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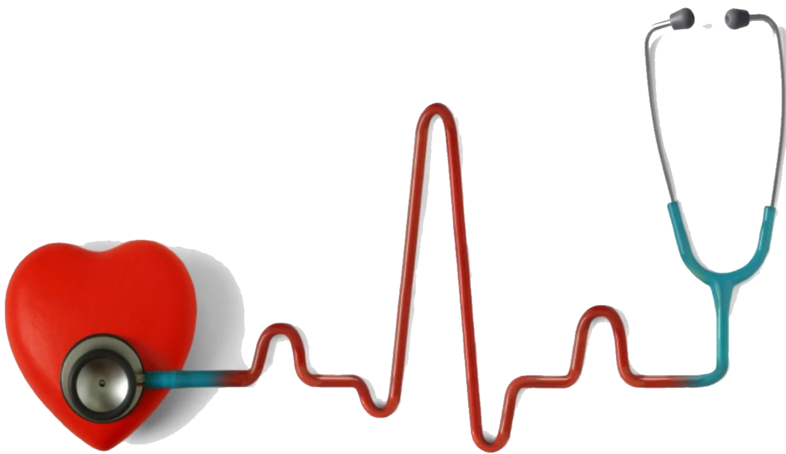

- KEPATUHAN PERAWAT DALAM MELAKSANAKAN PENGKAJIAN NYERI PADA PASIEN KANKER
  NURSING COMPLIANCE IN IMPLEMENTING PAIN ASSESSMENT OF CANCER PATIENTS
- *NURSES' KNOWLEDGE OF EARLY WARNING SCORE AT A PRIVATE HOSPITAL IN EASTERN PART OF INDONESIA*
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  THE RELATIONSHIP BETWEEN GENDER AND PSYCHOLOGICAL STRESS OF SCIENCE STUDENTS GRADE XI IN SMA X TANGERANG

Diterbitkan oleh Faculty of Nursing and Allied Health Sciences Universitas Pelita Harapan

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REMARKS

Holistic care of patients requires care in the physical, psychosocial, and spiritual dimensions. Providing that care can be done by nurses, physicians, psychologists, and other healthcare providers. We all need to work together to provide optimal care to individuals, families, and communities. That care can be provided in schools, community settings, and hospitals. That care will also include providing education.

This edition explores aspects of providing care and education across the lifespan continuum and in a variety of care settings. It is exciting that we have authors from a variety of healthcare disciplines. The underlying goal in each article is optimal care of individuals, families, or communities.

As you contemplate how you might contribute to healthcare professions and holistic care, I encourage you to consider writing an article for the next issue of "Nursing Current". Invite other healthcare team colleagues to consider writing an article. Or even better, write a joint article with authors representing several healthcare disciplines. Please consider sharing your work.

I pray that God will continue to guide us as we seek to serve Him in nursing.

Christine L. Sommers, Ph.D., RN, CNE

Executive Dean, Faculty of Nursing, Universitas Pelita Harapan

KATA PENGANTAR

Jurnal *Nursing Current* Volume 7 Nomor 1 ini kembali terbit, Puji Tuhan. Tantangan yang ada dalam proses dari penerimaan sampai penerbitan, dapat dihadapi oleh kerja sama tim yang luar biasa. Proses review yang semakin ketat untuk meningkatkan kualitas jurnal ini juga sudah diupayakan oleh seluruh *reviewer* (internal dan eksternal). Jurnal dengan e-ISSN: 2621-3214 ini dapat dilihat pada laman https://ojs.uph.edu/index.php/NCJK.

Jurnal *Nursing Current* pada edisi ini semakin beragam dalam topik, seperti topik di lingkup rumah sakit maupun di komunitas. Selain itu, terdapat tiga abstrak yang sudah pernah di paparkan hasilnya dalam konferensi Internasional. Jurnal ini juga tetap membutuhkan kritisi dari pembaca untuk perkembangan ilmu kesehatan khususnya keperawatan.

Kami sangat bersyukur atas antusias penulis yang telah dan akan mengirimkan artikel di bidang kesehatan khususnya keperawatan untuk diterbitkan dalam jurnal ini. Antusias yang luar biasa dari penulis tersebut dapat mendorong perkembangan ilmu kesehatan khususnya keperawatan baik secara nasional maupun internasional.

Pemimpin Redaksi,

Dr. Ni Gusti Ayu Eka

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KEPATUHAN PERAWAT DALAM MELAKSANAKAN PENGKAJIAN NYERI PADA PASIEN KANKER

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ABSTRAK
Nyeri merupakan hal yang menakutkan dan gejala yang sangat dikeluhkan oleh pasien dengan diagnosa kanker. Agar dapat memberikan asuhan keperawatan terhadap nyeri, perawat perlu melakukan pengkajian nyeri yang akurat. Pengkajian nyeri di salah satu rumah sakit biasanya dilakukan dengan mengacu pada Standar Prosedur Operasional (SPO). Namun seringkali perawat tidak mematuhi SPO ini sehingga terjadi perbedaan data yang diperoleh dari bagian penjaminan mutu suatu rumah sakit dengan kenyataan di lapangan. Tujuan penelitian ini adalah mengetahui kepatuhan perawat dalam melaksanakan SPO pengkajian nyeri di sebuah rumah sakit swasta di Indonesia Bagian Tengah. Metode penelitian ini adalah desain deskriptif kuantitatif. Populasi penelitian ini adalah 83 perawat yang bekerja aktif di ruang kemoterapi rumah sakit tersebut, dengan jumlah sampel 30 perawat, yang diambil dengan teknik *purposive sampling*. Hasil penelitian menunjukkan bahwa tingkat kepatuhan perawat dalam melakukan pengkajian nyeri sebagai berikut: hampir sebagian besar perawat (90%) berada dalam kategori baik dan 67% perawat (20 orang) melakukan pengkajian nyeri secara berulang berada dalam kategori baik. Perawat memegang peranan yang penting dalam melakukan pengkajian dan manajemen nyeri pada pasien agar asuhan menjadi efektif. Penelitian selanjutnya dapat berfokus pada faktor – faktor yang memengaruhi kepatuhan perawat dalam melaksanakan pengkajian nyeri pada pasien kanker

Kata kunci: ***Kepatuhan perawat, pasien kanker dan pengkajian nyeri***

ABSTRACT
Pain is a frightening thing and symptoms that are very complained of by patients with a diagnosis of cancer. In order to provide nursing care for pain, nurses need to carry out an accurate pain assessment. Pain assessment in one of the hospital is usually conducted by referring to the Standard Operating Procedures (SOP). However, nurses do not comply with this SPO so that there is a difference in the data obtained from the quality assurance section of a hospital with the reality in the field. The purpose of this study was to determine nurses' compliance in implementing standard operating procedure (SOP) for pain assessment in a private hospital in Central Indonesia. This research method is quantitative descriptive design. The population of this study were 83 nurses who worked actively in the hospital's chemotherapy room, with a total sample of 30 nurses, taken by purposive sampling technique. The results showed that the level of nurse compliance in conducting pain assessment was as follows: almost most nurses (90%) were in good categories and 67% of nurses (20 people) conducted repeated pain assessments in good categories. Nurses play an important role in conducting pain assessment and management in patients therefore the nursing care becomes more effective. Further research can focus on factors that influence nurse compliance in implementing pain assessment in cancer patient.

Keywords: Nurses' compliance, cancer patient and pain assessment

PENDAHULUAN

Penyakit kanker merupakan salah satu penyebab kematian utama di seluruh dunia. Pada tahun 2015, kanker merupakan penyebab kematian nomor dua secara global dan angka kematian mencapai 9.6 juta pada tahun 2018 (WHO, 2019). Nyeri merupakan hal yang menakutkan dan gejala yang sangat dikeluhkan oleh pasien dengan diagnosa kanker (Van den Beuken-van

Everdingen, 2007). Lima puluh persen (50%) pasien kanker mengalami nyeri pada kategori sedang (moderat). Nyeri kanker akan memberikan kesulitan bagi pasien untuk melakukan aktivitas, gangguan pola tidur dan pengalaman emosi yang negatif (Breivik et all, 2009). Nyeri merupakan keluhan utama yang dirasakan pasien kanker. Nyeri kanker adalah nyeri yang dirasakan oleh penderita kanker karena keluhan subjektif, pertumbuhan kanker yang progresif, kanker kronis atau multifaktorial (Aziz, Witjaksono dan Rasjidi, 2008).

Nyeri pada pasien kanker akan berlanjut menjadi suatu masalah yang besar. Intervensi dibutuhkan untuk menyelesaikan masalah berdasarkan pengkajian nyeri. Penelitian menunjukkan bahwa dibutuhkan intervensi yang tepat untuk nyeri. Hal ini juga didukung oleh hasil penelitian dari Bartoszczyk & Gilbertson-White (2015) bahwa intervensi untuk mengatasi masalah tersebut dapat dilakukan dengan melakukan pengkajian nyeri dan manajemen yang tepat oleh tenaga kesehatan. Salah satu rumah sakit swasta di Indonesia Bagian Tengah memiliki Standar Prosedur Operasional (SPO) pengkajian nyeri komprehensif dengan menggunakan lima pedoman penilaian yang sering digunakan dalam pengkajian nyeri, yaitu *comfort pain scale, wong baker pain scale, numeric pain scale, flacc pain scale* dan *cries pain scale*.

Lima pedoman penilaian ini digunakan pada semua pasien yang merasakan nyeri, namun pemilihan pedoman penilaian yang digunakan tentunya tergantung dengan keadaan pasien. Data dari bagian *quality assurance* rumah sakit tersebut didapatkan bahwa pada bulan Januari – Juni 2017, pengkajian nyeri komprehensif dilakukan secara lengkap dengan persentase 100%. Data dari hasil studi awal dengan membagikan kuesioner kepada 20 pasien rawat inap di rumah sakit ini ditemukan bahwa pada 10% pasien yang dirawat tidak dilakukan pengkajian nyeri dan pada 20% pasien yang sudah dilakukan intervensi nyeri tidak dilakukan pengkajian ulang.

Perbedaan data pengkajian nyeri dari bagian *quality assurance* rumah sakit dengan data yang didapatkan dari pasien tentang pengkajian nyeri yang dilakukan perawat mendorong peneliti untuk menggali lebih lanjut tentang gambaran kepatuhan perawat dalam melaksanakan Standar Prosedur Operasional pengkajian nyeri di salah satu rumah sakit swasta di Indonesia Bagian Tengah.

METODE

Desain penelitian yang digunakan dalam penelitian ini adalah desain deskriptif kuantitatif. Metode penelitian deskriptif adalah suatu metode yang digunakan untuk mencari unsur-unsur, ciri-ciri dan sifat-sifat suatu fenomena (Sugiyono, 2013). Populasi dalam penelitian ini adalah perawat yang bekerja di ruang *chemotherapy* di rumah sakit swasta Indonesia Bagian Tengah, yang berjumlah 83 orang. Teknik pengumpulan data yang digunakan adalah Teknik purposive sampling. Jumlah responden penelitian ini adalah 30 perawat, dengan kriteria inklusi adalah: perawat yang melakukan pengkajian nyeri pada pasien kanker dan perawat yang memberikan asuhan keperawatan kepada pasien usia minimal 21 tahun.

Instrumen penelitian yang digunakan adalah formulir observasi berdasarkan Standar Prosedur Operasional (SPO) rumah sakit dan telah dilakukan uji keterbacaan. Dalam SPO pengkajian nyeri di rumah sakit tempat penelitian terdapat 13 item yang perlu dilakukan perawat agar dapat dikatakan patuh melakukan pengkajian nyeri. Peneliti memberikan penjelasan tentang penelitian, menjelaskan hak dari responden, mendapatkan *informed consent* dan menjelaskan rentang waktu dilakukan penelitian akan tetapi tidak spesifik memberikan tanggal dilakukan observasi sehingga hasil yang didapatkan tidak bias.

Peneliti melakukan pengamatan pada responden dan memberikan tanda checklist patuh ☑ atau tidak patuh ☒, di mana dalam dalam perhitungan hasil patuh diberi nilai satu dan tidak patuh diberi nilai nol. Setelah itu dihitung jumlah persentase patuh dan tidak patuh dari 30 responden. Kategori penilaian kepatuhan menggunakan teori menurut Arikunto (2006) dengan kriteria penilaian sebagai berikut:

1) Kategori baik jika persentase kepatuhan > 75%
2) Kategori cukup jika persentase kepatuhan 60 – 75%
3) Kategori kurang jika persentase kepatuhan < 60%

Analisa univariat digunakan untuk menjelaskan atau mendeskripsikan karakteristik dari masing-masing variabel.

HASIL

Tabel 1 Distribusi Responden Menurut Usia Di *Rumah Sakit Swasta Indonesia Bagian Tengah*

Usia	Jumlah (n=30)	Persentase (%)
21-25	7	23 %
25-30	9	30 %
30-35	8	27 %
35-40	6	20 %
Total	30	100%

Jumlah perawat paling banyak berada pada rentang usia 25–30 tahun, yakni sebanyak

sembilan orang (30%). Jumlah perawat paling sedikit adalah pada rentang usia 35-40 tahun, yakni sebanyak enam orang (20%).

Tabel 2. Kepatuhan Perawat dalam Melakukan Pengkajian Nyeri Berdasarkan Standar Prosedur Operasional

No	Tindakan	Patuh		Tidak patuh		Total	
		n	%	n	%	n	%
1	Menanyakan pasien nyeri atau tidak	30	100	0	0	30	100
2	Menanyakan kapan dan berapa lama nyeri terjadi	29	97	1	3	30	100
3	Menanyakan faktor pencetus nyeri dan yang memperberat nyeri	28	93	2	7	30	100
4	Menanyakan kualitas nyeri	29	97	1	3	30	100
5	Menanyakan hal yang dilakukan untuk meredakan nyeri	30	100	0	0	30	100
6	Menanyakan lokasi atau penyebaran nyeri	29	97	1	3	30	100
7	Menanyakan skala nyeri	30	100	0	0	30	100
8	Menanyakan pengobatan yang sudah dilakukan	30	100	0	0	30	100
9	Menanyakan efek samping pengobatan (jika ada pengobatan sebelumnya)	27	90	3	10	30	100
10	Menanyakan keefektifan obat (jika ada pengobatan sebelumnya)	26	87	4	13	30	100
11	Menanyakan penyebab nyeri yang diyakini pasien	27	90	3	10	30	100
12	Menanyakan bagaimana pengaruh nyeri terhadap pasien dan keluarga	25	83	5	17	30	100
13	Menanyakan harapan pasien terhadap nyeri	28	93	2	7	30	100

Tabel 2 menunjukkan hasil bahwa 100% perawat patuh untuk menanyakan pasien nyeri atau tidak, menanyakan hal yang dilakukan untuk meredakan nyeri, menanyakan skala nyeri dan menanyakan pengobatan yang sudah dilakukan.

