas kesehatan perlu dilakukan agar kesehatan mental petugas kesehatan tetap terjaga dan tetap dapat bekerja secara profesional.

Kata kunci : COVID-19, Pandemi, Petugas Kesehatan, Stigma

ABSTRACT
The COVID-19 pandemic has affected the mental health of health workers. The pandemic situation has affected health workers physically and mentally. Inadequate knowledge about COVID-19 and fear of new diseases have the potential to cause stigma. Health workers exposed to COVID-19 while carrying out their duties are also stigmatized. This article aims to identify the stigma experienced by health workers due to COVID-19. EBSCO and ProQuest electronic database searches used search terms and found 10 articles that met the inclusion criteria. Two themes were found: the causes of stigma and the impact of stigma on health workers. The results of the review found that the stigma experienced had an impact on the mental health condition of health workers and affected the quality of professional work. It is imperative to undertake initiatives aimed at mitigating the stigma experienced by healthcare professionals in order to uphold their mental well-being and ensure their sustained professional performance.

Keywords: COVID-19, Health Workers, Pandemic Stigma

PENDAHULUAN

Stigmatisasi merupakan masalah umum yang sering dialami dan sulit diatasi oleh penderita penyakit menular atau penyakit lainnya. Stigma dapat dialami oleh pnederita, keluarga dan orang yang kontak dengan penderita, termasuk petugas kesehatan. Terlepas dari status infeksi *Corona Virus Disease* 2019 atau biasa dikenal dengan COVID-19, petugas kesehatan dipandang secara publik sebagai orang dengan risiko kesehatan karena

paparan yang dialami petugas selama merawat pasien. Stigma pada petugas kesehatan dapat dialami sebagai resiko dari pekerjaan merawat pasien yang memiliki penyakit yang menular. Stigmatisasi terhadap petugas kesehatan akibat COVID-19 didorong oleh ketakutan akan infeksi dan persepsi bahwa petugas kesehatan menjadi pembawa penyakit karena kontak dengan penderita. Selama pandemi COVID-19 stigma kepada petugas kesehatan merupakan tantangan besar selain penyakit COVID-19 itu sendiri (Taylor et al., 2020).

Posisi petugas kesehatan saat pandemi covid-19 tampak kurang menguntungkan karena menghadapi stigma serta beban profesi akibat merawat pasien. Secara fisik, petugas kesehatan memiliki beban fisik karena terpapar penyakit dengan penularan yang tinggi, jam kerja yang lebih panjang, ketidaknyamanan dari alat pelindung diri (APD) yang menyebabkan keringat berlebih dan dehidrasi, cedera dan sesak napas akibat penggunaan masker dalam waktu yang lama, serta perubahan kondisi makan dan minum yang berakibat pada terbentuknya kelelahan fisik (Xie et al., 2020; Ahmadidarrehsima et al., 2022).

Secara psikologis, petugas kesehatan dilaporkan berisiko mengalami trauma sedang-berat, kelelahan emosional yang tinggi, dan tekanan psikologis tngkat sedang-berat (Cortés-Álvarez & Vuelvas-Olmos, 2020). Penelitian selanjutnya menemukan bahwa petugas kesehatan mengalami ketakutan, kecemasan, dan kekhawatiran saat merawat pasien; pengalaman sosial yang tidak menyenangkan; *compassion fatique*; kebutuhan yang tidak terpenuhi (kebutuhan pribadi dan profesional) (Ahmadidarrehsima et al., 2022). Sejalan dengan hasil studi berikut bahwa pertugas kesehatan mengalami depresi, kecemasan, dan gejala insomnia (Lai et al., 2020) serta kelelahan fisik dan ketakutan akan infeksi (Alsolami, 2022).

Kekhawatiran petugas kesehatan tertular COVID-19 muncul karena ketidapastian penyakit COVID-19 diawal pandemi, serta mendapat stigma dan diskriminasi (Osman et al., 2022). Ketakutan dan penghindaran terhadap petugas kesehatan diakibatkan pelaku stigma mengalami COVID *Stress Syndrome*/Sindrom Stres COVID (Taylor et al., 2020).

Bentuk stigma akibat COVID-19 yang dialami petugas kesehatan berupa stereotip, pengucilan sosial, ejekan, penunjuk jari (*pointing of finger*), dan penghinaan (Adom & Adu Mensah, 2020). Petugas kesehatan kurang mendapat pengakuan di berbagai

tingkat dan menghadapi stigma dan perilaku menghindar dari rekan kerja (Jeleff et al., 2022). Posisi petugas kesehatan saat pandemi COVID-19 sangat dibutuhkan namun disisi lain mendapatkan stigma akibat dampak pekerjaan, khususnya saat merawat/mengobati penderita COVID-19 (Spruijt et al., 2023). Petugas kesehatan di masa pandemi ini lebih rentan terhadap tekanan emosional sehingga lebih rentan mengalami masalah psikologis. Ulasan diatas menjadi landasan perlunya untuk melakukan review literatur untuk mengetahui dampak stigma terhadap petugas kesehatan selama masa pandemi COVID-19.

METODE

Artikel ini merupakan tinjauan naratif dari literatur tentang dampak stigma pada petugas kesehatan dalam selama masa pandemi COVID-19. Pencarian database elektronik EBSCO dan ProQuest dilakukan dengan menggunakan istilah pencarian: *social stigma, perceived stigma, experienced stigma, stigma, health workers, social stigma during COVID 19,* dalam berbagai permutasi dan kombinasi.

Setelah itu, kata kunci tersebut digunakan untuk melakukan pencarian artikel dengan menggunakan *Boolean operator* seperti "AND" dan "OR". Pencarian artikel dilakukan dari tahun 2020-2023. Kriteria inklusi : penelitian selama masa pandemi COVID-19 terhadap petugas kesehatan yang mengalami stigma akibat COVID-19. Kriteria ekslusi : penelitian yang tidak berhubungan dengan stigma akibat COVID-19 dan penelitian berbahasa lain selain Bahasa Inggris dan Indonesia.

Studi ini dilakukan pada bulan Juli 2023 dan sebanyak 70 artikel ditemukan dengan metode ini namun banyak artikel yang dikeluarkan karena tidak berhubungan dengan stigma yang dialami oleh petugas kesehatan dan berhubungan dengan aspek lain dari wabah COVID-19 sehingga menjadi 10 artikel. Pada tahap ini, hasil pencarian telah disaring berdasarkan judul dan abstrak yang terbaca sesuai kriteria inklusi yang sudah ditentukan. Setelah itu, hasil artikel yang didapatkan dibaca secara teks penuh. Tahap pencarian dilakukan secara manual, yaitu menggunakan metode *backward chaining,* dimana artikel tambahan didapatkan dari membaca referensi-referensi yang digunakan pada artikel hasil pencarian tahap sebelumnya.

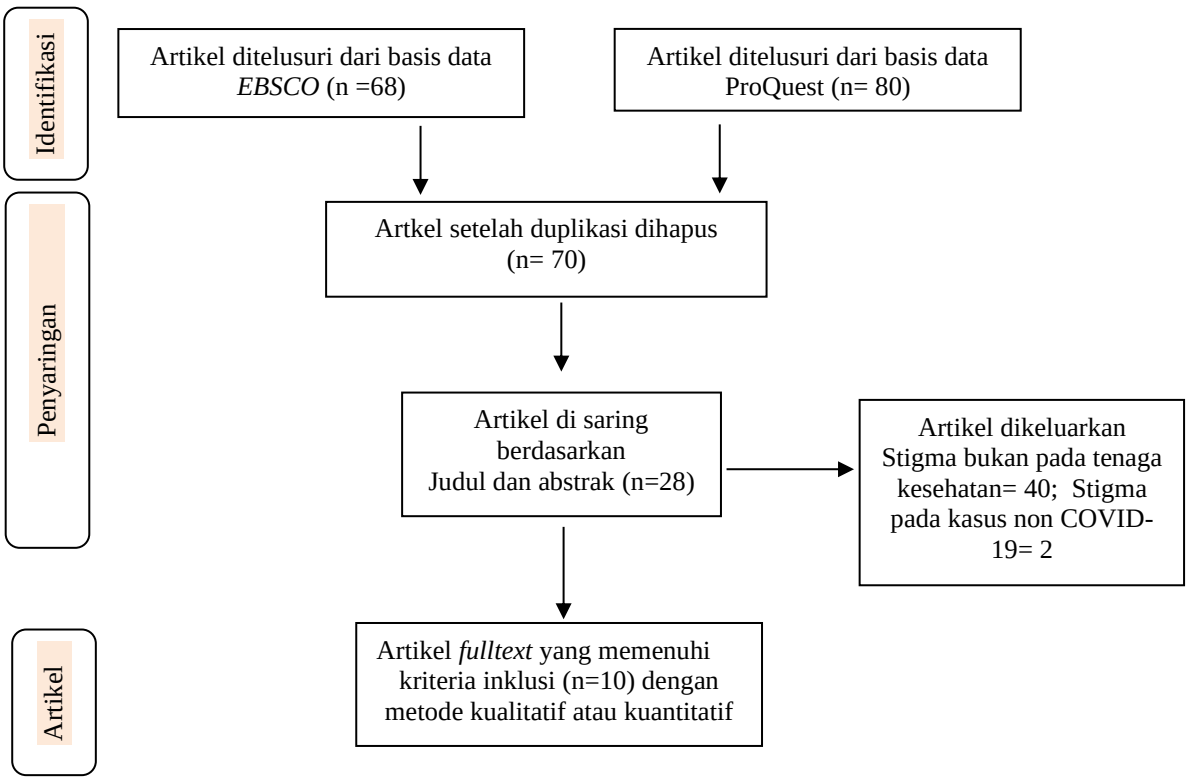
Peneliti merumuskan istilah pencarian, populasi, intervensi, perbandingan dan hasil pendekatan (PICO) sbb : (1) populasi: tenaga