Tabel 3. Kepatuhan Perawat dalam Melakukan Pengkajian Nyeri

No	Kepatuhan	n	Persentase (%)
1	Baik	27	90
2	Cukup	1	3
3	Kurang	2	7
	Total	30	100

Hasil menunjukkan bahwa dari 30 responden penelitian, 27 perawat (90%) berada dalam kategori baik dan satu perawat (3%) berada dalam kategori cukup dalam mematuhi pengkajian nyeri pada pasien kanker di rumah sakit.

Tabel 4 Kepatuhan Perawat dalam Pengkajian Nyeri Berulang Berdasarkan Standar Prosedur Operasional

No	Tindakan	Patuh		Tidak patuh		Total	
		n	%	n	%	n	%
1	Menanyakan kualitas nyeri	24	80	6	20	30	100
2	Menanyakan lokasi atau penyebaran nyeri	22	73	8	27	30	100
3	Menanyakan skala nyeri	29	97	1	3	30	100

Tabel 4 menunjukkan bahwa dari 30 responden, 29 perawat (97%) perawat patuh untuk menanyakan skala nyeri pasien dan sebanyak 22 perawat (73%) perawat patuh menanyakan lokasi atau penyebaran nyeri.

Tabel 5 Kepatuhan Perawat dalam Melakukan Pengkajian Nyeri Berulang

No	Tingkat Kepatuhan	n	Presentase (%)
1	Baik	20	67
2	Cukup	6	20
3	Kurang	4	13
Total		30	100

Hasil menunjukkan bahwa kepatuhan perawat dalam melakukan pengkajian nyeri berulang sebanyak 20 perawat (67%) dalam kategori baik dan empat perawat (13%) dalam kategori kurang.

PEMBAHASAN

Nyeri adalah pemicu utama yang dihadapi pasien yang dirawat di rumah sakit (Ramira, Instone & Clark, 2016). Manajemen nyeri sangat penting dilakukan, manajemen nyeri yang tidak ditangani akan memiliki dampak buruk pada kualitas hidup pasien. Perawat menghabiskan sebagian besar waktu mereka bersama pasien. Dengan demikian, mereka memiliki peran penting dalam proses pengambilan keputusan klinis mengenai manajemen nyeri. Perawat harus siap dan berpengetahuan luas tentang pengkajian nyeri dan teknik manajemen nyeri. Perawat diharapkan tidak salah dalam melakukan pengambilan keputusan klinis yang dapat mengarah pada praktik manajemen nyeri yang tidak tepat dan tidak memadai (Gustafsson & Borglin 2013).

Dari hasil observasi didapatkan hasil bahwa mayoritas kepatuhan perawat berada dalam kategori baik dalam melakukan pengkajian nyeri dan pengkajian nyeri secara berulang. Mengurangi rasa sakit yang disebabkan oleh nyeri adalah tujuan utama dari intervensi nyeri. Perawat memegang peranan yang penting dalam melakukan pengkajian dan manajemen nyeri.

Proses keperawatan sangat penting dalam memberikan intervensi nyeri yang efektif. Intervensi nyeri dimulai dari pengkajian yang dilakukan perawat. Perawat harus memiliki keterampilan yang efektif dalam mengkaji, hal ini didukung oleh penelitian dari Margonari & Hannan (2017) yang menyatakan bahwa intervensi nyeri yang efektif dimulai dari pengkajian yang dilakukan perawat, dan seorang perawat harus memiliki keterampilan dalam melakukan pengkajian.

Peningkatan pengetahuan, perubahan sikap dan perilaku, dan hubungan baik dengan dokter spesialis memberikan pengaruh dalam mengatasi hambatan perawat dalam melakukan manajemen nyeri pada penderita kanker (Bartoszczyk & Gilbertson-White, 2015). Hasil penelitian dari Gustafsson & Borglin (2013) menyatakan bahwa intervensi pendidikan berbasis teori dengan aktivitas pembelajaran yang interaktif merupakan metode yang efektif dalam mengubah pengetahuan dan sikap dalam melakukan manajemen nyeri pada kanker.

Hal ini juga didukung oleh penelitian yang dilakukan oleh Samarkandi (2018) bahwa pendidikan atau pelatihan yang berkelanjutan sangat diperlukan untuk mengubah sikap perawat dalam melakukan pengkajian dan manajemen nyeri. Perlu adanya pembelajaran tentang nyeri yang masuk dalam kurikulum keperawatan pada program sarjana

Menurut hasil penelitian Pamuji, Asrin dan Kamaludin (2008) faktor-faktor yang memengaruhi kepatuhan perawat dalam melakukan tindakan sesuai dengan prosedur yaitu karena kurangnya fasilitas dalam pelaksanaan tindakan dan kurangnya pelatihan yang didapatkan oleh perawat. Hasil penelitian Natasia, Loekqijana, dan Kurniawati (2014) menyatakan bahwa salah satu faktor yang memengaruhi kepatuhan perawat dalam pelaksanaan standar prosedur operasional adalah motivasi dan persepsi perawat tentang pekerjaannya. Motivasi yang diberikan dapat berupa penghargaan. Persepsi perawat tentang pekerjaannya memberikan pengaruh yang besar dalam pelaksanaan standar prosedur operasional.

Gordon et al (2008) menyatakan bahwa strategi perbaikan dalam pelaksanaan pengkajian nyeri dapat dilakukan dengan melakukan administratif rutin dan audit bulanan pada dokumentasi hal ini akan memberikan umpan balik yang positif bagi perawat manajer dan staf perawat. Perawat di dorong untuk memahami pentingnya pengkajian nyeri ulang, kebijakan dan dokumen spesifik yang digunakan.

KESIMPULAN

Hasil menunjukkan bahwa kepatuhan perawat dalam melakukan pengkajian nyeri dan pengkajian nyeri secara berulang mayoritas berada dalam kategori baik. Pihak rumah sakit perlu untuk memberikan sosialisasi dan edukasi secara berkelanjutan tentang pengkajian nyeri sehingga perawat semakin terampil dan dapat memberikan intervensi nyeri yang tepat pada pasien.

Penelitian selanjutnya dapat berfokus pada faktor – faktor yang memengaruhi kepatuhan perawat dalam melaksanakan pengkajian nyeri pada pasien kanker.

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NURSES' KNOWLEDGE OF EARLY WARNING SCORE AT A PRIVATE HOSPITAL IN EASTERN INDONESIA

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ABSTRACT*
Early Warning Score (EWS) is an approach to identify clinical decline and early detection of abnormal condition in regard with patients at hospital. This early clinical decision could influence on patient morlality rates and quality of nursing care. The purpose of this research was to describe nurses' knowledge about EWS at a private hospital in Eastern part of Indonesia. This research applied a quantitative descriptive method. Total of 48 nurses at a private hospital in Eastern part of Indonesia were recruited in this study. This study used a descriptive analysis. This study revealed that most nurses (81.25%) were at the level of adequate in regard with their knowledge of EWS. Further study is recommended to explore nurses compliance on EWS implementation in hospital and how it is associated with patients' deterioration conditions.

Key Words: **Early Warning Score, Knowledge, Nurse**
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INTRODUCTION

Early detection of signs and symptoms of clinical deterioration in patients in the treatment room is one of the ways to prevent the occurrence of code blue In addition, this also one way to improve the patient's prognosis as well as to detect early deterioration of the patient's clinical condition. The Early Warning Score (EWS) system is a system to aid health provider to overcome patient's problems in early condition by using seven parameters to determine the patient's clinical activation response (Royal College of Physicians, 2012).

EWS is also a system for scoring the physiological condition based on clinical response, which is commonly used in medical surgical units before patients experience emergency conditions (Saab et al., 2017).

EWS scoring is based on seven parameters using an assessment of the patient's physiological response (Duncan & McMullan, 2012). The seven parameters include respiration, systolic blood pressure, temperature, pulse, oxygen saturation, additional oxygen, and the level of patient awareness (Duncan & McMullan, 2012).

Kruisselbrink et al. (2016) investigated the prevalence of critical illness using the Modified Early Warning Score (MEWS) at Mulago Hospital, Uganda. It was found

that after using the MEWS, the mortality rate of patients' critical illness in 7 days was only 5.5% and 41.4% of the patients could be discharged. This also showed that EWS contributes greatly to improve the quality of health services.

A previous study conducted by Saifullah (2015) recruited 36 nurses at the surgical wards of Soehadi Prijonegoro Regional General Hospital, this study revealed that nurses' knowledge significantly influenced their actions. In this case, related to patients' management.

One of nursing responsibilities at a private hospital in Eastern part of Indonesia is to conduct an emergency skill such as an Early Warning Score assessment. In this hospital, nurses' documentation and application of EWS is not maximal. The data showed that between January to May 2017, the implementation of EWS documentation by nurses were 37.6%, 43%, 45%, 60% and 63%. These findings showed that the EWS implementations were not optimal. One of the reasons was inadequate nurses' knowledge about EWS.

Some efforts have been applied by the hospitals to improve the EWS implementation in this hospital. For example, EWS resocialization or re-education and evaluate nurses' EWS implementation by evaluating code blue events and observing patients in the wards. Based on the results of the internal audit at this private hospital to all nurses in March 2017, it is noted that nurses' level of knowledge about EWS were still very low (64.5%).

METHOD

The research applied a quantitative descriptive method. The sample consisted of 48 nurses at a private hospital in Eastern part of Indonesia, which were selected using purposive sampling technique. In addition, the research ethic Committee at Faculty of Nursing Universitas Pelita Harapan has approved and provided ethical clearance for this study.

This current study used a two-part questionnaire that consisted of demographic data and knowledge of EWS. Liswati (2015) has developed the questionnaire and provided permission for using this questionnaire. The questionnaire for this study has also been proven valid and reliable (Cronbach alpha 0.75; $r > 0.40$).

This study also applied univariate analysis. The nurses' level of knowledge is divided into three levels, namely:

1) Good: 76% - 100% of right answers
2) Adequate: 56% - 75% of right answers
3) Poor: <56% of right answers

RESULTS

Table 1. Characterictics of Nurses at a Private Hospital in Eastern Indonesia

Characteristics	Level of Knowledge			
	Good		Adequate	
	n	%	n	%
Age (years old)				
20-23	1	2.08	1	2.08
24-27	7	14.59	30	62.5
28-31	1	2.08	8	16.67
Gender				
Male	2	4.19	4	8.3
Female	7	14.59	35	72.92
Work experience (year)				
1-2	3	6.25	17	35.42
>2	6	12.5	22	45.83
Level of education				
Diploma	2	4.19	23	47.92
Bachelor	7	14.59	16	33.3
EWS Training				
Yes	9	18.75	36	75
No	0	0	3	6.25

The results of this study revealed the nurses' knowledge of EWS. The nurses' knowledge was categories into three (table 1). The result shows that most nurses (81.25%) had adequate level of knowledge

Tabel 2 Nurses' Knowledge of EWS based on their characteristics

Level of knowledge	n	%
Good	9	18.75
Adequate	39	81.25
Poor	0	0
Total	48	100%

Table 2 shows nurses' knowledge of EWS based on their characteristics. Respondents aged 24-27 years old had adequate (62.5%) to good (14.59%) levels of knowledge compared to those in other age groups. Most women nurses had adequate level of knowledge (72.92%).

Half nurses with more than two years of working experiences had adequate level of knowledge (45.83%). In Addition, almost half of diploma degree nurses had adequate level of knowledge (47.92%), and most nurses with EWS training experience had adequate (75%) to good (18.75%) levels of knowledge compared to nurses without previous EWS training experience.

DISCUSSION

Nurses' knowledge of EWS in this study were in level of adequate. Since nurses' knowledge influence their intervention (Saifullah, 2015), it is expected that the EWS implementations were also optimal. A study conducted by Galen et al. (2016) supported that when nurses incorrectly identify the EWS scoring, it will lead to the deterioration of the patient's condition. On the other hand, a study conducted by Kartika (2014) opposed that there was no significant correlation between the levels of education of the nurses with the implementation of EWS.

EWS scoring was aimed to detect patients' health problems, then, to identify the intervention needed to reduce the incidences of medical emergency of patients (Saaab et al., 2017). EWS implementation is also important for patient in the ward, however, in the reality, many nurses have not implemented it, which has impacted on EWS documentation. A study conducted by Kyriacos et al. (2009) identified that one of the factors linked to the death of patients on the seventh day after the surgery at six wards (55 post-operation patients) was because one of the nurses documented EWS.

The study by Biben et al (2016) further suggested to apply EWS in Emergency Department (ED) to aid clinical decisions and acute care that impact patients. This suggestion is also supported by other research in the United States of America, by Delgado et al. (2015) on 3000 patients admitted to ED. Delgado's study recommended to integrate EWS assessment in the ED room to perform early assessment on patient's clinical deterioration.

As discussed previously, most of the nurses' knowledge of EWS were adequate in this current study. This condition is probably caused by the nurses' great initiative to participate in internal training that held every month. This participation is believed to increase and refresh the knowledge of the nurses about EWS (Saab et al., 2017). Therefore, training is needed to improve the level of knowledge of the nurses which eventually produces good quality professional nurses today and in the future.

CONCLUSION

Nurses at a private hospital in eastern part of Indonesia had adequate level knowledge of EWS. This condition is probably as the result of nurses' participation in the training that was eld once in a month. It is suggested for further research to explore the correlation between nurses' compliance of EWS implementation and incidences of deteriorating health condition of patients.