kesehatan selama pandemi COVID-19, (2) intervensi / paparan : stigma akibat pandemi COVID-19 (3) perbandingan: tidak berlaku untuk tujuan tinjauan ini, dan (4) hasil: diketahui dampak stigma yang dilami tenaga kesehatan selama pandemi.

HASIL

Proses seleksi hasil studi berdasarkan *Preferred Reporting Items for Systematic reviews and Meta-Analyses* (PRISMA (gambar 1). Proses penelusuran literatur mendapatkan 10 (sepuluh) literatur yang serkait dengan stigma pada petugas kesehatan baik yang dilakukan secara kualitatif dan kuantitatif. Literatur yang digunakan pada studi ini diringkas dan disajikan (Tabel 1).

Literatur yang mengulas penyebab stigma pada studi ini terdapat pada 2 (dua) artikel sedangkan artikel yang mengulas tentang dampak stigma pada tenaga Kesehatan sebanyak 8 (delapan) artikel. Berdasarkan hasil analisis, maka ditemukan 2 (dua) tema pada studi ini yakni penyebab stigma yang dialami tenaga kesehatan dan dampak stigma pada tenaga kesehatan.



Gambar 1. Alur diagram proses seleksi hasil studi berdasarkan PRISMA

Tabel 1. Resume Sampel Artikel

No	Identitas Jurnal	Tujuan	Sampel, *setting*, negara	Hasil
	Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020).	Mengetahui adanya stigma sosial pada petugas kesehatan selama masa pandemi COVID-19. Penelitian : *cross-sectional*	260 tenaga kesehatan di RS di Italia	Stigma secara positif memprediksi kelelahan dan secara negatif memprediksi kepuasan. Sebaliknya, tuntutan pekerjaan hanya memprediksi hasil negatif, sedangkan *self-efficacy* sedikit memprediksi dua hasil (kelelahan dan kepuasan).
	Zolnikov, T. R., & Furio, F. (2020).	Mengeksplorasi pengalaman petugas kesehatan selama pandemi COVID-19. Penelitian : kualitatif fenomenologis	31 orang tenaga kesehatan berlokasi di USA, Kenya, Irlandia dan Kanada.	Stigma yang dirasakan dimulai dari orang terdekat, yakni teman dan anggota keluarga. Perasaan akibat stigmatisasi memunculkan sedih, *feeling blue*, dan stres tinggi. Responden melaporkan perasaan terisolasi, kurang dukungan dan pengertian dari keluarga atau teman, meningkatnya perasaan sedih, kecemasan, dan stigma.
	Teksin, G. (2020).	Mengevaluasi faktor-faktor yang terkait dengan stigma dan dampak stigmatisasi pada petugas kesehatan selama pandemi COVID-19. Penelitian : *cross-sectional*	452 petugas kesehatan yang aktif bekerja selama pandemi COVID-19 di Turki	Skor stigma tinggi pada petugas kesehatan yang menangani pasien COVID-19 namun tidak memiliki pelatihan terkait virus corona, mengalami gejala COVID-19, menunda tes karena kecemasan, menderita gangguan psikologis, atau memiliki pikiran/percobaan bunuh diri sebelum/selama pandemi COVID-19. Stigmatisasi menyebabkan penurunan kualitas hidup, kesejahteraan psikologis dan kepuasan hidup.
	Yufika, A., Pratama, R., Anwar, S., Winardi, W., Librianty, N., Ananda, N., & Prashanti, P. (2020).	Menilai stigma yang berhubungan dengan COVID-19 pada petugas kesehatan selama fase awal pandemi. Penelitian : *cross-sectional*	288 orang petugas kesehatan di RS berlokasi pada ibu kota Provinsi di seluruh Indonesia	Petugas kesehatan mengalami stigma akibat COVID-19. Stigma Petugas kesehatan yang bekerja di RS tanpa protokol triase COVID-19 memiliki peluang 3,5x lebih besar mengalami stigma.

No	Identitas Jurnal	Tujuan	Sampel, *setting*, negara	Hasil
	Osman, D. M., Khalaf, F. R., Ahmed, G. K., Abdelbadee, A. Y., Abbas, A. M., & Mohammed, H. M. (2022).	Mengidentifikasi kondisi kerja profesi kesehatan, persepsi stigma dan kekhawatiran akibat tertular infeksi COVID-19 Penelitian : *cross-sectional*	565 petugas kesehatan (dokter, perawat, dan petugas kesehatan lainnya) di Mesir	Petugas kesehatan mengalami stigma. Skor stigma sangat tinggi pada kelompok usia <30 tahun, bekerja di lokasi perawatan COVID-19, tingkat kekhawatiran tertular yang tinggi dan rasa malu yang tinggi.
	Jeleff, M., Traugott, M., Jirovsky-Platter, E., Jordakieva, G., & Kutalek, R. (2022).	Mengetahui kondisi fisik, mental, emosional dan tantangan profesional dalam bekerja selama pandemi COVID 19 Penelitian : kualitatif eksploratif	30 petugas kesehatan yang bekerja di RS di Austria	Petugas kesehatan kurang mendapat pengakuan, mendapatkan stigma dan perilaku menghindar dari rekan kerja. Petugas kesehatan mengalami ketakutan sehingga berujung pada stigmatisasi diri (*experiencing stigma*). Stigmatisasi juga dialami anggota keluarga dengan label 'Coronalady' atau ‘Anak Corona’
	de Guzman, A. B., de Castro, B. V., Laguilles-Villafuerte, S., Clemente-Faustino, J. A., Serrano, J. O., & Angcahan, D. Z. (2022).	Mengetahui pengalaman diskriminasi pada petugas kesehatan selama COVID-19 pandemi di Filipina. Penelitian : kuantitatif	516 orang petugas kesehatan yang bekerja di RS selama masa pandemi di Filipina	Petugas kesehatan yang bekerja di tempat berisiko tinggi terinfeksi COVID-19 mengalami diskriminatif paling tinggi seperti sikap menghina, kebencian fisik/sosial, komentar negatif di media social dan dijadikan bahan lelucon.
	Caricati, L., D’agostino, G., Sollami, A., & Bonetti, C. (2022) .	Mengetahui peran profesional dalam memoderasi dampak stigma terkait COVID-19 terhadap kualitas hidup profesional Penelitian : *cross-sectional*	174 tenaga kesehatan yang bekerja di RS di Itali	Stigma menurunkan kepuasan, kasih sayang dan berhubungan positif dengan peningkatan kelelahan dan stres traumatis sekunder.

No	Identitas Jurnal	Tujuan	Sampel, *setting*, negara	Hasil
	Giri, L. M., Paudel, K., Bhusal, S., Adhikari, T. B., & Gulis, G. (2022).	Menilai *Perceived stress*, stigma, dan dukungan sosial yang dialami pekerja layanan kesehatan selama pandemi COVID-19. Penelitian : cross-sectional	380 petugas kesehatan di Nepal	Petugas kesehatan merasa mendapat stigma dan memiliki dukungan sosial yang buruk. Petugas kesehatan yang berasal dari keluarga inti (*nuclear family*) mempunyai kemungkinan 1,7 kali lebih untuk mendapatkan stigma dibandingkan keluarga besar (*extended family*)
	Spruijt, I., Cronin, A., Udeorji, F., Nazir, M., Shehu, S., Poix, S., Villanueva, A., Jansen, N., Huitema, I., Suurmond, J., & Fiekert, K. (2023).	Menggali kesejahteraan mental dan stigmatisasi petugas kesehatan yang bekerja secara langsung dengan pasien COVID-19 di rumah sakit swasta atau pemerintah. Penelitian : kuantitatif	53 petugas kesehatan untuk wawancara online: 13 di Irlandia; 15 di Nigeria; 6 di Belanda; 6 di Pakistan; dan 13 di Filipina	Petugas kesehatan yang berhubungan dengan COVID-19 mengalami berbagai bentuk stigmatisasi terkait pekerjaan mereka sebagai garda depan COVID-19 dan berdampak pada kesejahteraan mental, kinerja kerja dan kualitas layanan.