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CORRELATION BETWEEN MENARCHEAL AGE WITH MENSTRUAL HEALTH AWARENESS AMONG COLLEGE STUDENTS IN A PRIVATE UNIVERSITY

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ABSTRACT
Adolescent females who had their menarche experience cognitive and psychological development. In that period, it takes adolescents' awareness of menstrual health in order to behave appropriately and maintains the quality of health. This study aims to identify the correlation between menarcheal age and menstrual health awareness. This research used cross-sectional design done to 117 female students of Economic Education Study Program in Universitas Pelita Harapan from October to November 2017. This research used purposive sampling method. Data were analyzed using Spearman Correlation Test. The results showed that there was a significant correlation between menarcheal age and menstrual health awareness. It can be concluded that adolescents female who had their menarche at normal age (12-14 years) had increased menstrual health awareness. It is recommended for future research to use quasi-experimental or randomized controlled trial study on larger sample size.

Keywords*: Menarcheal age, menstrual health awareness, adolescent.*

INTRODUCTION

Adolescence is one of the fastest phases in human development that includes many changes such as physical, cognitive, psychological, and social development, which have implications for adolescents health and behavior (World Health Organization, 2018). About 1.2 billion adolescents today constitute 18% of the world's population, of which more than half live in Asia (United Nations Children's Emergency Fund, 2012). One of the crucial phases that experienced by adolescent female is menarche. Experience of menarche becomes a moment that characterizes a huge self-awareness for young women. It is comparable to other unforgettable moments in a woman's life, such as marriage and childbirth (Amaral, Hardy, & Hebling, 2011).

Age and experience of menarche of adolescent women in different countries are depended onthe demographics, culture, and lifestyle (Al et al., 2015; Amaral et al., 2011; Esimai & Esan, 2010). In Indonesia, adolescent women generally experienced menarche at the age of 12-14 years (Putri & Meiliani, 2014). In United States (US), less than 10% of US girls got menarche before 11 years old, and 90% of all US girls are menstruating by 13.75 years of age. However, non-Hispanic black girls in US was significantly earlier than white girls at

10%, 25%, and 50% of those who had got menarche (Chumlea et al., 2003).

Adolescent women who have attained menarche age will experience a period of menstruation that is often followed by symptoms or complaints of discomfort. Many women experience pain during menstruation. As many as 60.5 % of female students reported pain during menstruation and 12.5% reported impaired academic activities due to menstruation. The findings are consistent with reports of 16-58% of adult women and 35-78% of adolescents experiencing pain during menstruation, and about 3-20% report it as severe enough pain to interfere the daily activities (Esimai & Esan, 2010).

Biological determinants during adolescence are quite universal. Adolescents need to have awareness of their body changes in order to live easier and more productive (Sandhya & Bimala, 2017). Adolescent women also need to be aware of the importance of having adequate and proper knowledge, as well as the facilities and cultural environment, to manage menstruation in a hygienic and dignified manner. They also need to be aware of any disorders or abnormalities that may occur during menstruation and appropriate behavior to overcome them.

Awareness of reproductive health is a healthy awareness of the conditions pertaining to the system, function, and the reproductive process in the preparation process to obtain a healthy reproductive (Arianti, 2012). Knowledge and awareness shapes attitudes through some concepts and constructs, knowledge and menstrual awareness, are expected to have a positive influence on attitudes and behavior (Langer, et al, 2015). Awareness of the need for healthy menstrual practice is important (Sharma, 2013; Gustinah & Djanah, 2015). The menstrual health awareness concerns on young women's awareness of system, function, and process of healthy menstrual and recognizing the signs of menstrual abnormalities and early efforts that can be done in overcoming the disorders.

The study of Dudeja, Sindhu, Shankar, Gadekar, et al. (2016) towards 250 adolescent in Western Maharasthra found that female teenagers' knowledge about menstruation was still less (5.4%). They found that the lack of menstrual health awareness is a barrier in adopting a good menstrual practice. It was an obstacle for

young women to overcome traditional beliefs, misconceptions and restrictions on menstruation. It also affected them in the transitional phase of being an adult woman.

The research of Esimai & Esan (2010) found that adolescent awareness about menstrual abnormalities was poor (29%). Some of them (10.5 %) sought help to overcome menstrual disorders. Adolescent awareness of menstrual abnormalities was significantly influenced by their age at the time the study was performed. The results also stated that the group consisted of older age adolescents were more aware of the abnormalities in their menstrual cycle than the younger age group. Furthermore, the menarcheal age and the education level had no significant influence on students' awareness of menstrual abnormalities.

Adolescent females who had their menarche experience cognitive and psychological development. In that period, it takes adolescent's awareness of menstrual health in order to behave appropriately and maintains the quality of health. If adolescent females who already attained menarcheal age have no awareness of menstrual health, they will get an impact on the quality of their reproductive health. Therefore, we are interested to identify the correlation of menarcheal age and menstrual health awareness. The result of this research can be a recommendation to design a program for adolescents based on their menarcheal age.

METHODS

This study was a descriptive study with a quantitative correlation approach using cross sectional design. This research was conducted in October to November 2017. The population in this study were 143 students of Economic Education Study Program, Teacher College, Universitas Pelita Harapan.

The research sample was selected by purposive sampling method. The inclusion criterion was students who had their menarche and exclusion criterion was students who were absent at the time of study. The number of samples was calculated using the Slovin formula with a 5% error rate. So, the amounts of samples size was 117 female students.

We used a demographic and the menstrual health awareness questionnaire which had been developed through the process of

validity and reliability test. The menstrual health awareness questionnaire consists of 6 questions (see Table 1). The questions of number 2 and 5, the value of the score were reversed.

The validity and reliability of the questionnaire were tested to a similar population of 30 adolescent students of English Education Study Program, Teacher College, Universitas Pelita Harapan. The questionnaire was valid with *r* value of each question item is greater than 0.3 and reliable with alpha cronbach value greater than 0.6. When gathering data, the researchers explained the research objectives, benefits and procedures to the respondents. Then, the respondent gave their consent to participate in the study. Furthermore, the obtained data from the respondents were kept confidential by using coding and without identity (Polit & Beck, 2014).

The data were processed using a computer program through the process of editing, coding, and entering. Then, the data were tested using univariate and bivariate analysis. Univariate analysis was used to determine the frequency distribution of demographic data. Bivariate analysis of Spearman Correlation Test was used to analyze the correlation of independent variable (menarcheal age) and dependent variable (menstrual health awareness).

RESULTS

Characteristics of Respondents

A total of 117 female students were participated in the study. Table 1 below shows the demographic characteristics of the respondents.

Table 1. Characteristics of The Respondents

Characteristics	n (%)	Mean	SD
Age		19.25	1.210
18	32 (27.35)		
19	41 (35.04)		
20	32 (27.35)		
21	7 (5.98)		
22	4 (3.41)		
23	1 (0.85)		
Total	**117 (100)**		
Age at Menarche		12.8	1.341
10	4 (3.41)		
11	9 (7.69)		
12	43 (36.75)		
13	29 (24.78)		
14	18 (15.38)		
15	12 (10.25)		
17	2 (1.71)		
Total	**117 (100)**		

Based on Table 1, the average age of respondents was 19.25 years old, with the majority of 19 years old (35.04%). The mean age of menarche respondents was 12.8 years old. The researchers divided the independent variable (menarche age) into two categories, normal menarcheal age (12-14 years old) and abnormal menarcheal age (<12 years old and > 14 years old) (Putri & Meiliani, 2014). The dependent variable, menstrual health awareness, was divided into three categories, high menstrual health awareness (score ≥24), moderate health menstrual awareness (score 18-23), and low menstrual health awareness (score ≤17). Categorization of variables of menstrual health awareness followed the formula of three categories (Syarifudin, 2010). Table 2 shows the scores of respondents on both variables.

Table 2. Scores of Menarcheal Age and Menstrual Health Awareness

Variables	n	%	Mean	SD
Age at Menarche				
Normal (12-14 years)	90	76.92	2.01	0.482
Abnormal (<12 years and> 14 years)	27	23.08		
Menstrual Health Awareness				
Low (score ≤17)	3	2.57		
Moderate (score 18-23)	88	75.21	2.20	0.459
High (score ≥24)	26	22.22		

Data of Normality Test Results

Both of research variables were tested to identify the normality of the data using Kolmogorof-Smirnov Test to determine the type of correlation test to be utilized in the study. The results showed that the p value of both variables were 0.000, thus H_0 was rejected. So, the variables had an abnormal distribution data. Thus, Spearman Correlation Test was used to analyze the data. Table 3 below shows the results of Spearman's Correlation Test.

Table 3. Spearman Correlation Test Results

	Menstrual Health Awareness		
Menarche Age	r	*p*	n
	0.262	0.004	117

The result of Spearman Correlation test showed that p value was <0.005, then H_0 was rejected. Thus, it was concluded that there was a significant correlation between the age of menarche and the awareness of menstrual health. For the coefficient of the Spearman Correlation, *r* value was 0.262 which indicated that the correlation between menarcheal age and menstrual health awareness was weak.

DISCUSSION

The majority of respondents had their menarche at the age of 12-14 years. This result supported the social, physical, psychological and cognitive of adolescents in facing a new phase of growth and development (Sanders, 2013). The developed cognitive phase supported adolescent awareness of menstrual health. It is consistent with the results of the menstrual awareness score, in which only three people (2.57%) had low menstrual health awareness. Most of the respondents had a sufficient and high awareness of menstrual health. It is advantageous because having good menstrual health awareness could be a provision for young woman to maintain her reproductive health.

The results were consistent with the study of Dudeja, Sindhu, Shankar, Gadekar, et al. (2016) which revealed that awareness of health menstruation was important to adolescent. They further stated that ignorance and lack of preparation during puberty and menstruation could lead to the false beliefs and taboos that made young women vulnerable to feelings of shame and low self-confidence. Their study confirmed the finding that adolescent women who lack of menstrual awareness were not ready for menstruation. Lack of awareness also created an obstacle in adopting safe and hygienic menstrual practices.

The researchers did not find any previous studies that explored on the awareness of menstrual health in adolescent. However, a similar research was obtained from the study of Sandhya & Bimala (2017) which study the adolescent's awareness of pubertal changes. Their findings showed that 16% of adolescents had an excellent level of awareness, 47% had a good level of awareness, 28% had an average awareness rate and only 9% had a low level of awareness. They concluded that there was a significant difference between the level of adolescent's awareness of pubertal changes and their age ($X^2 = 18.04$, $p = 0.00$).

Furthermore, both of study variables (menstrual age and menstrual health awareness) were analyzed to test whether there was a significant correlation between them. The result of Spearman Correlation Test showed that both variables have a significant correlation and a positive correlation coefficient resulting in a positive relationship direction. This could signify that adolescent who had menarche at normal age (12-14 years) had an

increased awareness of menstrual health.The results of this research were consistent with the results of similar study conducted by Sandhya & Bimala (2017) which concluded that as the age increased, the adolescent became more aware of the changes in puberty. This was in line with the direction of a positive correlation between age and adolescent awareness in this study.

However, the study of Esima & Esan (2010) contradicted with the results of this study. They found that menarcheal age did not affect the awareness of adolescent girls about abnormal menstruation (p=0.24). It might happen because the focus of their study was slightly different from our research. They assessed the relationship between menarche age and the awareness of abnormality menstruation in adolescent women, whereas our study examined the correlation between menarcheal age and awareness of menstrual health. In addition, in the characteristics of the population in their study were not similar to our study.

They examined rural female adolescents who considered menstruation as a personal business and a taboo to talk about. Their respondents were also less exposed to menstruation information and various types of abnormalities which makes their awareness of menstrual abnormalities was still low. These were different from the characteristics of the respondents in this study in which the population female adolescent students living in urban areas and were opened to variety of accessed information.

Both of our study variables had a significant correlation, but the strength of this correlation was weak (r = 0.262). This might happen because the samples size in this study was not large enough. A larger sample size could provide a more accurate result of statistical test which close to clinical setting (Sastroasmoro & Ismael, 2011). Another weakness in this study was the categories of menarcheal age were too broad. The authors included the adolescent who had menarche at <12 years old and >14 years old into abnormal menarcheal age. It would more appropriate to divide them into new categories, such as early menarcheal age and late menarcheal age in order to yield a new finding.

CONCLUSION

The results showed that there was a significant correlation between menarcheal age and menstrual health awareness (p = 0.004; r = 0.262) which indicated that the

adolescent females who had their menarche at normal age (12-14 years) tend to have high awareness of menstrual health. However, the strength of the correlation in our study was weak because of narrowed sample size. Therefore, for the future study, the researchers recommend to use larger sample size with quasi-experimental or randomized controlled trial design.

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THE IMPACT OF HANDS ON PUMPING ON THE LEVEL OF BREAST MILK PRODUCTION ON POST PARTUM MOTHERS

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ABSTRACT*
The exclusive breastfeeding in Indonesia has not yet reached the national level target. Data from Private Hospital in West Jakarta found that there were only 60% of mothers who gave exclusive breast feeding in 2016, 38% of whom said they were unsuccessful due to low breast milk. The method that can be used to increase milk production is Hands on Pumping (HOP) technique, HOP is a technique of flushing the breast milk by relying on the strength of our thumb and index finger. To observe the effect of HOP on breast milk production in post partum mothers. We employed a quasi experimental design with pre and post test design, with the control group. The sample size was 68 mothers post multiparous partum with criteria 34 as the HOP experimental group and 34 post partum mothers as the control group (without HOP). On the third day of the intervention group there was a significant increase in breast milk production from the first day. The experimental group received HOP intervention (34 mothers) with a rise of 121.08 ml. This means that there is a difference in milk production before and after treatment. On the third day, the results of the p value are 0,000, with p value <0.05, which brought to the conclusion that there was an influence of HOP on breast milk production. HOP can significantly increase milk production. Next researcher is recommended to conduct similar research by paying attention to other factors that also affect breast milk production, such as psychological, nutrition, maternal breast conditions, and hormones.

Keywords: Postpartum mothers, hands on pumping, breast milk.
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INTRODUCTION

Breast milk is the best food for babies created by God because its content is rich in nutrients, vitamins, minerals, antibodies that are suitable for the baby's needs (Roesli, 2009). Breast milk for babies is very important from birth to the age of six months without additional food or other formula. Breastfeeding during the first six months is known as Exclusive Breastmilk and has been recommended by the World Health Organization (WHO).

Based on WHO statistical data in 2012, only 39% of newborn less than six months in the world are exclusively breastfed, while in China, the exclusive breastfeeding rate is only 28%. This global number has increased very slowly over the past few decades, in part because of the low rates of breastfeeding in some developed countries (Smerdon & Wallace, 2013).