PEMBAHASAN

Penyebab Stigma yang dialami Tenaga Kesehatan

Hasil penelitian pada tabel 1 menunjukkan bahwa faktor internal penyebab stigma akibat COVID-19 antara lain : berusia <30 tahun, tingkat kekhawatiran tertular yang tinggi dan rasa malu yang tinggi (Osman et al., 2022). Selain itu, ditemukan skor stigma yang tinggi petugas kesehatan yang mengalami gejala COVID-19, menunda tes karena cemas, memiliki gangguan psikologis, atau memiliki pikiran/ percobaan bunuh diri sebelum atau selama pandemi COVID-19 (Teksin, 2020). Hasil penelitian pada tabel 1 tidak ditemukan faktor internal lain yang berhubungan dengan stigma. Hal ini merekomendasikan pencarian literatur yang lebih menyeluruh agar ditemukan faktor lain yang dapat berhubungan dengan stigma.

Disisi lain, penelitian sebelumnya telah ditemukan faktor yang berperan sebagai prediktor stigma. Stigma pada populasi umum selama pandemi COVID-19 lebih banyak dialami pada laki-laki dibandingkan dengan perempuan (Dar et al., 2020); (Jiang et al., 2021). Kondisi tersebut dapat terjadi karena sikap dan pelaksanaan praktik pencegahan/penularan COVID-19 lebih tinggi pada perempuan (Maheshwari et al., 2020).

Hasil penelitian pada tabel 1 selanjutnya ditemukan bahwa penyebab stigma petugas kesehatan yakni adanya ketakutan, kekhwatiran, persepsi diri negatif serta mengalami masalah kesehatan mental. Pada masa awal pandemi kurangnya pengetahuan tentang COVID-19, ketakutan akan penyakit dan kematian, informasi yang salah di media sosial menyebabkan kecemasan dan stigma selama pandemi (Mackolil & Mackolil, 2020). Adanya ketidakpastian menambah rasa gelisah individu yang menyebabkan hilangnya harapan sehingga membentuk persepsi yang keliru.

Stigma yang terinternalisasi (*internalized stigma*) pada tenaga kesehatan selama pandemi dapat menciptakan sikap serta persepsi negatif dan berdampak pada penurunan kesehatan mental petugas kesehatan (Zolnikov & Furio, 2020). Kondisi yang memperberat beban psikologis petugas kesehatan selama pandemi antara lain usia yang lebih muda, perempuan, dan pendapatan rendah dikaitkan dengan tekanan psikologis (Subhas et al., 2021).

Hasil penelitian pada tabel 1 menunjukkan bahwa petugas kesehatan yang berasal dari

keluarga inti mempunyai kemungkinan 1,7 kali lebih untuk mendapatkan stigma dibandingkan keluarga besar (Giri et al., 2022). Kondisi tersebut dapat dikaitkan dengan bentuk *support system* individu. Semakin banyak dukungan keluarga yang dimiliki maka akan memiliki lebih banyak cara untuk mengatasi masalah akibat COVID-19 dengan cara yang lebih baik (Crandall et al., 2023).

Selanjutnya hasil analisa artikel penelitian ini ditemukan penyebab eksternal stigma pada tenaga kesehatan antara lain : tidak memiliki pelatihan terkait virus corona, bekerja langsung di lokasi perawatan COVID-19 (Teksin, 2020), dan petugas kesehatan yang bekerja di RS yang tidak memiliki protokol triase COVID-19 memiliki kemungkinan 3,5 kali lebih besar untuk mendapatkan stigma (Yufika et al., 2020).

COVID-19 sebagai penyakit baru dapat menyebabkan ketakutan yang tinggi bagi siapa saja. Pengetahuan tentang COVID-19 masih terbatas membuat masyarakat kurang mendapatkan pemahaman yang adekuat tentang COVID-19 sehingga memunculkan miskonsepsi dan mitos yang menimbulkan stigma (Nyblade et al., 2019). Pengetahuan yang tidak memadai tentang COVID-19 pada masyakarat dan ketakutan yang tidak masuk akal menjadi hal penyebab stigma selama pandemi (Kartono et al., 2022).
Pengetahuan yang rendah tentang COVID-19 mendorong kepanikan massal, dan marginalisasi sosial pada petugas kesehatan konteks penyakit menular dapat dipahami sebagai "fenomena biososial" yang merupakan masalah sosial yang berdampak pada masalah kesehatan (Clissold et al., 2020).

Petugas kesehatan sebagai bagian dari populasi dan yang bertugas menanggulangi COVID-19 harus menghadapi stigma yang cukup besar selama pandemi sebagai akibat dari ketakutan masyarakat umum dan diri sendiri (Bagcchi, 2020). Hal ini merekomendasikan adanya peningkatan pengetahuan selanjutnya untuk menurunkan stigma pada petugas kesehatan.

Dampak Stigma Terhadap Tenaga Kesehatan

COVID-19 tidak hanya meningkatkan angka kematiannya tetapi juga menjadi penyebab utama gangguan psikologis dan kesehatan mental yang meningkat cukup besar dalam dalam waktu yang singkat (Xiao et al., 2020). Petugas kesehatan garis depan, termasuk perawat dan dokter dapat mengalami stresor tambahan selama

pandemi dan menjadi target diskriminasi karena COVID-19. Petugas kesehatan garis depan yang mempertaruhkan nyawanya telah secara sosial dijauhi dan distigmatisasi karena kontak mereka dengan pasien COVID-19 atau orang yang dicurigai (Adom & Adu Mensah, 2020).

Penelitian pada tabel 1 menunjukkan bahwa petugas kesehatan (perawat, dokter dan petugas kesehatan lain yang terlibat dalam penanganan COVID-19) mendapatkan stigma negatif akibat perkerjaan yang dilakukan, yakni merawat penderita COVID-19. Petugas kesehatan mengalami kelelahan kerja akibat melayani pasien (*compassion fatigue*) dan *burnout.* (Ramaci et al., 2020); (Caricati et al., 2022) Petugas kesehatan juga mengalami stres yang sangat tinggi (Zolnikov & Furio, 2020) dan stres traumatis sekunder (Caricati et al., 2022).

Masalah kesehatan mental yang dapat timbul dari stigma yakni hilangnya harga diri, isolasi sosial sehingga menghasilkan bentuk gangguan psikologis dan kesehatan mental ringan hingga parah untuk para korban stigma akibat COVID-19 (Adom & Adu Mensah, 2020). Masalah kesehatan mental selanjutnya yakni diskriminasi, penghindaran, isolasi diri, pengucilan depresi, kesepian, terisolasi, dan keinginan untuk berhenti dari pekerjaan seseorang. (Spruijt et al., 2023). Dapat disimpulkan bahwa stigma memiliki dampak negatif pada kesehatan mental petugas kesehatan.

Stres yang rasakan petugas kesehatan (*perceived stress*) juga meningkatkan stigmatisasi. Penelitian pada tabel 1, diketahui bahwa stigmatisasi memunculkan perasaan sedih, *feeling blue*, dan sangat stres (Zolnikov & Furio, 2020) dan ketakutan (Jeleff et al., 2022). Perasaan negatif yang dialami pada akhirnya mengakibatkan penurunan kesejahteraan mental (Teksin, 2020); (Spruijt et al., 2023). Temuan-temuan tersebut memperkuat dampak stigma terhadap masalah mental yang signifikan di kalangan petugas kesehatan.

Hasil penelitian selanjutnya, stigma memengaruhi kualitas kinerja kerja, kualitas layanan (Spruijt et al., 2023), dan kepuasan hidup tenaga kesehatan (Teksin, 2020); (Caricati et al., 2022), Pengalaman stigmatisasi berpotensi menurunkan kualitas profesional para tenaga kesehatan dan berpotensi menimbulkan trauma setelah stigma (Caricati et al., 2022). Kualitas kinerja petugas kesehatan perlu dipertahankan agar tidak berdampak pada kualitas pelayanan secara keseluruhan.

Stigma sebagai konsekuensi negatif pandemi menjadi faktor yang perlu diatas

selain mengatasi wabah dan penyakit itu sendiri. Literasi dan edukasi dipandang penting dalam meningkatkan pengetahuan masyarakat, di sisi lain masyarakat juga harus aktif dan selektif dalam menyikapi berita-berita pandemi COVID-19 yang beredar. Penyebaran pengetahuan yang memadai dan perlindungan yang memadai diperlukan untuk mengurangi stigma di kalangan petugas kesehatan (Yufika et al., 2020).

Penyebarluasan informasi melalui teknologi digital dan media social mempunyai dampak signifikan terhadap publik (Depoux et al., 2020). Aplikasi tepat dari layanan internet, teknologi dan media sosial dapat dipergunakan untuk membantu program mengatasi stigma. Kesiapan psikososial dengan mendirikan organisasi mental khusus untuk pandemi di masa depan tentu diperlukan (Dubey et al., 2020). Ada kebutuhan mendesak untuk mengenali dan mengakui stigma sebagai tantangan signifikan bagi kesehatan masyarakat secara umum.

COVID-19 bukanlah pandemi global yang pertama kali dibuktikan menghasilkan stigma. Pandemi sebelumnya juga menimbulkan stigma, seperti pada penderita virus Ebola (Kelly et al., 2021); (Calnan et al., 2018), penderita SARS dan MERS (Ahmed et al., 2020). Stigma juga dialami penyakit menular lain seperti penderita HIV (Fauk et al., 2021) dan penyakit tidak menular, yakni gangguan jiwa (Subu et al., 2021). Adanya stigma yang muncul sebagai dampak negatif dari penyakit menular atau tidak menular perlu diatasi dan dicegah agar tidak terulang pada masa mendatang dalam mengatasi stigma.

Upaya mengatasi stigma bukan hal yang mudah, diperlukan perencanaan antisipatif dan intervensi proaktif dalam menangani masalah dari berbagai lapisan masyarakat. Intervensi untuk mengurangi stigma membutuhkan komitmen jangka panjang dan berkelanjutan. Perlu adanya tata cara pencegahan stigma yang terstruktur terhadap tiap lapisan masyarakat dan membutuhkan sistem evaluasi yang tepat (Gronholm et al., 2017). Strategi pengurangan stigma dapat dilakukan melalui penyebaran ilmu pengetahuan berbasis informasi terkait pandemi COVID-19 karena pengetahuan masyarakat merupakan aspek mendasar yang dapat mempengaruhi stigma masyarakat.

Penggunaan media sosial harus dimaksimalkan untuk edukasi dan mendidik kembali masyarakat tentang peran dan kontribusi profesional kesehatan. Basis pengetahuan mengenai diskriminasi sebagai pemicu stres sosial mengundang ruang

dialogis di mana pembuat kebijakan dan praktisi dapat mengambil langkah-langkah perlindungan dan jaring pengaman yang dapat mendukung dan menjamin kesejahteraan tenaga kesehatan secara keseluruhan (de Guzman et al., 2022). Kesadaran masyarakat yang meningkatkan mengenai kontribusi profesi kesehatan dalam memerangi pandemi dapat mengurangi stigma terhadap petugas kesehatan (Osman et al., 2022).

Keterbatasan pada penelitian ini yakni artikel yang diulas hanya bersumber dari EBSCO dan Proquest, sehingga tidak memiliki data pembanding dan cakupan keluasan data. Peneliti merekomendasikan untuk studi selanjutnya memerlukan pendekatan analisis komparatif dan lebih komprehensi yang menggunakan beragam database pencarian data.

KESIMPULAN

Kondisi pandemi dapat melahirkan dampak stigma bagi individu atau kelompok yang terpapar COVID-19. Dampak negatif secara psikososial telah dilaporkan sebagai akibat stigma yang dirasakan oleh petugas kesehatan. Perlunya upaya sistematik dalam menangani pandemi dengan mengikutsertakan program intervensi stigma.

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THE CORRELATION BETWEEN KNOWLEDGE AND AWARENESS OF HUMAN PAPILLOMAVIRUS VACCINE AMONG ADOLESCENT GIRLS IN JUNIOR HIGH SCHOOL

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ABSTRACT
The Human Papillomavirus (HPV) significantly increases cervical cancer. The HPV vaccine can be administered as a primary preventive to stop cervical cancer. Cervical cancer can be prevented most effectively with vaccination. Factors related to knowledge and awareness of the disease influence the decision to get the HPV vaccine. This study aims to ascertain how adolescent girls' knowledge and awareness of the HPV vaccine relate to one another. In this study, a cross-sectional approach was utilized. 128 respondents were selected using cluster random sampling. This study employed the Knowledge regarding HPV, Cervical Cancer, and HPV Vaccine Questionnaire and Awareness about Cervical Cancer, HPV, and HPV Vaccine Questionnaire, all of which were declared valid and reliable. The Spearman Rank test was performed to analyze the data. According to the results, there was a relationship between knowledge and awareness of the HPV vaccine in adolescent girls (r = 0.554; p-value = 0.000). Therefore, teenage girls' knowledge and awareness of the HPV vaccine were related. It is suggested that health professionals, particularly those working with young girls, should provide easy-to-understand information about the HPV vaccine and cervical cancer.
Keywords: Awareness, Adolescents, Human Papillomavirus, Vaccine

INTRODUCTION

Undoubtedly, Human Papillomavirus (HPV) is a substantial determinant of cervical cancer. It is crucial to acknowledge that although HPV is a primary contributor, it is not the exclusive determinant, and not all women infected with HPV will develop cervical cancer. Cervical cancer development is impacted by multiple variables, including additional risk factors such as smoking and HIV infection. These supplementary risk factors can increase the probability that women infected with HPV may develop cervical cancer. Hence, a comprehensive comprehension is vital for promoting public health awareness and making informed healthcare choices, underscoring the need of tackling many risk factors to achieve successful prevention and management of cervical cancer. (American Cancer Society, 2020).

According to data from the Global Cancer Observatory in 2020, the incidence of new cases of cervical cancer in women around the world was around 604,127 patients (3.1%), with a mortality rate of around 341,831 (3.3%) (The Global Cancer Observatory, 2021a). Cervical cancer remains the second most prevalent cancer in Indonesia, following breast cancer. The prevalence of newly diagnosed cases of cervical cancer among women in Indonesia

stands at approximately 36,633 instances, accounting for 9.2% of the population. The mortality rate associated with this condition is 21,003, representing 9% of the affected individuals. (The Global Cancer Observatory, 2021b). According to the facts, many women worldwide, including those in Indonesia, continue to suffer from cervical cancer.

Vaccinations are the most efficacious method for averting cervical cancer and other sexually transmitted malignancies. It is crucial for individuals to receive immunization at a young age before engaging in sexual activity (Ersado, 2021). The World Health Organisation (WHO) advises that the primary demographic for HPV vaccination, as recommended in most countries, is adolescent girls between the ages of 9 and 14. (World Health Organization, 2023). The benefits of vaccines will be particularly significant in developing countries with inadequate access to women's health services (Cohen, Jhingran, Oaknin, & Denny, 2019). The high risk of HPV infection can be considerably decreased by having high and sustained vaccination rates.

Senior high school girls possess a greater depth of knowledge compared to their junior high school counterparts. Based on a prior study carried out in India, it was shown that older college students had a higher level of awareness regarding HPV and cervical cancer compared to their younger counterparts. The age factor often contributes to the refusal or postponement of HPV vaccination, with older females exhibiting higher vaccination rates compared to younger girls (Rancic et al., 2022).

WHO has created a global strategy to overcome cervical cancer with a 90-70-90 target that must be met by 2030. First, 90% of girls receive the HPV vaccine before reaching the age of 15 years. Second, 70% of women take part in screening examinations at the ages of 35 years and 45 years. Third, women who have cervical cancer receive treatment, namely 90% of women with precancerous conditions receive treatment, and 90% of women with invasive cancer receive treatment (WHO, 2020).

The vaccine coverage for the first dose of the HPV vaccination program for women in Indonesia in 2022 was documented at 6%. (WHO, 2021). The World Health Organization (WHO) has reported that the vaccination coverage for adolescent females aged 15 years in Indonesia, specifically for

the first dose of HPV vaccine in 2021, stands at a mere 5%. (WHO, 2021). These findings have not yet reached the target established by the World Health Organization (WHO), which aims to have 90% of girls vaccinated with the HPV vaccine before the age of 15 years. (WHO, 2020).