The Indonesian government's support for exclusive breastfeeding is establish in Government Regulation Number 33 of 2012 concerning the Government that

guarantees the fulfillment of the baby's right to get exclusive breastfeeding from birth to the age of six months by observing their growth and development. The achievement of exclusive breastfeeding fluctuated from 2011-2013 as follows, 65.87% in 2011, 53.78% in 2012, 57.63% in 2013 (Statistical Center and Ministry of Health, 2014).

From observational data obtained from Private Hospital in West Jakarta in the midwifery room, achievement of breastfeeding for babies has not reached 100%, around 38% of mothers can not breastfeed due to lack of milk production (Amarille, 2016). Another factor that inhibits exclusive breastfeeding because 25% of patients complain of pain while breastfeeding, 20% of patients complain of anxiety and fear of lack of milk production, and 12% of patients said they did not know or did not understand how to put their baby in the right position and attachment while breastfeeding.

Factors that can inhibit the failure of exclusive breastfeeding in infants are often due to lack of milk production flowing smoothly and rapidly (Perinasia, 2012). One technique for increasing breast milk production is Hands On Pumping (HOP), which is one of the nursing interventions in health services. HOP technique is the technique of flushing the breast milk using hands by relying on the strength of our thumb and index finger (Perinasia, 2012).

METHODS

This study is a quasi-experimental research design using pre-post test design with control group that takes measurements at the beginning and at the end of the study (Notoatmodjo, 2010). The sampling technique in this study was conducted with non-probality sampling, namely consecutive sampling of 68 mothers post multiparous partum in Private Hospital in West Jakarta on December 5, 2017 until January 24, 2018. (Dharma, 2011; Dahlan, 2014).

This research was conducted under the review of the Mochtar Riady Institute for Nanotechnology Ethics Committee (MRIN ethical review number (04.1710182.) With the aim of assessing feasibility. The ethical principles that were used in this research are benefits, respect of human dignity, and justice (Polit & Back, 2012).

The data obtained was analyzed by univariate and bivariate analysis to see the effect of HOP with the dependent variable

(breast milk production) using the independent t-test statistical test. The research instrument used was a questionnaire to determine age, education and employment and form for observing breast milk produced from the first day and the third day. The measuring device uses are syringe 1 ml, 3 ml syringe, measuring spoon, and cup feeder.

All respondents were first educated about the benefits of breastfeeding, how to breastfeed, how to increase breast milk production, and accompanied for Early Breastfeeding Initiation for 30 minutes to one hour (Roesli and Yohmi, 2009). In the control group milking was carried out on the first day after Early Breastfeeding Initiation and on the third day at 08.00 WIB to find out the amount of milk produced and accompanied for 3 days while breastfeeding. In the intervention group respondents were given additional explanations about how to increase milk production and HOP techniques.

After early breastfeeding the mother is assisted in performing HOP then the amount of breast milk is recorded on the observation form. Furthermore, HOP was conducted at 08.00 WIB, 14.00 WIB and 21.00 WIB for 3 days.

RESULTS AND DISCUSSION

The results of the study regarding the effect of HOP on the level of milk production in postpartum mothers in Private Hospital in West Jakarta. This research was conducted on December 5, 2017 until January 24, 2018 at Private Hospital in West Jakarta with a total of 68 respondents consisting of 34 control groups and 34 intervention groups. Respondents in this study were postpartum multiparous mothers from day one to day three who were treated at Private Hospital in West Jakarta in Midwifery room.

Table 1 Respondent Characteristic Distribution (n= 68 people)

Treatment	Category	N	%
Age	17-25	8	11.8%
	26-35	48	70.6%
	36-45	12	17.6%
Education	Junior High	1	1.5%
	Senior High	20	29.4%
	University	47	69.1%
Occupation	Employed	40	58.8%
	Unemployed	28	41.2%

Based on the table above, it can be seen that the average response age is around 26-35 years which is a productive age. The youngest age of the respondent is 21 years old and the oldest is 40 years old. The most education from respondents was tertiary education at 69.1% and the average respondent is a person who works at 58.8%.

Table 2. Distribution of total breastmilk in the intervention group on the first and third days of mothers post multiparous partum (n=34)

Time	Mean	SD	95% CI	P *Value*
Day: 1	1.67	1.48	142.77	0.0001
Day: 3	122.76	62.50	-99.40	

The table above shows a significant increase in milk production from the first day of the intervention group receiving HOP intervention with an increase of 121.08 ml. This means that there is a difference in milk production between before and after treatment. On the third day of P value 0,000, p value <0,05 concluded that the influence of HOP on milk production. The stimulation that results from the muscles of the breasts generated by HOP techniques stimulates smooth muscle contraction, and the stimulation is useful to activate and increase the production of breast milk (Perinasia, 2012, Roesli, 2010).

Table 3. Distribution of milk production of first and third day control groups in multipara postpartum mothers (n=34)

Time	Mean	SD	95% CI	P *Value*
Day- 1	0.89	1.42	13.80-7.44	0.0001
Day- 3	11.52	9.62		

The table above shows that there is an increase in milk production from the control group of post partum mothers. The increase of milk production from the first and third days was 10.62 ml. On the third day, the results of P value 0.000 <0.05 means that the control group experienced an increase on the third day.

Table 4. Distribution of Breastfeeding Production in Intervention Group and Control Group on Day 1 and Day 3 in Multipara Post-Partum Mother (n = 68)

Variabel	Mean	SD	95% CI	P *Value*
Intervention Day-1 Control Day-1	1.67 0.89	1.48 1.42	0.07- 1.48	0.30
Intervention Day-3 Control Day-3	122.76 11.52	62.50 9.62	89.58- 132.89	0.0001

The table above illustrates that there is a similar increase in breast milk production in the mothers of the intervention group and control group, it can be seen from the increase in breast milk production on the first day of the two groups until the third day. The intervention group had an increase in breast milk production at 122.76 ml, which is far more than the control group.

The third day is a period of lactoginesis II where the breast that has been stimulated from the baby's mouth during breastfeeding can increase milk production more than that in the mothers who do not breastfeed their babies (Biancuzo, 2003; Evariny, 2008). On the second and third days postpartum, estrogen and progesterone levels dropped dractically so that the effect of prolactin was more dominant and at this time breast milk secretion began to occur. With early breastfeeding, there is

stimulation of the nipples, and prolactin is formed by the pituitary, so that breast milk secretion is smoother. This explains why each respondent experienced an increase in breast milk production on the third day (Bahiyatum, 2008; Perinasia, 2012; Dahl, 2015).

The similarity of the increase in breast milk production on the third day of the two respondents based on the results of the study can be seen from the fact that the two groups did the same thing to breastfeed their babies as early and as activelyas possible. In the beginning of the study, researchers began the Early Breastfeeding Initiation known as IMD. Baby's skin contact with mother's skin stimulates the production of oxytocin and prolactin in mothers to increase milk production (Roesli, 2008).

The increase of breast milk production on the third day was an average of 11.52 ml. Both respondents have a difference in the amount of breast milk production produced by 111.24 ml. This research is in line with the theory of breastmilk formation in lactogenesis II that on the third day after birth the breasts will experience fullness of breast. The volume of breast milk will increase because of the stimulation caused when the mother is breastfeeding and when the mother is doing HOP which is one way to increase breast milk production (Susanto, 2009).

The result of statistical test shows that there are influence of HOP with the amount of milk production in post partum mother. On the third day, the HOP group experienced an increasein the amount of milk production with an average of 122.76 ml while the group that didn’t do HOP on the third day, experienced an increase with the average of 11.52 ml. This shows that HOP can increase breast milk production.

The results of this study are reinforced by the theory stated by Medela (2016), Perinasia (2012) and Roesli & Yohmi E (2009) which claimed that breasts do not become completely empty after breastfeed the babies because the baby's stomach capacity is still small, so it is not optimal in emptying breast. Breasting techniques can be done either by breastfeeding or milking. At the time of milking the prolactin hormone will come out if there is emptying process of the breast milk. The more breastmilk is removed or emptied from the breast, it will increase milk production.

Jiang et al (2015) in China in their article entitled "The Evalution of the Impact of Breast Milk Expression in Early Postpartum Period on Breastfeeding Duration" explains that the postpartum mothers who succeeded in breastfeeding for six months were the mother who combined direct breastfeeding and breast milk which prolonge the period of mother's breastfeeding. According to the research of Mardiyaningsih, E., Setyowati & Sabri, L. (2011) in the effectiveness of combination of marble and oxytocin massage techniques to the production of post-sectio breastmilk mothers, there were as many as 23 people (85.2%) who were given the intervention of her milk production smoothly, while in the control group there were only nine people (33,3%).

The results of the analysis, also obtained post-sectio mothers who were given combined intervention of marmet techniques and oxytocin massage that had probability of 11.5 times higher and had the experience of smooth breast-feeding than the control group. J Marton, Jy Hallm RJ Wong, L Thairu, We Benitz and WD Rhine (2009) in the title "Combinating Hand Techniques with Electric Pumping Increases Milk Production in Mothers of Preterm Infants" conducted a study on the combination of hand techniques with machine pumps boosting milk production in mothers with premature babies. The study revealed that mothers who gave birth prematurely and mothers with babies whose conditions are unable to be breastfeed are directly can avoid the lack of milk production by using breast milk pumping. In the first three days post partum of the mothers who used hands to flush five times a day, there was a Mean Daily Volume (MDV) of 820 ml per day in eight weeks.

CONCLUSIONS

HOP effectively increased breastmilk production, as evidenced by an increase in the number of breast milk on third day compared to the first day of 121.08 ml. On the third day of the intervention group, the results of p value 0,000, so it can be concluded that there was an effect of HOP on breastmilk production because the p value was <0.05.

HOP is a technique or method to help increase milk production. This can help maximize prolactin respiration and minimize side effects from delayed breastfeeding (Evariny, 2008). In this study, the researchers only looked at the effects of HOP, without controlling

psychological variables, nutrition, breast conditions, and hormones that support breast milk production. Thus, for further research, it is recommended to consider these factors to support the exclusive breast milk program which is one of the government's main programs.

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THE EFFECTIVENESS OF COGNITIVE BEHAVIORAL THERAPY TO REDUCE TUBERCULOSIS SELF-STIGMA: A LITERATURE REVIEW

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ABSTRACT
Tuberculosis is an infectious disease with severe stigma. It is estimated that half of TBC patients have experienced internalization of stigma due to negative stereotypes from their community. The purpose of this review article review was to determine and to assess the effectiveness of cognitive behavioral therapy in reducing tuberculosis self-stigma. PRISMA flow diagram was used to show papers reviewed. Database used consisted of ProQuest, Science Direct, PubMed, Research Gate, Springer Link, and Google Scholar using keywords: CBT, AND Self Stigma, Cognitive behavioral therapy to reduce self stigma, CBT OR Self Stigma, Self-stigma AND CBT Intervention. articles published in English m 2003 to 2018 discussing HIV-related stigma and discrimination on patients with TB. Out of 15245 articles retrieved, 6% (4 articles) were reviewed. This review article using Downs and Black scale apprised the quality of the selected articles. Analysis method used thematic analysis and found stigma intervention as a theme. The results found four studies about the effectiveness of cognitive behavioral study and one study comparing cognitive behavioral therapy with psychoeducational (PE) found to be more helpful than CBT intervention. In another article showed more than a half of the sample (50%) from studies indicated that cognitive behavioral therapy can reduce self-stigma. Using cognitive behavioral therapy is effective for helping TBC patients to change negative beliefs and reframe their beliefs about their illness and the effect can help to reduce self-stigma.

Keywords*:self-stigma, cognitive behavioral therapy, internalised stigma*

INTRODUCTION

Tuberculosis (TBC) is an infectious disease by *Mycobacterium tuberculosis*. TBC is one of the leading causes of death in the world. The prevalence of tuberculosis disease worldwide is estimated to be 10.4 million people with TBC in 2016 and the majority of patients (90%) are adult. Indonesia is one of the five countries with the highest tuberculosis cases (Kemenkes RI, 2015; WHO, 2017).

The estimated prevalence of tuberculosis disease in Indonesia in 2016 was reported to be 395 new cases per 100,000 people,and as many as 10.4 million people with 1,2 million new cases every year (WHO, 2018). There was an increasing prevalence of TBC due to negative stereotyping of TBC patients by the community that was internalized by TBC patients. Internalized stigma is a significant predictor that takes place due to discrimination which hasnegative effect on patient’s social function.

Stigma is influenced by social, and financial factors. TBC stigma involves negative stereotype, prejudice, and discrimination (Moriarty, Jolley, Callanan,

& Garety, 2012). There are many TBC patients who survived their illness and community isolation. The negative stereotype is related to immortality behavior, hedonism, poverty, maginalized groups, sex worker and people with HIV/ AIDS (Cremers et al., 2015; Sommerland et al., 2017; Hague, 2017). The negative stereotype of TBC leads to internalization and belief of what other people think that make TBC patients get TBC self-stigma due to depressed and not feassasible (Chinouya & Adeyanju, 2017).

TBC patients (n=300) experienced stigmatization, and a half of the participants (50,4%) experienced internalization of stigma due to negative stereotypes from community that they received, such as the linkage between HIV and Tuberculosis (Cremers et al, 2015). Internalization of stigma in tuberculosis patients causes fear of TBC transmission, hopelessness, guilt, and low self esteem. The self-stigmaof TBC as a punishment that causes patients to isolate themselves (Chinouya & Adeyanju, 2017; Cremers et al., 2015; Kurspahić-mujčić et al., 2013).

Self-stigma affects the ability to manage the disease, to cure the disease, and causes delay to access health care providers due to negative social identity (Hidayati, 2015; Kementrian Kesehatan RI, 2015; Craig, Daftary, Engel, Driscoll, & Ioannaki, 2017). In addition, individuals with TBC who are stigmatized every day with a combination of internal stigma and negative self-esteem in moderate level can experience increased anxiety and low self-esteem (Khan & Naqvi, 2017).

Cognitive behavioral therapy (CBT) is a strategy that gives challanges TBC patients' belief and reduce the negative impacts impact on themselves (Watson, Corrigan, & Jonathon, 2007). CBT improved the outcomes in social functioning activities;and the intervention could be useful to support the recovery-focused narrative therapies which address broader impacts of the illness on the patients and to promote campaigns to reduce societal stigma (Moriarty et al., 2012).