The Ministry of Health initiated a cost-free Human Papillomavirus (HPV) immunization program for school-aged children, commencing in 2021. During the initial phase of the free immunization program, numerous misconceptions around the HPV vaccine surfaced and gained traction on social media. These included unfounded claims about its potential to cause infertility and doubts about its efficacy for teenagers (Frianto, Setiawan, Diantini, & Suwantika, 2022; Sitaresmi, Rozanti, Simangunsong, & Wahab, 2020). This matter can impact the level of knowledge and awareness among young women on the prevention of cervical cancer through the utilisation of the HPV vaccine. Research on knowledge and awareness among school children remains scarce, particularly following the implementation of the free immunisation programme. In respect to this occurrence, researchers aim to examine the potential correlation between knowledge and awareness of the HPV vaccine among adolescent girls in a school setting.

A study stated that women with higher knowledge about HPV and its vaccines influenced their intention to receive the vaccine (Chanprasertpinyo & Rerkswattavorn, 2020). Conversely, poor levels of knowledge of HPV infection and vaccines will result in lower rates of immunization and cervical cancer screening. As a result, the incidence of cervical cancer will increase.

The results of a study stated that despite the high level of awareness of cervical cancer, only a few people were aware of HPV (Yacouti et al., 2022). The desire to receive the HPV vaccine in the future was associated with factors such as knowledge about cervical cancer and the HPV vaccine, willingness to undergo Pap Smear tests in the future, and the perception that cervical cancer is a potentially fatal disease. The objective of this study was to establish the correlation between the level of knowledge and awareness regarding the HPV vaccine in adolescent girls.

METHODS

This study was quantitative research with a cross-sectional design, which was carried out from February to June 2023. The population in this study were adolescent girls who attended Angkasa Jakarta Junior High School with 127 students and Budhi Warman Junior High School with 60 students. The total number of students from the two schools was 187 students.

The sampling technique used in this research was cluster random sampling. Inclusion criteria were adolescent girls who attended Angkasa Jakarta Junior High School and Budhi Warman Junior High School, and never get HPV Vaccine yet. According to the findings of sample calculations utilizing the Slovin formula, the number of respondents obtained was 128. The cluster random sampling method yielded a total of 87 students from Angkasa Jakarta Junior High School and 42 students from Budhi Warman Junior High School. Individuals who had already had HPV vaccination were not included in this study.

The data collection technique was carried out using primary data and secondary data. The primary data was obtained from the results of filling out the questionnaire. Meanwhile, the secondary data was obtained through the school archives. The instruments used in this study were demographic data questionnaires, knowledge questionnaires, and awareness questionnaires.

The demographic questionnaire collected data on the respondents' characteristics, including age, parents' education, parents' occupation, and parents' income. The survey employed in this study to assess the level of information pertaining to the HPV vaccine was the information regarding HPV, Cervical Cancer, and the HPV vaccine Questionnaire (Winarto et al., 2022). The original version of this questionnaire was written in Bahasa Indonesia. The questionnaire comprises 21 questions, which are categorized into two sections. The initial segment comprises inquiries pertaining to knowledge regarding HPV infection and cervical cancer. Furthermore, the second segment encompasses inquiries pertaining to the HPV vaccine. Each accurate response was assigned a score of 2, whilst an inaccurate response or lack of knowledge resulted in a score of 0. Out of all the items in the questionnaire, only item number 5 received a negative response. The validity and reliability of this questionnaire have been assessed through testing on a sample of 30 people. The findings indicated that the questionnaire demonstrated validity, as seen by the range of item correlations (r) falling

between 0.395 and 0.732. Additionally, the questionnaire exhibited reliability, as indicated by a Cronbach Alpha coefficient of 0.892.

The HPV vaccine awareness in this study was measured using the modified Awareness about Cervical Cancer, HPV, and HPV Vaccines Questionnaire (Bencherit et al., 2022). The questionnaire was first in English and has been subsequently translated into Bahasa Indonesia. Additionally, a readability test has been conducted on three members of the academic staff. The present questionnaire on awareness comprises a total of 6 inquiries. This inquiry offers two options for answers, specifically yes and no. Each accurate response was assigned a score of 1, whilst an erroneous response received a score of 0. All items in this questionnaire received positive ratings. In addition, a total of 30 participants were included in the study to assess the questionnaire's validity and reliability. The results indicated that the questionnaire was both valid and reliable, as evidenced by the range of item scores from 0.519 to 0.838 and a Cronbach Alpha coefficient of 0.714.

The univariate analysis and bivariate analysis were applied in this study. Univariate analysis was conducted by looking at the average distribution, frequency distribution, percentage, and standard deviation results. Moreover, bivariate analysis was carried out to see whether there was a correlation between the two variables using the Spearman correlation test.

This study firmly holds the principles of confidentiality and is voluntary to the future participants. All respondents have explained the study protocol before signing the informed consent and joining the study. The study's protocol has received ethics approval from the health research ethics committee, Faculty of Medicine, Universitas Pembangunan Nasional "Veteran" Jakarta, with a letter number 163/V/2023/KEPK.

RESULTS

This study employed univariate analysis to examine the characteristics of the participants, specifically age, parental education, parental occupation, and parental income. A univariate analysis was performed to provide a comprehensive understanding of the knowledge and awareness of the HPV vaccine in adolescent girls from Angkasa Jakarta Junior High School and Budhi Warman Junior High School. The total number of respondents was 128. The outcomes of the univariate analysis are displayed in Table 1 below.

Table 1. Characteristics on age of middle school girls (n=128)

N	Mean	SD	Median	Min-Max.
128	13.41	1.133	13	12-23

Table 1 presents the average distribution of the characteristics of teenage girls according to age. The findings indicated that the mean age of adolescent females in this investigation was 14 years, with a standard deviation of 1.133. A significant proportion of the respondents, specifically 48.4%, were 13-year-old adolescent girls from Angkasa Jakarta Junior High School and Budhi Warman Junior High School. This group consisted of a total of 62 respondents.

Table 2 provides a comprehensive breakdown of the frequency distribution for the formal education, employment status, and monthly wage of the parents of adolescent girls. The findings indicate that a majority of the parents (60.2% or 77 out of 128 respondents) of adolescent girls had completed college degrees, reflecting their high educational attainment.

Table 2. Frequency distribution of formal education, employment, and salary per month of adolescent girls' parents (n=128)

Characteristics	n	%
Formal Education		
Junior High School	7	5.5
Senior High School	12	25
Vocational Degree	32	9.4
Bachelor's Degree	77	60.2
Occupation		
Not Working	4	3.1
Working	124	96.9
Income (salary per month)		
< 4.901.798 IDR	27	21.1
≥ 4.901.798 IDR	101	78.9

The results of the frequency and percentage distribution are derived from the parents' occupation. The vast majority of adolescent girls' parents, namely 124 out of 128 respondents (96.9%), have an occupation. A previous study indicated that individuals with limited income bear the cost of healthcare services, whilst those who are employed avail themselves of healthcare service (Oktarianita, Sartika, & Wati, 2021). Working people can access medical services because they are motivated to look after their health despite busy schedules.

Table 2 also informs that most of the parents' income of adolescent girls has a high gain of ≥ 4,901,798 IDR, as many as 101 respondents (78.9%) of 128 respondents. All revenue from labor is considered income; this includes money, items obtained through labor, and the product itself. The income value is expressed in terms of money at the going rate. Higher earners use health services at a higher rate than lower earners do.

Table 3. Distribution of Knowledge and Awareness of the HPV Vaccine (n=128)

Variable	Mean	SD	Median	Min-Max.

Knowledge	12.89	7.545	12	0-30
Awareness	2.11	1.275	2	0-5

According to Table 3, the mean knowledge score of teenage girls at Angkasa Jakarta Junior High School and Budhi Junior High School is 12.89. The contestant received the lowest knowledge score of 0 due to erroneous answers. 30 out of 21 questions earned the highest score. Out of the total responders, 67 (52.3%) were adolescent girls with little knowledge, whereas 61 (47.7%) had excellent knowledge. The statistics were corroborated by respondents who said that they had never been provided with educational materials pertaining to cervical cancer and the HPV vaccine throughout their time in school.

Table 3 further validates the findings about the average distribution of awareness regarding the HPV vaccine in this investigation. The findings indicate that the mean awareness score for adolescent girls was 2.11. The majority of responders (80 participants, 62.5%) exhibited low awareness, whereas 48 participants (37.5%) demonstrated high awareness. The findings indicated a limited understanding of the HPV vaccination, potentially linked to insufficient knowledge regarding the HPV vaccine and the national immunization program inside the educational institution.

Table 4. Correlations of knowledge and awareness of human papillomavirus (HPV) vaccine among adolescent girls (n=128)

Variable	r Spearman	p-value
Correlations of Knowledge and Awareness of Human Papillomavirus (HPV) Vaccine Among Adolescent Girls	0.554	<0.001

Table 4 shows that the Spearman correlation test yields a p-value of less than 0.001. Statistically, there was a correlation between the level of knowledge and awareness of the HPV vaccine among adolescent females attending Angkasa Jakarta Junior High School and Budhi Warman Junior High School. The results show demonstrate a significant correlation between knowledge and awareness, with a positive direction of the correlation ($r=0.554$, $p<0.001$).

DISCUSSION

The univariate analysis revealed the demographic traits of the participants. Age is one of the factors that can influence knowledge, cognition, and mood. As we age, our cognitive abilities and ability for comprehension and critical thinking expand, leading to an accumulation of knowled (Budiman & Riyanto, 2013). Age can affect perception and reasoning skills.

Insight, understanding, and knowledge acquisition are concurrently developed as individuals age. The age at which vaccination occurs is intricately linked to one's educational background, gleaned from information obtained through diverse sources (Alwi, 2022). Consequently, it can be inferred that as adolescent girls grow older, their mindset becomes more mature. Moreover, with advancing age, these girls tend to attain a more comprehensive understanding, including knowledge about cervical cancer and the HPV vaccine.

Furthermore, this inquiry also examined demographic data regarding the educational qualifications of the participants. Education is a process that aims to shape the attitudes and behaviors of individuals and groups, promoting human maturity through learning. (Budiman & Riyanto, 2013). This study's findings indicate that most parents possessed an undergraduate level of education. This trend suggests that individuals with higher educational attainment are inclined to have an elevated capacity for acquiring information from various sources, including interpersonal interactions and media channels.

The connection between knowledge and education is unbreakable, and highly educated individuals are expected to possess a broader scope of knowledge (Budiman & Riyanto, 2013). Education is a crucial component of behavioral change, and a higher education level can increase access to healthcare (Mariati, Ismail, & Hakimi, 2017). Individuals with greater knowledge and education are more inclined to actively pursue medical care for both themselves and their family. Individuals tend to seek out superior healthcare establishments when they possess knowledge and grasp the significance of preserving optimal health throughout their lifetimes. According to a prior investigation, parents who possess a good understanding of their children's health are more inclined to actively seek information regarding their own health and the health of their family (Mariati et al., 2017).

Acquiring knowledge and information usually comes from social interactions and the environment, and the relationship between education and knowledge is mutually reinforcing. Therefore, parents of highly educated teenage girls are more inclined to actively search for information on cervical cancer and the HPV vaccine, and also strive to enhance their access to healthcare facilities.

Moreover, this study also included a description of the participants' income. The examination of demographic factors shows that adolescent girls with employed parents are more likely to receive the HPV vaccine, even when there are fees involved with accessing these health services. Conversely, previous research suggests that moms who are not employed may carry out immunisations more efficiently, as they are not encumbered by the responsibilities of external work (Suaki, Qariati, & Widyarni, 2020).

Indeed, individuals with higher incomes have the capacity to allocate a portion of their earnings toward monitoring their health through available healthcare facilities (Oktarianita et al., 2021). In contrast, research underscores the substantial impact of costs, with the expense of HPV vaccination emerging as a critical factor influencing the likelihood of vaccination among mothers with lower incomes (Hurit, 2022). Subsequently, it can be inferred that parents' income level plays a pivotal role in determining whether adolescent girls receive vaccination against HPV.

Hereafter, this study provides an overview of the univariate analysis concerning knowledge and awareness, as illustrated in Table 3. The research findings indicate that teenagers exhibiting supportive behaviors towards administering HPV vaccination displayed a commendable knowledge level of 96.7% (Rahmadini, Kusmiati, & Sunarti, 2022). In contrast, the cohort of teenagers displaying uncooperative behavior during the HPV vaccination process exhibited a 30.08% lower level of knowledge. The lack of HPV vaccination among teenagers can be attributed to their limited understanding of the vaccine's benefits and purposes, compounded by a lack of exposure to health information regarding the HPV vaccine.

The knowledge of college students tends to advance when they are exposed to information about cervical cancer within their educational materials (Rahayu, Widyawati, & Lismidiati, 2018). Proficiency in understanding HPV vaccination forms the foundation for developing an interest in the subject. A more extensive and elevated level of knowledge correlates with a heightened level of interest (Ayumaruti & Anshari, 2023). There is an urgent need for reproductive health education, particularly for adolescents entering puberty. Providing health education plays an imperative role in influencing students' knowledge and behavioral patterns pertaining to the

promotion of reproductive health (Marcelina, Samaria, & Trisnawati, 2023).

The ease of adopting new behaviors is facilitated by a combination of factors, including sound knowledge, self-confidence, and a positive attitude. This aligns with the notion that a heightened level of knowledge contributes to more favorable behaviors in pursuit of specific goals, such as adopting health messages for cervical cancer prevention through HPV vaccination (Rahmadini et al., 2022).

Table 3 also discusses awareness of HPV vaccines, a theme that resonates with a previous study on university students in Morocco, revealing that a substantial 92.2% of respondents exhibited low awareness of the HPV vaccine (Yacouti et al., 2022). Intriguingly, only 18.1% reported having no awareness of cervical cancer. These disparities may be attributed to cultural differences and religious sensitivities between countries, factors that substantially constrain sexual education and awareness efforts.

The bivariate analysis reveals a significant association between knowledge and awareness, indicating a positive correlation between the two variables, which necessitates additional discussion. Supporting this discovery, a previous study revealed that knowledge of HPV infection was more widespread among university students between the ages of 22 and 28 in comparison to those between the ages of 17 and 21 (El Mansouri et al., 2022). Moreover, graduate students exhibited a greater propensity for being cognizant of HPV infection as compared to undergraduate students. The heightened consciousness can likely be ascribed to the existence of efficacious educational initiatives aimed at enhancing awareness regarding cervical cancer and the HPV vaccine.

Contrasting results emerged from a study revealing that among respondents with knowledge of HPV, less than half (46%) were aware that HPV constitutes the primary cause of cervical cancer (Issa et al., 2021). Likewise, out of the individuals that were informed about HPV, just 52% possessed awareness of the HPV vaccine. This indicates that the level of awareness regarding HPV exceeds the level of understanding of its complexities. Hence, a profound understanding of HPV does not automatically align with a comprehensive knowledge of the virus, underscoring the disparity between broad awareness and in-depth knowledge.

An antecedent study has indicated that despite vaccination being the most effective method for preventing HPV-related cancer, approximately 39.5% of the female students surveyed exhibited poor knowledge about the HPV vaccine, shedding light on the limited awareness among students regarding HPV infection (Bencherit et al., 2022). While there is a robust level of awareness about cervical cancer among 84.6% of female college students, only 26.6% are cognizant of the availability of cervical cancer screening tests, and a mere 14% are acquainted with the Pap Smear test. The nearly twofold increase in knowledge and awareness of cervical cancer screening tests in the referenced studies may be attributed to variations in the target populations' age ranges compared to the current research's demographic focus.

Indeed, various factors play a crucial role in influencing knowledge, encompassing education, social culture, environment, experience, and age. Higher educational attainment correlates with an increased likelihood of individuals acquiring information from diverse sources, including interpersonal interactions and media channels (Budiman & Riyanto, 2013). Education serves as a fundamental conduit for obtaining information, particularly in the realm of health information. Asserting that students' knowledge tends to be more robust when they have been exposed to information about cervical cancer within their educational materials. This underscores the significant impact of educational experiences on knowledge acquisition (Rahayu et al., 2018).

Certainly, the level of education exerts a significant influence on the acquisition of knowledge. Individuals with higher levels of education are more likely to attain a more advanced and comprehensive knowledge base (Samaria, 2022). This connection between education and knowledge is further underscored by research findings, which indicate positive associations between educational levels and awareness of HPV, knowledge of HPV as the primary cause of cervical cancer, and awareness of the HPV vaccine (Issa et al., 2021). These findings imply that individuals with higher levels of education have increased opportunities to acquire knowledge about HPV compared to those with lower educational levels (El Mansouri et al., 2022). Education thus serves as a critical determinant shaping individuals' awareness and understanding of topics related to HPV.

Implementing effective prevention strategies is paramount in reducing the incidence of cervical cancer. Providing information about HPV infection and HPV vaccination is vital as it contributes significantly to cervical cancer prevention. Awareness campaigns, screening programs, and vaccination initiatives are key components of the comprehensive prevention measures against this disease. By promoting awareness and ensuring access to preventive measures, societies can work towards reducing the burden of cervical cancer and safeguarding the health of individuals, particularly women. Education and proactive healthcare measures are central to fostering a healthier community and preventing the onset of cervical cancer.