Cognitive behavioral is very important to reduce TBC self-stigma, which eventually can help TBC patients get the cure, access health care providers, and achieve goals of TBC global health by changing their beliefs (Craig et al., 2017). The objective of this literature review is to know the effectiveness of cognitive behavioral therapy (CBT) intervention to reduce TBC self-stigma.

METHOD

This study used literature review with comprehensive search strategy to identify and to assess the effectiveness cognitive behavioral therapy (CBT) in reducing TBC self-stigma. This review article used PRISMA flow diagram to show articles retrieved and reviewed. Database used consisted of ProQuest, Science Direct, PubMed, Research Gate, Springer Link, and Google Scholar.

Using keywords such as CBT AND Self Stigma, Cognitive behavioral therapy to reduce self stigma, CBT OR Self Stigma, Self-stigma AND CBT Intervention. Inclusion criteria consisted of articles written in English, articles published from 2003 to 2018, and addressed HIV-related stigma and discrimination on patients with TB. Manual search from reference list of relevant articles were conducted to find additional articles that met inclusion criteria. The exclusion criteria in this articles review were articles that do not include CBT intervention to reduce self-stigma toward TBC and poorly defined constructs, qualitative studies and article reviews.

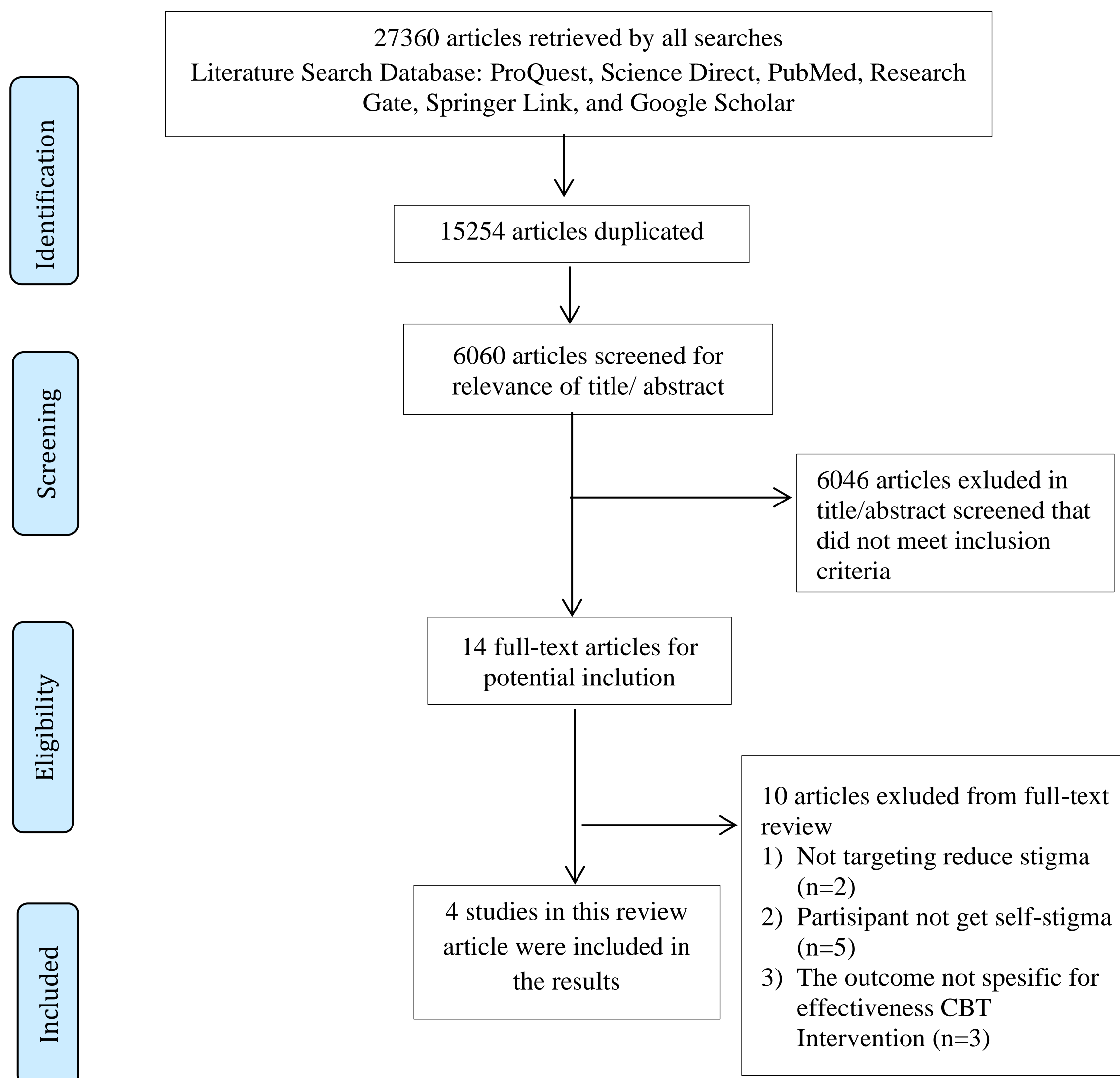
The author independently appraised the quality of the selected articles using Downs and Black scale (Studies, 2008). Downs and Black scale was used to assess both randomized and non randomized studies for assessing quality and bias from the article. The tool used Likert scale.

RESULT

The search results in the selected database came up with a total of four studies written in English from 2003 to 2018, whichmatched the keywords. There are 27360 articles retrieved by all searches Literature Search Database: ProQuest, Science Direct, PubMed, Research Gate, Springer Link, and Google Scholar. From searched, there are 6060 articles screened for relevance of title/ abstract, and only 14 full-text articles for potential inclution, and 10 articles exluded from full-text review because of not targeting reduce stigma (n=2), partisipant not get self-stigma (n=5), and the outcome not spesific for effectiveness CBT Intervention (n=3).

It is presented in the PRISMA Flow Diagram (figure 1). The results of this study show that nine studies indetified CBT intervention to reduce self-stigma. The detailed demography of relevant papers is described in table 1.

Figure 1. PRISMA Flow Diagram



The effectiveness of Cognitive Behavioral Therapy (CBT) intervention

The results found four articles that showed the effectiveness of cognitive behavioral study and one study showed that the combination of cognitive behavioral therapy with psychoeducational (PE) is more helpful than CBT intervention. In another article showed more than a half of the sample (50%) indicated that cognitive behavioral therapy can reduce self-stigma. Result from the Griffiths, et al. 2004 study showed significant reduction in stigmatizing from baseline to post-intervention.

The effects from this study showed the post-effect for personal stigma with the following results: 0.12 (BluPages or depression information website), 0. 11 (MoodGYM or a cognitive-behavioural skills training website) and 70. 07 (control for the intent-to-treat group, and 0. 13, 0. 10 and 70. 09) respectively for those who completed the trial. The corresponding pre-post effects for perceived stigma were 0.01, 0.09 and 0.14 for the intent-to-treat group and 0.02, 70.14 and 0.15 for those who completed the trial (Griffiths et al., 2004). This showed that cognitive-behavioural therapy literacy significantly reduced personal stigma, although the effects were small.

BluePages had no effect on perceived stigma and MoodGYM was associated with an increase in perceived stigma relative to the control. Study research by Shimotsu et al., 2014 showed that the cognitive bias was significantly correlated with-self stigma. In other study, cognitive therapy appeared feasible and acceptable to reduce stigma in people with psychosis who have high levels of internalised stigma. One study showed that cognitive behavioral therapy (CBT) alone was not as effective in reducing self-stigma as compared to using a combination of CBT and PE (Morrison et al., 2016; Wood et al., 2018).

Quality assesment

The author found a general lack of quality in intervention to reduce self-stigma which can be applied to TBC patients with self-stigma. There are no established quality criteria, the total possible score to give an indication of quality using Downs and Black Checklist (Studies, 2008) (Table 1).

Table 1 Results from the study of the CBT interventions to reduce Self-Stigma (n = 4)

No	Fist Author, Years	Method	Sample	Outcome
1.	Griffiths, et.al, 2004	Randomised Conrtol Trial (RCT)	525 adults (150 men, 375 women)	This randomised controlled trial demonstrated that, relative to an attention control group, both a web-based depression literacy intervention and a web-based cognitive–behavioural intervention resulted in a small but statistically significant reduction in stigmatizing attitudes towards depression among people with high levels of depressive symptoms.
2.	Shimotsu et al., 2014	Quasi-experiment	46 individual (36 men, 10 women)	Group CBT is effective in improving both emotional symptoms and self-stigma in outpatients with anxiety and depressive symptoms
3.	Morrison et al., 2016	A single-blind RCT	30 participant	Stigma-focused CT appears feasible and acceptable in people with psychosis who have high levels of internalised stigma. A larger, definitive trial is required
4.	Wood, et.al, 2018	Randomised Conrtol Trial (RCT)	65 participats (50 randomised to CBT and 15 to comparing CBT and psycoeducational PE	The PE intervention appeared more helpful than the CBT intervention on some outcomes, however due to the small sample sizes no specific inferences can be made and further large-scale research would be required.

DISCUSSIONS

TBC patients who have high levels of stigma were more likely to have greater depression and related mental health problems. Therefore, the care of TB patients should also include mental healthcare due to the existence of TBC stigma and depression (Lee, Tung, Chen, & Fu, 2017). Self- Stigma on TBC is one of the things that have effect on global TBC goals due to emotional effect in TBC patients which make them isolate themselves. Self-stigma is related to decreased self-esteem, self-efficacy, decline in social adaptation, and severe depressive symptoms (Fung, Tsang, & Cheung, 2011; Shimotsu et al., 2014).

Stigma reduction strategies are available in different levels and strategies which are divided as 1) Intrapersonal level, consisting of Counseling, Cognitive Behavioral therapy (CBT), Empowerment, Group

conselling, selp-help and support groups; 2) Interpersonal level: Care and Support, Home care teams, and trainingprogram; 3) Community level: Education, and Advocacy (Heijnders, 2015).

Cognitive behavioral therapy is part of intrapersonal level that means this strategy is appropriate to reduce TBC self-stigma. Treatment methods for reducing self-stigma have been investigated in recent years, particularly those incorporating the relationship between cognitive bias and self-stigma. Watson et al. proposed a cognitive process model which explained how negative self-beliefs may lead to self-stigmatization (Watson et al., 2007). Another article review showed CBT is one of the strategies intervention to reduce TBC stigma (Heijnders, 2015).

The CBT intervention to reduce TBC self-stigma is very important because it helps to control TBC disease and eliminates TBC as the developmental goals. Based on this article review, almost all articles in this review showed that CBT intervention was significant to reduce self-stigma. It utilizes cognitive behavioral techniques to improve motivation, enhance adherence-related behaviors, and address barriers and solves problems that interferences with adherence to HIV medications (Newcomb et al., 2015). Short course of group CBT treatment is effective in improving social behaviour which may reduce self stigma that causes social isolation (Wykes et al., 2005).

The limitations of this study need to be considered when interpreting the findings. First, this study only used 4 articles in English, which may include inclution criteria and data was largely so this study is not able to group intervention types on stigma types.

CONCLUSIONS

Cognitive behavioral therapy is one of strategy interventions used to reduce self-stigma in TBC patients. Patients with infectious disease will get negative stereotype from their community. Negative streotype makes TBC patients internalized stigma which then develops into self-stigma. Using cognitive behavioral therapy as intervention is effective to help TBC patients to change the negative beliefs and reframe their beliefs about their illness and change their negative beliefs.

Conflict of interest: The author have no conflict of interest to report.

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PELAKSANAAN IDENTIFIKASI PASIEN DI RUANG RAWAT INAP BERDASARKAN PENGETAHUAN DAN KEPATUHAN PERAWAT

PATIENT IDENTIFICATION IMPLEMENTATION IN THE INPATIENT UNIT BASED ON NURSES' KNOWLEDGE AND ADHERENCE

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ABSTRAK
Kesalahan melakukan identifikasi pasien dapat menimbulkan masalah dan ancaman keselamatan pada pasien. Pengetahuan dan kepatuhan perawat yang adekuat dalam melaksanakan identifikasi pasien dapat meningkatkan keselamatan pasien. Penelitian ini menggunakan penelitian kuantitatif desain korelasi, dilakukan pada bulan Juli diruang rawat salah satu Rumah Sakit Swasta di Indonesia Barat dengan jumlah responden 37 perawat. Alat yang digunakan adalah kuesioner yang sudah diuji validitas dan reliabilitas untuk mengukur pengetahuan dan kepatuhan. Serta lembar panduan observasi berupa *checklist* observasi yang dikembangkan dari Standar Prosedur Operasional, untuk mengamati perilaku perawat mengidentifikasi pasien di ruang rawat inap. Data dianalisis menggunakan uji univariat dan uji bivariat dengan uji korelasi Spearman Rank. Uji korelasi *Spearman Rank* menunjukkan ada hubungan signifikan bersifat lemah antara tingkat pengetahuan dan kepatuhan perawat berdasarkan kuesioner (p=0,049). Berdasarkan observasi, tidak ada hubungan antara pengetahuan dan kepatuhan perawat (p=0,159). Hasil penelitian ini bertolak belakang dengan kepatuhan perawat dalam melakukan identifikasi pasien, yang diukur dengan kuesioner. Penelitian selanjutnya dapat meneliti faktor yang memengaruhi ketidakpatuhan perawat dalam melakukan pelaksanaan identifikasi pasien di ruang rawat inap.

Kata Kunci*: Identifikasi Pasien, Pengetahuan Perawat, Kepatuhan Perawat, Rawat Inap***

ABSTRACT
Making errors in patient identification can cause problems and are threats to safety of patients. Nurses' adequate knowledge and adherence to the implementation of patient identification can improve patient safety. This study used quantitative research with correlation research design. This study was conducted in the inpatient unit at a private hospital in western Indonesia with a total of 37 nurses. Data were collected using questionnaires developed and has been tested for validity and reliability. Observations were also carried out to directly observe the nurses' behaviors in carrying out patient identification using checklist observation guide developed from the standard operational procedures of the hospital. Data were analyzed using both univariate and bivariate tests with Spearman Rank. The results of this study showed significant correlation between level of nurse's knowledge and adherence in implementing patient identification correctly with patient identification implementation (p value = 0.049). Based on the observation of the nurses in the ward showed no significant correlation between level of knowledge and adherence and implementation of patient identification by nurses (p value = 0.159). The results of the observation of nurses was contrary to the study results collected from questionnaire that measure nurses' adherence, thus further research is needed to identify factors that effect nurses' adherence in implementing patient identification in in-patient unit.

Keywords**: Patient Identification, Nurse Knowledge, Nurse Adherence, Hospitalization***

PENDAHULUAN

Sasaran Keselamatan Pasien (SKP) yang pertama adalah identifikasi pasien (*Joint Commission International (JCI),* 2013). Identifikasi pasien adalah hal mendasar yang harus dilakukan oleh seorang perawat sebelum memberikan asuhan keperawatan dan sebelum melakukan prosedur tindakan guna menghindari kesalahan. Identifikasi pasien dimulai dari pengumpulan data hingga pencatatan mengenai segala keterangan bukti individu yang dapat digunakan tenaga kesehatan untuk menetapkan serta menyamakan keterangan tersebut dengan individu yang sedang dikaji (Komite Keselamatan Pasien Rumah Sakit [KKP-RS], 2014).

Rumah sakit bertanggung jawab menjamin proses identifikasi pasien berjalan dengan benar sejak pertama kali pasien mendaftar (Setiowati, 2010). Proses identifikasi memerlukan sedikitnya dua cara untuk mengidentifikasi pasien seperti nama pasien, nomor rekam medis, tanggal lahir, gelang (identitas pasien) dengan *barcode* atau cara lain. Nomor kamar atau lokasi pasien tidak bisa digunakan untuk identifikasi (Komisi Akreditasi Rumah Sakit (KARS), 2017).

Menurut Departemen Kesehatan Republik Indonesia [Depkes RI] (2011), kesalahan

melakukan identifikasi pasien berpotensi besar menimbulkan masalah dan ancaman keselamatan pasien dan jika tidak diatasi akan menyebabkan masalah berkelanjutan seperti terjadinya *adverse events* atau Kejadian Tidak Diharapkan (KTD), Kejadian Nyaris Cidera (KNC), dan Kejadian Tidak Cidera (KTC). Kesalahan melakukan identifikasi pasien dapat terjadi dalam beberapa situasi, seperti pasien yang dalam keadaan terbius (tidak sadar), mengalami disorientasi, bertukar tempat tidur/kamar di rumah sakit, adanya kelainan sensori, dan lain sebagainya (Depkes RI), 2011).

Berdasarkan data dari *Joint Commission International* (JCI) (2012), terjadi 13% kesalahan dalam pembedahan (*surgical error*) dan 68% kesalahan transfusi darah karena kesalahan pada tahapan identifikasi pasien. Di Indonesia, terjadi 145 insiden keselamatan pasien yang terdiri dari KTD sebanyak 46%, KNC sebanyak 48%, sebanyak 6% insiden lain, dan Yogyakarta menempati urutan ke-3 dari insiden tersebut dengan persentase sekitar 13% setelah DKI Jakarta dan Jawa Tengah (Depkes RI, 2011).

Pada tanggal 27 Maret 2018–30 Maret 2018, dari 100 pasien yang diobservasi peneliti selama melakukan praktik di ruang rawat inap di sebuah rumah sakit swasta di Indonesia bagian barat menemukan lima pasien tidak mengenakan gelang nama dan delapan pasien tidak terpasang stiker pada gelang nama. Pada bulan Januari-Maret 2018 terjadi 5,4 % kasus *medication error* yang terjadi karena perawat tidak melakukan identifikasi pasien.

Kendati bagian pengajaran dan pelatihan di rumah sakit ini telah melakukan pelatihan *International Patient Safety Goals* (IPSG) sebanyak enam kali pada tahun 2017 (*Quality & Risk* Rumah Sakit Indonesia di Bagian Barat, 2018), namun masih ditemukan kejadian *medication error* akibat perawat lalai melakukan identifikasi pasien. Hal ini tentu sangat merugikan pasien. Ada banyak faktor penyebab perawat lalai mematuhi implementasi identifikasi pasien. Salah satunya adalah pengetahuan perawat yang kurang dalam pentingnya melakukan identifikasi pasien dan akibat kelalaian dalam hal ini. Pengetahuan perawat mengenai pentingnya identifikasi pasien dapat meningkatkan kepatuhan perawat dalam melaksanakan identifikasi pasien.

Definisi dari kepatuhan perawat adalah perilaku perawat sebagai seorang yang profesional yang harus mentaati dan melakukan anjuran, prosedur atau aturan (Ulum & Wulandari, 2013). Penelitian mengenai pengetahuan dan kepatuhan perawat dalam melaksanakan identifikasi pasien pernah dilakukan di Indonesia pada tahun 2008 oleh Pamuji, Asrin, & Kamaludin di Rumah Sakit Umum Daerah (RSUD) Purbalingga. Hasil penelitian tersebut menunjukkan bahwa pengetahuan perawat tidak selalu menjamin kepatuhan dalam penerapan Standar Prosedur Operasional (SPO). Pada tahun 2016, Rahmaningrum juga melakukan penelitian serupa di Rumah Sakit PKU Muhammadiyah Bantul dengan hasil tidak terdapat hubungan antara tingkat pengetahuan perawat dalam pelaksanaan identifikasi pasien.

Di sebuah rumah sakit swasta di Indonesia bagian barat pernah dilakukan penelitian mengenai tingkat kepatuhan perawat dalam melaksanakan identifikasi pasien, namun belum ada penelitian yang menganalisis hubungan antara pengetahuan dan kepatuhan perawat dalam melaksanakan identifikasi pasien. Oleh karena itu, peneliti tertarik melakukan menggali lebih mendalam tentang hubungan antara

pengetahuan dan kepatuhan perawat dalam melaksanakan identifikasi pasien di ruang rawat inap.

METODE

Penelitian ini mengambil tempat di dua (2) unit rawat inap di sebuah rumah sakit swasta di Indonesia bagian barat dengan total responden 37 perawat pelaksana. Teknik pengambilan sampel yang digunakan oleh peneliti adalah *total sampling*. Instrumen penelitian yang dipakai meliputi lembar kuesioner dan daftar panduan observasi. Kuesioner dalam penelitian ini adalah 13 soal pilihan berganda dan 9 soal dengan pilihan melakukan dan tidak melakukan. Peneliti mengembangkan kuesioner untuk mengukur pengetahuan perawat tentang identifikasi pasien dengan benar.

Kuesioner merupakan adaptasi dan modifikasi dari kuesioner yang dikembangkan oleh Rahmaningrum (2016) menjadi soal berbentuk pilihan berganda (*mutiple choice)*, dengan tujuan soal pilihan berganda dapat lebih mengukur tingkat pengetahuan dengan lebih tajam. Skor untuk jawaban benar adalah (1) dan untuk jawaban salah adalah (0). Untuk variabel pengetahuan, kategori sebagai berikut: pengetahuan tinggi diperoleh jika jawaban benar yang diberikan responden mencapai 10-12 soal (76-100%); pengetahuan sedang jika jawaban benar mencapai 7 -9 soal (56-75 %). Sedangkan untuk kepatuhan, yang dikategorikan patuh adalah melakukan 9 komponen pada lembar observasi sesuai SPO identifikasi pasien. Dikategorikan tidak patuh jika tidak melaksanakan keseluruhan 9 komponen identifikasi pasien.

Peneliti melakukan uji validitas dan reliabilitas kuesioner pengetahuan dan kepatuhan serta lembar panduan observasi yang telah diujicoba oleh peneliti pada 23 responden perawat rumah sakit swasta di Bekasi pada bulan Mei 2018. Uji validitas terhadap 13 item soal menunjukkan bahwa. 8 pertanyaan valid, 4 item soal menunjukkan hasil konstan dan 1 item soal tidak valid. Untuk pertanyaan dengan hasil konstan, peneliti tetap mencakupkan soal tersebut karena kuesioner pengetahuan sudah dilakukan uji validitas oleh Rahmaningrum (2016). Semua item soal dalam kuesioner juga telah teruji reliable (*Cronbach's Alpha* 0,822).

Peneliti mengembangkan kuesioner untuk mengukur kepatuhan perawat dalam melakukan identifikasi pasien dengan benar. Kuesioner dan lembar panduan

observasi diadaptasi dan dimodifikasi dari Standar Prosedur Operasional (SPO) identifikasi pasien yang digunakan di rumah sakit tempat pelaksanaan penelitian. Kuesioner dan lembar observasi ini diadaptasi dan dimodifikasi oleh peneliti menjadi pilihan “Melakukan” dan “Tidak Melakukan”. Penilaian kuesioner yaitu skor untuk pertannyaan positif jawaban melakukan adalah (1) dan untuk jawaban tidak melakukan adalah (0), sedangkan skor untuk pertanyaan negatif jawaban melakukan adalah (0) dan untuk jawaban tidak melakukan adalah (1). Penilaian pada lembar observasi, skor untuk melakukan adalah (1) dan tidak melakukan adalah (0). Uji validitas menunjukkan 10 item soal pada lembar observasi semua valid, namun satu (1) soal dianulir karena dipertimbangkan tidak relevan dengan keadaan ruang rawat inap tempat pelaksanaan penelitian. Data pada penelitian ini dianalisis menggunakan univariat dan bivariat dengan uji korelasi Spearman Rank. Persetujuan etik penelitian ini diperoleh dari *Research Community Service and Training Committee (RCTC)* Universitas Pelita Harapan.

HASIL

Tabel 1 menunjukkan dari 37 responden, sebagian besar responden berjenis kelamin perempuan (94,6%), berusia 21-30 tahun (73%), sebagaian besar memiliki latar belakang pendidikan DIII (62,2%) dan mayoritas telah bekerja selama satu hingga lebih dari lima (5) tahun. Tabel 2 dan 3 masing-masing menunjukkan bahwa sebagian besar responden (83,8%) memiliki tingkat pengetahuan tinggi dan sebagian besar (89,1%) menunjukkan kepatuhan yang tinggi terhadap pelaksanaan identifikasi pasien di ruang rawat inap. Penelitian ini melibatkan 37 responden dengan karakteristik responden sebagai berikut:

Tabel 1 Distribusi Frekuensi Karakteristik Responden

Variabel	Kategori	Frekuensi (n)	Persentase (%)
Jenis Kelamin :			
	Pria	2	5,4
	Wanita	35	94,6
Umur :			
	21-30 tahun	27	73
	31-40 tahun	8	21,6
	41-50 tahun	2	5,4
Pendidikan :			
	DIII Keperawatan	23	62,2
	S1 Keperawatan	14	37,8
Lama Kerja :			
	<1 tahun	4	10,8
	1-5 tahun	18	48,6
	>5 tahun	15	40,6

Tabel 2 Tingkat Pengetahuan Perawat tentang Identifikasi Pasien

No	Tingkat Pengetahuan	Frekuensi (n)	Persentase (%)
1.	Tinggi	31	83,8
2.	Sedang	6	16,2
	Total	37	100

Tabel 3 Tingkat Kepatuhan Perawat terhadap Pelaksanaan Idetifikasi Pasien Berdasarkan Kuesioner

No	Tingkat Kepatuhan	Frekuensi (n)	Persentase (%)
1.	Patuh	33	89,1
2.	Tidak Patuh	4	10,9
	Total	37	100

Tabel 4 Hubungan Tingkat Pengetahuan dan Kepatuhan Perawat dalam Pelaksanaan Identifikasi Pasien

Variabel	Kepatuhan Perawat				Total		P
Pengetahuan	Patuh		Tidak Patuh				
Perawat	F	%	F	%	F	%	
Tinggi	27	72,9	4	10,9	31	83,8	0,049
Sedang	6	16,2	0	0	6	16,2	
Total	33	89,1	17	10,9	37	100	

Tabel 5 Hubungan Tingkat Pengetahuan dan Kepatuhan Perawat Dengan Pelaksanaan Identifikasi Pasien Berdasarkan Observasi

Variabel	Kepatuhan Perawat				Total		P
	Patuh		Tidak Patuh				
Pengetahuan Perawat	F	%	F	%	F	%	
Tinggi	18	48,6	13	35,2	31	83,8	0,159
Sedang	2	5,4	4	10,8	6	16,2	
Total	20	54	17	46	37	100	

Penelitian ini menggunakan uji korelasi *Spearman Rank* untuk mengidentikasi hubungan antara pengetahuan dan kepatuhan perawat dalam melaksanakan identifikasi pasien di ruang rawat inap. Berdasarkan analisis dengan uji *Spearman*, ada hubungan antara tingkat pengetahuan dengan kepatuhan perawat dalam melaksanakan identifikasi pasien didapatkan (*p value* = 0,049), dengan koefisien korelasi 0,365, yang menunjukkan hubungan yang bersifat lemah dengan nilai positif (+) atau searah (Martono, 2010). Sehingga dapat diartikan bahwa semakin tinggi tingkat pengetahuan perawat maka semakin tinggi tingkat kepatuhan perawat dalam melaksanakan identifikasi pasien di ruang rawat inap.

Peneliti kemudian memvalidasi hasil analisis data tersebut menggunakan kuesioner pengetahuan dan lembar observasi kepatuhan, di dapatkan hasil bahwa *p-value* = 0,159 > 0,05 yang berarti Ha ditolak dan Ho diterima. Sehingga tidak ada hubungan antara pengetahuan dan kepatuhan perawat dalam melaksanakan identifikasi pasien di ruang rawat inap. Akan tetapi, berdasarkan uji Spearman untuk hubungan pengetahuan perawat dan kepatuhan berdasarkan lembar observasi, tidak terdapat hubungan antara kedua variabel (p *value*=0,159) (lihat tabel 5).

PEMBAHASAN

Hasil penelitian ini menunjukkan bahwa sebagian besar responden (83,8%) memiliki pengetahuan tinggi tentang identifikasi pasien. Ada banyak faktor yang memengaruhi tingkat pengetahuan perawat tentang pelaksanaan identifikasi pasien. Salah satu kemungkinan dalam konteks perawat yang menjadi responden pada penelitian ini adalah karena perawat telah mendapatkan pelatihan terkait identifikasi pasien pada tahun 2017, yang hal ini dikonfirmasi oleh perawat sendiri. Faktor kontributor lain adalah adanya program akreditasi rumah sakit yang akan dilakukan pada bulan Juli, yakni pada saat penelitian ini dilakukan. Hal ini dapat meningkatkan kinerja perawat guna dapat memperoleh apresiasi akreditasi yang setinggi mungkin.