Hence, knowledge on HPV infection and HPV vaccine is vital as it significantly contributes to the prevention of cervical cancer. Through the dissemination of knowledge on the potential dangers linked to HPV and the advantages of immunisations, we can enable individuals to make well-informed choices regarding their well-being. Cervical cancer prevention involves a comprehensive strategy that includes raising awareness through campaigns to spread information, implementing screening program for early identification, and importantly, administering vaccinations to safeguard against the predominant HPV strains linked to cervical cancer. By making these focused and coordinated endeavors, we can strive to decrease the occurrence of cervical cancer and enhance the overall welfare of the community.

CONCLUSION

A foundational understanding of the HPV vaccination is crucial for generating interest and fostering a positive attitude towards it. The study's findings revealed a low awareness of the HPV vaccine among adolescent girls, possibly indicating gaps in HPV vaccine education within schools and national immunization programs.

Healthcare providers are encouraged to deliver precise and easily comprehensible education on cervical cancer and the advantages of HPV vaccination, specially tailored for adolescent girls. Furthermore, extending this education to families is essential, aiming to increase overall awareness and knowledge about the HPV vaccine. Family support is very important to ensure adolescent girls receive the necessary backing for HPV vaccination.

To enhance the reach of HPV vaccination programs, collaboration between health

services and schools is recommended. Schools can serve as valuable partners in administering the HPV vaccine, and incorporating cancer-related health education into school curricula can further contribute to comprehensive preventive measures.

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Author Data

(Font 10, center)

The full name of the author, the title and author affiliations. Correspondence address (one of the authors) include postal address and e-mail. Example: Yakobus Siswandi, BSN, MSN. Medical Surgical Nursing, Faculty of Nursing and Allied Health Universitas Pelita Harapan, Medical Building 4th Floor Lippo Village. E-mail: yakobus@yahoo.co.id.

Abstract

(Font, 10, bold)

Abstract written in Bahasa Indonesia and English. Word count does not exceed 200 words, no citations and abbreviations / acronyms. Abstracts must be preceded by the introduction (background, issues, and goals). Methods (design, sampling, collection method, and data analysis). The results which is written is the result of the research obtained to answer the research problem directly. Write one or two sentences to discuss the results and conclusions. Recommendations from the study clearly written.

Keywords: keywords written in Bahasa Indonesia and English. Containing the word or phrase, with maximum of six words, sorted alphabetically.

Pendahuluan

(*font* 14, *bold*)

Pendahuluan berisi justifikasi pentingnya penelitian dilakukan. Kebaruan hal yang dihasilkan dari penelitian ini dibandingkan

hasil penelitian sebelumnya perlu ditampilkan dengan jelas. Nyatakan satu kalimat pertanyaan (masalah penelitian) yang perlu untuk menjawab seluruh kegiatan penelitian yang dilakukan penulis. Penulisan pendahuluan **tidak** melebihi enam paragraf.

Metode

(*font* 14, *bold*)

Metode menjelaskan desain, sampel, instrumen, prosedur pengambilan, pengolahan, dan analisis data, serta etika pengambilan data.

Hasil

(*font* 14, *bold*)

Hasil dinyatakan berdasarkan tujuan penelitian. Pada hasil tidak menampilkan data yang sama dalam dua bentuk yaitu tabel/gambar/grafik. Kutipan tidak ada pada bagian hasil. Nilai rerata *(mean)* harus disertai dengan standar deviasi. Penulisan tabel menggunakan ketentuan berikut:

- Tabel hanya menggunakan 3 garis *row* (tanpa garis kolom)
- Penulisan nilai rerata *(mean)*, SD, dan uji t menyertakan nilai 95% CI (Confidence Interval). Penulisan kemaknaan tidak menyebutkan *p* lebih dahulu. Contoh: Rerata umur kelompok intervensi 25,4 tahun (95% CI). Berdasarkan uji lanjut antara kelompok intervensi dan kontrol didapatkan hasil yang bermakna (*p*=0,001; a= 0,005)

Introduction

(Font 14, bold)

Introduction provides justification for the importance of the research conducted. New thing resulted from this study compared to the previous research results need to be displayed clearly. State one sentence question (research issues) that need to answer all the research activities of the author. Writing introductory does not exceed six paragraph.

Method

(Font 14, bold)

The method describes the design, sample, instruments, data collecting procedures, processing, data analysis, and the ethics of data collection.

Result

(Font 14, bold)

The results stated based on the research goals. In the results do not display the same data in two forms, for example tables / images / graphics. No citations in the results section. Average value (mean) must be accompanied by the standard deviation. Writing tables should use the following terms:

- *Table row using only 3 lines (no line column)*
- *Writing average value (mean), SD, and t-test should include the value of 95% CI (Confidence Interval). Writing the significance do not mention p first. Example: The mean age of the intervention group was 25.4 years (95% CI). Based on further test between intervention and control groups obtained significant results (p = 0.001; a = 0.005)*

Pembahasan

(*font* 14, *bold*)

Uraian pembahasan dengan cara membandingkan data yang diperoleh saat ini dengan data yang diperoleh pada

penelitian/tinjauan sebelumnya. Tidak ada lagi angka statistik dalam pembahasan. Pembahasan diarahkan pada jawaban terhadap hipotesis penelitian. Penekanan diberikan pada kesamaan, perbedaan, keunikan serta keterbatasan (jika ada) hasil yang peneliti peroleh. Peneliti melakukan pembahasan mengapa hasil penelitian menjadi seperti itu. Pembahasan diakhiri dengan memberikan rekomendasi penelitian yang akan datang berkaitan dengan topik tersebut.

Kesimpulan

(*font* 14, *bold*)

Kesimpulan merupakan jawaban hipotesis yang mengarah pada tujuan penelitian. Peneliti perlu mengemukakan implikasi hasil penelitian untuk memperjelas dampak hasil penelitian ini pada kemajuan bidang ilmu yang diteliti. Saran untuk penelitian lebih lanjut dapat ditulis pada bagian ini.

Ucapan Terima Kasih

(*font* 14, *bold*)

Ucapan terima kasih diberikan kepada sumber dana riset (institusi pemberi, nomor kontrak, tahun penerimaan) dan pihak/individu yang mendukung pemberian dana tersebut. Nama pihak/individu yang mendukung atau membantu penelitian dituliskan dengan jelas.

Discussion

(Font 14, bold)

Description of the discussion in a way to compare the current data obtained with the data obtained in the study / review earlier. No more statistics in the discussion. The discussion focused on the answers to the research hypothesis. Emphasis is placed on the similarities, differences, uniqueness and limited (if any) research results obtained. Researchers conducted a discussion why the results of the research need to be like that. The discussion concluded with a recommendation of future studies related to the topic.

Conclusion

(Font 14, bold)

Conclusion is the answer to the hypothesis that leads to the research objectives. Researchers needs to have suggested implikasi hasil research to clarify the impact of these results on the progress of science under study. Suggestions for further research can be written in this section.

Acknowledgements

(font 14, bold)

Acknowledgement is given to the source of funding of research (institutional providers, contract number, year revenue) and party / individual who supports the provision of funds. Major parties / individuals that support or assist research is clearly written.

Referensi

(*font* 14, *bold*)

Referensi dalam naskah dengan mengikuti gaya pengutipan “nama penulis dan tahun terbit”. Semua referensi di dalam naskah

harus diurut secara abjad pada akhir tulisan dengan mengacu pada format *(American Psychological Association)*. Sebagai contoh, dalam menulis referensi dari artikel jurnal ilmiah, penulis harus dirujuk di dalam naskah *(in text citation)* dengan menuliskan nama keluarga/nama belakang penulis dan tahun penerbitan di dalam kurung: (Potter & Perry, 2006) atau Potter dan Perry (2006). Nama penulis pertama dan "dkk" ditulis bila terdapat lebih dari enam (6) penulis. Contoh penulisan referensi dapat dipelajari melalui situs APA atau melalui link berikut: *http://flash1r.apa.org/apastyle/basics/data/resources/references-sample.pdf*

References in text are inserted by following citation style "name of author and year of publication". All references used in the text should be listed alphabetically order at end of paper using APA (American Psychological Association) format. For example, writing in the scientific journal article references, the author must be referenced in the text (in text citation) by writing the family name/ last name of the author and year of publication in parentheses, for example: (Potter & Perry, 2006) or Potter and Perry (2006). Name of the first author and "et al" is written when there are more than six (6) authors. Sample references can be further learnt through APA website or the following link: http://flash1r.apa.org/apastyle/basics/data/resources/references-sample.pdf

References
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MANUSCRIPT PREPARATION INSTRUCTION AND TEMPLATE

Preparation of manuscripts includes manuscript typing format and content of each part of the manuscript. Writers need to make sure there are no typos in the script. Manuscript format provisions as follows:

1) The manuscript is written 3000-5000 words, font “Times New Roman” in size 12 (except the title-font 14 and abstract-font 10), 1,5 space, in A4 paper size. Margin in each of side is one inch (2,54 cm). Without indents and uses spaces between paragraphs.
2) Page numbers is written on the upper right corner.
3) Figures and tables are not grouped separately but integrated with the text/manuscript.
2) Citations. For citations in the text use APA Style (Authors name).
3) References. All references must be in the same format as the ones at the end of this document and the reference list must include all cited literature. **Minimum reference of the last 10 years with DOI link added (required)**

Part of text / manuscript written with the IMRAD order. In detail parts;

1) Title. (In Indonesian and English for Indonesian article. In English for English article)
2) Author data
3) Abstract (In Indonesian and English for Indonesian article. In English for English article)
4) Keywords (In Indonesian and English for Indonesian article. In English for English article)
5) Introduction
4) Method
5) Result
6) Discussion (including limitations of the study)
7) Conclusion
8) Acknowledgements
9) Reference

TITLE

First Author[1], Second Author[2], Third Author[3], Fourth Author[4]
[1-4] Affiliation
Email: corresponding author

ABSTRACT
The abstract needs to summarize the content of the paper. The abstract should contain at least 70 and at most 200 words. Font size should be set in 10-point and should be inset 1.0 cm from the right and left margins. A blank (20- points) line should be inserted before and after the abstract. Abstract written in Bahasa Indonesia and English. Abstracts must be preceded by **the introduction** (background, issues, and goals). **Methods** (design, sampling, collection method, and data analysis). **The results** which is written is the result of the research obtained to answer the research problem directly. Write one or two sentences to discuss **the results** and **conclusions**. **Recommendations** from the study clearly written.

Keywords: Please list your keywords in this section alphabetically

INTRODUCTION

Introduction provides justification the importance of the research conducted. New thing resulted from this study compared to the previous research results need to be displayed clearly. State one sentence question (research issues) that need to answer all the research activities of the author. Writing introductory does not exceed six paragraph.

METHOD

The method describes the design, sample, instruments, data collecting procedures, processing, data analysis, and the ethics of data collection.

RESULT

The results stated based on the research goals. In the results do not display the same data in two forms, for example tables/images/graphics. No citations in the results section. Average value (mean) must be accompanied by the standard deviation. All included tables must be referred to in the main text and the table title and caption are to be positioned above the table. The captions need to be written in Times New Roman, 9pt.

Table 1. Table title. Table captions should always be positioned *above* the tables

Heading level	Example	Font size and style
Title (centered)	**Core**	12 point, bold
Table Content		10 point

Figures need to be inserted separately as a .jpg or .png file and must be referred to in the text, for an example see **Figure 1. [1]** Figure descriptions should be placed below the figure and written in Times New Roman, 10pt.

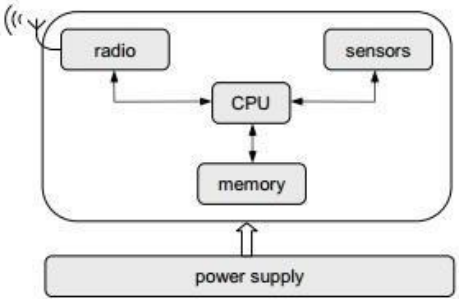

Fig. 1. Architecture of a typical wireless

DISCUSSION

Description of the discussion in a way to compare the current data obtained with the data obtained in the study/review earlier. No more statistic in the discussion. The discussion focused on the answer to the research hypothesis. Emphasis is placed on the similarities, differences, uniqueness and limited (if any) research results obtained.

Researchers conducted a discussion why the results of the research need to be like that. The discussion concluded with a recommendation of future studies related to the topic.

CONCLUSION

Conclusion is the answer to the hypothesis that leads to the research objectives. Researchers needs to put forward the implications of the result research to clarify the impact of results this research on the advancement of the scientific field researcher. Suggestions for further research can write in this section.

ACKNOWLEDGEMENTS

Acknowledgement is given to the source of funding of research (institutional providers, contract number, year revenue) and party/individual who supports the provision of funds. Major parties/individuals that support or assist research is clearly written.

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KRITERIA PENILAIAN AKHIR DAN PETUNJUK PENGIRIMAN

Lampirkan fotokopi format ini bersama naskah dan *softcopy* naskah Anda. Beri tanda (v) pada setiap nomor/bagian untuk meyakinkan bahwa artikel Anda telah memenuhi bentuk dan sesuai syarat-syarat yang ditentukan NC. Contoh:

- **Jenis Artikel**
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    Berisi artikel tentang hasil penelitian asli dalam ilmu kedokteran dasar atau terapan. Format terdiri dari **abstrak**, **pendahuluan, bahan dan cara kerja/metode, hasil, dan pembahasan, kesimpulan.**
  - Tinjauan Pustaka
    Artikel ini merupakan kaji ulang mengenai masalah-masalah ilmu keperawatan dan kesehatan yang mutakhir. Format terdiri dari **abstrak**, **pendahuluan, metode, pembahasan, dan kesimpulan.**
  - Laporan Kasus
    Suatu artikel yang berisi tentang kasus-kasus klinik menarik sehingga baik untuk disebarluaskan kepada rekan-rekan sejawat. Format terdiri dari **pendahuluan, laporan kasus, pembahasan, dan kesimpulan.**
  - Penyegar Ilmu Keperawatan
    Artikel ini memuat hal-hal lama tetapi masih *up to date.* Format **pendahuluan, pembahasan, dan kesimpulan.**

FINAL EVALUATION CRITERIA AND DELIVERY INSTRUCTIONS

Attach a copy of this format with the script and softcopy of your manuscript. Tick (v) on any number / part to ensure that your article has met the NC appropriate forms and requirements specified. Example:

- *Article Type*
  - *Research Articles*
    Contains of the results of original research in basic or applied medical science. The format consists of an ***abstract, introduction, materials and practices/methods, results, discussion, and conclusion.***
  - *Literature Review*
    This article reviews the up to date of nursing issues and health sciences. The format consists of ***abstract introduction, method, discussion, and conclusion.***
  - *Case Report*
    An article that contains interesting clinical field cases which so good to be disseminated to colleagues. The format consists of ***introduction, cases reports, discussion, and conclusion.***
  - *Toner Nursing / Commentary*
    This article contains old stuff but still up to date. The format is ***introduction, discussion, conclusion***
  - Catatan Pengajaran Keperawatan

Terkini
Merupakan suatu tulisan dan laporan di bidang dunia kedokteran/kesehatan terkini yang harus disebarluaskan. Format **sesuai dengan naskah asli ceramah.**

- Tinjauan buku baru
  Suatu tulisan mengenai buku baru di bidang kedokteran/kesehatan yang akan menjadi sumber informasi bagi pembaca. Format terdiri dari **pendahuluan, isi buku, dan kesimpulan.**

- **Halaman Judul**
  - Judul artikel
  - Nama lengkap penulis
  - Tingkat pendidikan penulis
  - Asal institusi penulis
  - Alamat lengkap penulis

- **Abstrak**
  - Abstrak dalam Bahasa Indonesia
  - Abstrak dalam Bahasa Inggris
  - Kata Kunci dalam Bahasa Indonesia
  - Kata Kunci dalam Bahasa Inggris

- **Teks**

Artikel penelitian sebaiknya dibuat dalan urutan

  - Pendahuluan
  - Metode
  - Hasil
  - Pembahasan
  - Kesimpulan

  - *Lecture Notes*
    It is a writing and reporting in the field of medicine / health which has to be disseminated. Format is same to the original lecture.

  - *Overview of new books*
    An article about a new book in the field of medical / health will be a source of information for the reader. The format consists of ***introduction, book contents, and conclusion.***

- ***Page Title***
  - *Article Title*
  - *Author full name*
  - *Writer's level of education*
  - *Origin author's institution*
  - *Author full address*

- ***Abstract***
  - *Abstract in Bahasa Indonesia*
  - *Abstract in English*
  - *Keywords in Bahasa Indonesia*
  - *Keywords in English*

- ***Text***

Research articles should be made in the following order

  - *Introduction*
  - *Methods*
  - *Results*
  - *Discussion*
  - *Conclusion*

- **Gambar dan Tabel**
  - Pemberian nomor gambar dan/atau tabel dalam penomoran secara Arab

- Pemberian judul tabel dan/atau judul utama dari seluruh gambar

- **Kepustakaan**
  - Menggunakan gaya *APA*
  - Maksimal 25 referensi

- *Providing the table's title and/or the main title of the whole picture*

- ***Library***
  - *Using APA style*
  - *Maximum 25 references*

- ***Figures and Tables***
  - *Providing image numbers and/or tables in Arabic numbering*

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