Persiapan akreditasi membuat perawat kembali mempelajari mengenai semua hal terkait pelayanan keperawatan, tidak terkecuali identifikasi pasien. Tenaga profesional, termasuk staf keperawatan perlu mengedukasi jajarannya tentang pentingnya keselamatan pasien berdasarkan standar nasional maupun internasional dan hal ini penting agar menjadi salah satu budaya dalam melaksanakan semua prosedur yang berlaku di sebuah rumah sakit (El-Jardali, Sheikh, Jamal dan Abdo, 2014), termasuk pelatihan maupun penyuluhan kepada perawat terkait keselamatan pasien. Hasil penelitian ini menunjukkan ada sebagian responden yang tidak mematuhi pelaksanaan identifikasi pasien baik berdasarkan data kuesioner maupun data observasi. Perawat termotivasi menerapkan sebuah prosedur ketika mereka dievaluasi secara individu dan mendapat penghargaan yang sepatutnya untuk sesuatu dikerjakan (Ardiansyah & Ayuni, 2012). Selama penelitian, peneliti tidak melihat ada evaluasi terhadap tindakan identifikasi pasien dan penghargaan yang diterima perawat ketika perawat patuh dalam melakukan identifikasi pasien.

Hasil penelitian ini juga menunjukkan ada hubungan antara pengetahuan dan kepatuhan perawat dalam melaksanakan identifikasi pasien (p = 0,049) berdasarkan data kuesioner kepatuhan. Penelitian ini sesuai dengan peneltian yang dilakukan oleh Bantu, Mulyadi & Bidjuni (2014) berjudul "Hubungan Pengetahuan Perawat dengan Penerapan *Identify Patient Correcly* di RSUS Ratatotok Buyat Kabupaten Minahasa Tenggara." Penelitian tersebut meng-gunakan pendekatan *cross sectional* dengan 48 responden. Uji korelasi menggunakan uji *Spearman Rank pada penelitian tersebut* menunjukkan bahwa ada hubungan signifikan antara pengetahuan perawat dan penerapan identifikasi pasien dengan benar di RSUP Ratatotok Buyat Kabupaten Minahasa Tenggara (p = 0,012).

Hasil penelitian Rahmaningrum (2016) tentang "*Tingkat Pengetahuan dengan Kepatuhan Perawat dalam Pelaksanaan Identifikasi Pasien di Bangsal Rawat Inap RS PKU Muhammadiyah Bantul.*" Juga mendukung hasil penelitian di rumah sakit swasta di Indonesia bagian barat ini. Penelitian Rahmaningrum (2016), menggunakan desain penelitian deskriptif analitik, juga menunjukkan tidak ada hubungan antara tingkat pengetahuan dan kepatuhan perawat dalam pelaksanaan identifikasi pasien di bangsal rawat inap RS PKU Muhammadiyah Bantul. Akan tetapi, hasil penelitian dengan menggunakan observasi di mana perawat dipantau langsung dalam hal pelaksanaan identifikasi pasien oleh peneliti tidak sesuai dengan pengukuran kepatuhan perawat dalam pelaksanan identifikasi pasien dengan menggunakan kuesioner.

Hasil penelitian yang saling bertolak belakang dari kedua analisa tersebut dapat terjadi karena kelemahan penggunaan kuesioner, yakni responden menjawab pertanyaan yang ada dengan sembarangan ataupun membenarkan semuanya supaya terlihat patuh dalam melaksanakan semua tindakan yang seharusnya. Namun, peneliti telah mengantisipasi hal ini dengan memberikan rentang waktu yang cukup bagi responden dalam mengisi kuesioner. Pada saat responden diobservasi oleh peneliti menggunakan lembar observasi, terdapat responden yang tidak patuh dalam melaksanakan tindakan identifikasi pasien.

Faktor lain yang kemungkinan menyebabkan perbedaan hasil penelitian pada kuesioner dan observasi adalah observasi dilakukan hanya satu kali, dan ada kemungkinan perawat yang diobservasi

mengetahui bahwa ia sedang diobservasi sehingga membiaskan hasil penelitian ini. Peneliti telah melakukan telah mengantisipasi hal ini guna meminimalkan bias pada hasil observasi, yakni dengan tidak memberi tahu kapan tepatnya peneliti melakukan observasi di ruang rawat inap kepada responden dan tidak melakukan observasi secara bersamaan.

Observasi dilakukan secara perorangan guna meminimalkan kecurigaaan, namun peneliti menyampaikan kepada kepala ruangan tentang tujuan penelitian dan meminta persetujuan penelitian. Oleh karena itu, penelitian selanjutnya dapat meneliti faktor yang memengaruhi ketidakpatuhan perawat dalam melakukan pelaksanaan identifikasi pasien.

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THE DIFFERENCE OF PAIN SCALE USING NUMERIC RATING SCALE AND VISUAL ANALOG SCALE IN POST-OPERATIVE PATIENTS

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ABSTRACT*
Post-operative pain is acute and subjective therefore the perceived pain intensity will be different. In one of the western Indonesia Hospitals in measuring the pain threshold using 2 tools namely Numeric Rating Scale and Wong Baker Face. Measurement of the pain intensity can be done with NRS and VAS scale. The objective of this research was to identify the difference of pain scale using the NRS and VAS scale in post-operative patients. The research method was descriptive quantitative using comparative approach. The study was conducted on 1 November 2017 – 12 December 2017.The population of the study are the post-operative patients at the In-Patient wards in a private hospital in Western Part of Indonesia. The samples were obtained using purposive sampling with n = 41. Research instrumen consists of observation sheet using NRS and VAS scale. The results showed most respondents during the first eight hours using NRS scale had mild pain (80.5%); first 16 hours had light pain (63.4%); and had mild pain in the first 24 hours (85.4%). Using VAS scale, most of the respondents on the first eight hours has mild pain (87.8%); first 16 hours has mild pain (68.3%); and has mild pain in the first 24 hours (87.8%). The conclusion of this study is there is no difference in pain scale of post-operative patients using VAS scale and NRS scale. So, hospitals can also use the VAS scale to assess pain scale in post-operative patients.

Keywords: ***pain scale, post operative, numeric rating scale, visual analog scale***
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INTRODUCTION

Based on the data from World Health Organization (WHO), the number of patients with the action of surgery increases each year. At the time of recording in 2011, there were 140 million patients with surgery; and in 2012, there were 148 million people who performed surgery in all hospitals in the world. The surgery within Indonesia in 2012 reached
1,2 million people (WHO, 2013). National

Data Tabulation from the Ministry of Health Republic of Indonesia in 2009 showed the fact that surgery ranked as 11th from 50 pattern of disease in Indonesia with percentage of 12,8 %.

A private hospital in Western Part of Indonesia performed surgery in 2016 with the total of 2082 cases of patients consisted of One Day Care (ODC) cases and In-Patient cases. The surgery performed from January to June 2017 was with total of 1060 cases of patients consisted of One Day Care (ODC) cases and In-Patient cases. In April to June 2017 according to the data from the Pain Nurse at a private

hospital in Western Part of Indonesia, there were 256 patients experienced post-operative pain to the intensity of mild pain 81,25 %; and with moderate pain 18,75 %; and the instrument used was Numeric Rating Scale (NRS). Furthermore, the researchers conducted preliminary study using questionnaires to 10 post-operative respondents and the assessment was done in the first 8 hours after the patient arrived in ward using NRS; the results obtained were 20% from the patients experienced severe pain; 50% from the patients experienced moderate pain; and 30 % from the patients experienced mild pain. Based on observation, post-operative patients had difference onset of pain, there were patients with continuous pain, and also patients with different time of pain intensity.

Post-operative pain is the pain considered after surgery (Mustawan, 2008). Post-operative pain is acute pain because it occurs less than six months and with quick onset. According to Smeltzer & Bare in Langanawa and Cindrawati (2014), post-operative pain appears because of mechanical stimulation from the wound that caused the body produces chemical pain mediators. Toxonomi Committee of the International Association for the Study of Pain (IASP) defined post-operative pain as unpleasant experience in sensory and emotional which is related to tissue damage that is actual or potential to become as describe by terminology of damage. Pain intensity felt by each individual will be different, it was because the pain is a response that sensory subjective and it is an unpleasant experience emotional related to destruction of tissue as an actual or potential or felt in events where damage occurs (Perry & Potter, 2013).

Pain intensity is a subjective experience, so the pain intensity and the response to pain that experienced between individuals will be different (McGuire, 2006). Therefore, to understand the patients' pain intensity, the pain assessment needs to be performed. This needs to be done, to understand the pain threshold felt by the patient, so the nurse can perform interventions quickly and effectively, so patients can achieve comfort and avoid complications that may happen. As a nurse, the nurse must be able to understand the patient as individual related with the pain management (*Board of Nursing*, 2008). The pain scale used for the pain assessment according to Agency for Health Care Policy and Research (AHCPR in Novita 2012) consists of Visual Analog Scale, Numeric Rating Scale, and Wong Baker Face Scale.

A private hospital in Western Part of Indonesia performed pain assessment using

pain scale of Numeric Rating Scale consisted of number from zero to ten to assess patients' pain threshold know the patients' pain threshold (Black & Hawks, 2009); and Wong Baker Face scale. Therefore, the researchers want to study about Difference of Pain Scale Using Numeric Rating Scale and Visual Analog Scale in Post-Operative Patients.

METHOD

The research was conducted using descriptive quantitative research method with comparative approach. The research was conducted on Novemver 1st – December 12th,2017. Data collection was perfomed on postoperative patients counted 2 hours after the patient moved into the care room for 1 x 24 hours and carried out an assessment every eight hours. The research population was all post-operative patients in the In-Patient wards in a private hospital in Western Part of Indonesia. The research sample was calculated using purposive sampling with n = 41.

The reserch use inclusion and exclusion criteria. The inclusion criteria were all post operative patients and patient were willing to be respondents, aged > 18 years, fully aware and cooperative and post operative patients 1 x 24 jam. The exlusion criteria were patients > 65 years old, history of visual, hearing, muscular or central nervous system disorder, obstetric and neurosurgical patient, patients with surgical procedures without prior planning.

The research instruments used consisted of pain observation chart of NRS and VAS scale (© McMosby St. Louis, MO). According to Hjermstad et all (2011) NRS and VAS measuring instruments are reliable and valid for measuring pain intensity in adult patients. The research was conducted after ethical approval from *Research, Community-Service, and Training Committee* (RCTC) Faculty of Nursing (FON) Universitas Pelita Harapan (UPH). The data processing consisted of editing, coding, processing, cleaning, and tabulating. Data analysis was computerized using the Friedman test. Ethical consideration was closely observed in this study such as informed consent, anonymity and confidentiality.

RESULT

In this study, the researchers distributed pain observation charts to the post-operative patients that matched with the specified inclusion and exclusion criteria. The total number of respondents are 41 post-operative patients.

Table 1. Characteristics of the Respondents Post-Operative Patients
November, 1 – December, 12, 2017

Based on	Demographic	Frequency	Percentage (%)
Age	Adolescence (18-25 years old)	6	14.6
	Adult (26-45 years old)	21	51.2
	Elderly (46-65 years old)	14	34.1
Gender	Male	21	51.2
	Female	20	48.8
Type of Anesthesia	General Anesthesia	26	63.4
	Local Anesthesia	11	26.8
	Spinal Anesthesia	4	9.8
Type of Medication	NSAIDs	30	73.2
	Paracetamol (PCT)	6	14.6
	Opoid	5	12.2

The biggest percentage of respondents' age are in adult patients (31,7%), most respondents are male for their gender (51,2%), most respondents used general anesthesia (63,4%), and most respondents used NSAIDs as their type of medicines (73,2%).

Table 2. The Distribution of the Pain Scale in Post-Operative Patients using NRS scale
November, 1 – December, 12, 2017

Pain Scale	8th hours		16th hours		24th hours	
	n	(%)	N	(%)	n	(%)
No Pain	0	0	0	0	0	0
Mild Pain	33	80.5	26	63.4	35	85.4
Moderate Pain	8	19.5	15	36.6	6	14.6
Severe Pain	0	0	0	0	0	0
Total	41	100.	41	100.	41	100.

The biggest percentage of pain scale using NRS scale in the first 8th hours is mild pain (80,5%), in the first 16th hours is mild pain (63,4%), and in the first 24th hours is mild pain (85,4%).

Table 3. The Distribution of the Pain Scale in Post-Operative Patients using VAS scale
November, 1 – December, 12, 2017

Pain Scale	8th hours		16th hours		24th hours	
	n	(%)	N	(%)	n	(%)
No Pain	0	0	0	0	0	0
Mild Pain	36	87.8	28	68.3	36	87.8
Moderate Pain	5	12.2	13	31.7	5	12.2
Severe Pain	0	0	0	0	0	0
Total	41	100.	41	100.	41	100.

The biggest percentage of pain scale using VAS scale in the first 8th hours is mild pain (87,8%), in the first 16th hours is mild pain (68,3%), and in the first 24th hours is mild pain (87,8%).

The results of Friedman test to see the difference in pain scale on post-operative patients using NRS scale and VAS scale in the first 8th hours, in the first 16th hours, and in the first 24th hours (with n = 41) has shown that there is no significant difference in pain scale on post-operative patients.

DISCUSSION

In this study, the pain intensity in post-operative patients measured with two different pain scales, namely NRS scale and VAS scale, had shown mild pain using minimal scale of one and maximum scale of 5. The mean value of NRS scale in the first 8th hours is 2,95; in the first 16th hours is 3,41; and in the first 24th hours is 2,80.

Meanwhile, the mean value of VAS scale in the first 8th hours is 29,76; in the first 16th hours is 33,90; and in the first 24th hours is 27,56.

In this study, from the frequency distribution of pain intensity on NRS and VAS scale during the first 24th hours, there is an increase on the pain scale during the first 8th hours compare to the first 16th hours; then on the first 24th hours, the pain intensity decreases. Medication therapies that were given to post-operative patients in this study consisted of NSAID, opioid, and Paracetamol (PCT). It is possible that the pain scale decreased because of the medications given. The study conducted by Wiryawan, Suarjaya & Saputra (2013) showed that there is a decrease in the pain scale from the first 24th hours to the 48th hours post-operatively. It is possible that this is the effects of analgesic drugs (pain-killer) that were given, because in accordance to the Sinatra et al., (2009) the intervention of mild acute pain can be done by administering NSAID and PCT; on moderate acute pain can be done by administering NSAID, weak opioid, and adjuvant therapies. Meanwhile, severe acute pain can be done by administering strong opioid such as morphine and combined with NSAID accompanied adjuvant drugs.

The study done by Admassu, Hailekiros & Abdissa (2016) showed the outcomes of pain intensity of 65 post-operative patients (43%) experienced mild pain and 85 post-operative patients (57%) experienced moderate to severe pain during the as to first 2nd hours. After the first 12th hours, the patients felt that the pain was different than the first 2nd hours after post-operative, only 33 patients (22%) felt mild pain and 117 patients (78%) felt moderate to severe pain. Later in the first 24th hours, 71 patients (47%) experienced mild pain and 79 patients (53%) experienced moderate to severe pain.

The study carried out by Admassu, Hailekiros & Abdissa (2016) explained that the age and gender have significant relation against the pain intensity. However, the length of incision and the type of anesthesia used can affect the pain intensity felt by the patients. That research by Admassu, Hailekiros & Abdissa (2016) is in common with the result of this study where the results showed the biggest percentage of pain intensity in the first 24th hours is mild pain; and in the frequency distribution of pain scale in first 8th hours to the first 16th

hours is increase; meanwhile, the pain scale in the first 16th hours to the fist 24th hours is decrease. This is possible because of the age and the type of anesthesia.

Research conducted by Pritaningrum (2010) showed the result that the median value of medicine: Ketorolak is higher than the medicine: Dexketoprofen with a meaningful difference (p<0,05). In this research, the researchers used analgesic drugs for the comparison of pain scale consisted of Ketorolak and Dexketoprofen. Pritaningrum (2010) explained that the optimal management can reduce someone's pain intensity. One way of pain management is by using analgesic drugs or pain-killer. So in this research, the pain in the first 8th hours managed by using Dexketoprofen is mild pain and decreases every eight hours after surgery.

Stoelting RK in Pritaningrum (2010) said that the pain intensity of post-operative pain will be reduced in line with healing of the destructive tissue. In this current research conducted to post-operative patients with assessment every eight hours during the first 24th hours using VAS and NRS scale showed the results that majority is where the mild pain with scales 10mm-30mm on NRS scale. Post-operative patients in this study were given analgesics to lessen their pain intensity. According to the previous research (Pritaningrum, 2010) there is possibility that the administering of analgesics can lessen the intensity of pain that is felt by post-operative patients.

Fuadi, Maskoen & Yuswono (2014) showed the result of their research that the pain intensity felt is the scale of mild pain with the patients as respondent took analgesic drugs. According to the analysis of Chi-Square, there is no significant difference between both respondents group with p value = 1,00. The results of Fuadi, Maskoen & Yuswono (2014) has not much difference with this current study conducted by researcher. It is possible that the post-operative patients had mild pain in their pain intensity because of the effects of analgesic drugs or pain-killer given to them.

A study conducted by Verma & Guha (2017) showed the result from n = 90, there were 47 patients using VAS scale and 43 patients using NRS to assesses their pain. In this research by Verma & Guha (2017), the result showed that there was no relation between the pain intensity using NRS and VAS scale. In this research, it is described that pain scale is not influenced by age,

knowledge about pain, and gender. This study by Verma & Guha (2017) has not much different with the current study done by the researcher. In this current study conducted by researchers with n = 41, the number of respondents for male and female does not differ much and in the result, there is no difference in pain scale of post-operative patients using NRS and VAS scale. This could be possible because of the gender in general where male and female has no meaningful difference in their response to pain (Potter & Perry in Langanawa and Cindrawati, 2014).

The study conducted by Hjermstad et al., (2011) revealed the result that when it is compared between VAS scale and NRS scale, the NRS scale had better adherence. Furthermore, it was found in 15 researchers from 19 studies that reported this and NRS scale was the recommended tool in 11 studies based on higher level of compliance, more responsive, easy to use, and its application is relatively good. The study conducted by Hjermstad et al., (2011) was inversely proportional to this current study done by the researchers that there is no difference between NRS scale and VAS scale for assessing the pain scale.

CONCLUSION

The conclusion of this study is there is no difference in pain scale of post-operative patients using VAS scale and NRS scale. So, hospitals can also use the VAS scale to assess pain scale in post-operative patients.

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SELF-CARE AGENCY MENINGKATKAN *PERSONAL HYGIENE* PADA LANSIA DI PANTI WERDA BINJAI

SELF-CARE AGENCY IMPROVES PERSONAL HYGIENE OF ELDERLY IN NURSING HOME BINJAI

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ABSTRAK
Self-Care Agency berperan untuk meningkatkan pengetahuan dengan mengubah sikap dalam mengarahkan lansia untuk lebih menyadari pentingnya melakukan *personal hygiene* didalam kehidupan sehari-harinya. Salah satu usaha pencegahan penyakit pada lansia dengan melakukan personal hygiene sehingga lansia dapat merasakan kenyamanan, keamanan dan kesejahteraan yang lebih baik. Penelitian ini bertujuan untuk mengetahui pengaruh *Self-Care Agency* terhadap *personal hygiene* lansia di Panti Werda Binjai. Desain penelitian yang digunakan *Quasi Experimental Time Series Design,* dengan pendekatan *One Group Pre Post Test Design.* Pengambilan sampel dilakukan dengan dengan *purposive sampling* dengan besar sampel 30 responden. Hasil penelitan pre intervensi *personal hygiene* kategori kurang sebanyak 73%, dan *post intervensi personal hygiene* kategori "baik" sebanyak 53,3%. Berdasarkan hasil uji *Wilcoxon* memperlihatkan bahwa *Self-care agency* signifikan terhadap peningkatan *personal hygiene* lansia di Panti Werda Binjai, dengan nilai *p* value = 0,001. Personal hygiene yang rendah pada lansia di Panti werda Binjai disebabkan kurangnya kesadaran pentingnya perawatan diri. Maka perlu inovasi dalam memberikan intervensi keperawatan, pendampingan, dukungan dan kerjasama dengan petugas panti werda dalam meningkatkan *personal hygiene* lansia.

Kata Kunci: **Lansia *Self-Care Agency*, Meningkat,*Personal Hygiene***

ABSTRACT
Self-Care Agency role is to increase knowledge with changing attitudes in driving the elderly to be more aware of the importance of personal hygiene in their daily lives. One attempt prevention of disease in the elderly by doing personal hygiene so that the elderly can feel the comfort, safety and well-being better. This study aimed to determine the effect of Self-Care Agency to the personal hygiene of the elderly in nursing home Binjai. The design study is Quasi-Experimental Design Time Series, with the approach of One Group Pre Post Test Design. Sampling was done by purposive sampling with a sample of 30 respondents. Research results pre intervention personal hygiene less category as much as 73%, and post intervention personal hygiene category of "good" as much as 53.3%. Based on the results of the Wilcoxon test showed that the self-care agency signifikat to improving the personal hygiene of the elderly in Panti Werda Binjai, with p value = 0.001. Low personal hygiene of the elderly in nursing home Binjai due to lack of awareness of the importance of self care. It is necessary innovations in providing nursing interventions, assistance, support and cooperation with the nursing home attendant in improving personal hygiene of the elderly.

Keywords**: **Elderly Self-Care Agency**, **Ascending, Personal Hygiene

PENDAHULUAN

Menua adalah proses natural yang dialami oleh seluruh kehidupan makhluk hidup. Lansia akan mengalami penurunan pada semua sistem tubuh. Penurunan ini dipengaruhi oleh diet, latihan, lingkungan status kesehatan, stress, dan gaya hidup. (Nies, Mary & McEwen, M, 2014).

Penurunan fungsi tubuh mempengaruhi kemampuan lansia dalam memenuhi kebutuhan fisik, mental dan psikososial, hal ini mengakibatkan kurang kepercayaan diri, kemunduran peran sosial, dan gangguan dalam memenuhi kebutuhan hidupnya, khususnya kebutuhan *personal hygiene* (Sudarsih & Sandika, 2016).

Perubahan sosial yang sering muncul pada lansia antara lain ketidakmampuan merawat diri sendiri dalam hal kegiatan sehari-hari (ADL/IADL) misalnya mandi, berpakaian, menyisir rambut, makan sehingga lambat laun orang tersebut harus dibantu oleh perawat atau pengasuh (KemKes R1, 2014). Faktor yang mempengaruhi *personal hygiene* lansia antara lain sosial budaya, *body image*, pengatahuan, status sosial ekonomi, rasa aman, kebutuhan dicintai, aktualisasi diri dan gangguan interaksi sosial (Muko, 2014).

Peneliti Ramadhani & Sabarina (2016) menunjukan hasil penelitiannya di Desa Sepe Kecamatan Lage Kabupaten Poso bahwa *personal hygiene* responden terbanyak masuk dalam kategori kurang, sebanyak 7.5% responden, berdampak kepada citra tubuh negatif sebesar 48.8%. Demikian juga hasil Penelitian Chairil, H (2017) menunjukkan bahwa bahwa *personal hygiene* lansia tidak melakukan perawatan gigi dan mulut kategori tidak baik sebanyak 52,5%, *personal hygiene* lansia dalam perawatan kuku kategori tidak baik sebanyak 69,5%. Penelitian Hannan, M & Puspitasari (2016) menyatakan bahwa lansia dengan personal hygiene kurang resiko terkena penyakit infeksi.

Hasil pengkajian di Panti Werda Binjai didapat data bahwa jumlah lanjut usia yang tinggal di panti jompo sebanyak 163 orang yang terdiri sebagian besar jenis kelamin perempuan yaitu 51%, selebihnya berjenis kelamin laki-laki yaitu 49 %. Dari hasil observasi didapat 25% lansia kuku panjang dan kotor, 35% lansia gigi karies, sikat gigi 1x sehari, rambut berbinyak dan ada ketumbe, 15% lansia terdapat serumen di lubang telinga. 15% lansia mengeluh gatal-gatal di seluruh tubuh dan tampak luka bekas garukan, jarang mandi, tercium aroma tidak enak.

Kurangnya *personal hygiene* disebabkan kurangnya pengetahuan dan kesadaran lansia akan pentingnya *personal hygiene*. Selain itu kurangnya motivasi dari petugas panti werda terhadap lansia dalam melakukan *personal hygiene*. Dampak dari *personal hygiene* yang kurang mengakibat lansia terkena penyakit kulit, merasa tidak

nyaman, kurang percaya diri sehingga lansia lebih sering dikamar. Oleh karena itu, perawat berperan untuk mengembangkan intervensi keperawatan yang sesuai sehingga *personal hygiene* lansia dipanti werda meningkat. Berdasarkan permasalahan tersebut, diperlukan suatu inovasi untuk mengembangkan intervensi keperawatan untuk meningkatkan *personal hygiene* lansia. Salah satu intervensi keperawatan yang akan dikembangkan dalam penelitian ini adalah *Self-care agency*.

Pada dasarnya manusia memiliki kemampuan untuk merawat dirinya (*Self-care agency). Self-care agency* adalah adalah kemampuan seseorang untuk mengetahui dan memenuhi kebutuhannya untuk melakukan fungsi dan perkembangan tubuh (Alligood, M. R, 2013). *Self-care agency* bertujuan mengembangkan strategi koping dengan mengoptimalkan potensi diri, peran lingkungan, dan melakukan penilaian atau mengevaluasi keberhasilan koping dalam mengatasi masalah yang dihadapi (Suhardingsih, dkk, 2017). Berdasarkan permasalahan yang ditemukan, maka penulis tertarik untuk meneliti tentang pengaruh *Self-care agency* terhadap *personal hygiene* di Panti Werda Binjai.

METODE

Rancangan penelitian ini adalah *Quasi Experimental Time Series Design,* dengan pendekatan *One Group Pre-Post Test Design* yakni mengumpul data sebelum dan sesudah intervensi. Populasi dalam penelitian ini adalah lansia yang tinggal di Panti Werda Binjai sebanyak 163 orang.

Roscoe dalam Sekaran(2016) menyatakan bahwa untuk penelitian eksperimen yang sederhana jumlah sampel antara 10 s/d 20. Sehinga jumlah sampel dalam penelitian ini sebanyak 30 responden. Teknik pengambilan sampel yang digunakan adalah *Simple Random Sampling yang* berarti setiap anggota dari populasi mempunyai kesempatan yang sama untuk diseleksi sebagai sampel. Kriteria inklusi adalah usia yang masih mampu melakukan aktivitas, tidak dalam keadaan sakit, dan tidak mengalami gangguan pendengaran.

Intrumen yang oleh peneliti adalah SOP *Self-care agency* meliputi *partly compensatory system* (melakukan beberapa tindakan perawatan diri) dan *support-education system* (memberi informasi, melatih, dan pengarahan kemampuan perawatan diri). Personal hygiene menggunakan kuesioner dengan skala likert sebanyak 21 pernyataan.

Sebelum dilakukan penelitian, peneliti terlebih dahulu menjelaskan tujuan dan manfaat penelitian. Selanjutnya peneliti meminta responden untuk menandatangani surat persetujuan (*informed consent*). Kemudian peneliti melakukan observasi menggunakan kuesioner *personal higiene.* Peneliti melakukan *self-care agency* kepada responden sesuai SOP selama 15-20 menit setiap hari dalam waktu lima hari. Setelah dilakukan pemberian *self-care agency* selama lima hari peneliti mengukur *personal hygiene* responden.

HASIL

Tabel 1. Distribusi Frekuensi Berdasarkan Karakteristik Responden Lansia di Panti Wedha Binjai

Karakteristik	Frekuensi (F)	Persentasi (%)
Umur:		
60 – 70 tahun	19	63,3
71 – 84 tahun	11	36,7
Total	**30**	**100**
Jenis Kelamin:		
Perempuan	14	46,7
Laki-laki	16	53,3
Total	**30**	**100**
Agama:		
Islam	27	90,0
Kristen Protestan	3	10,0
Total	**30**	**100**
Pendidikan:		
Tamat SD	8	26,7
Tamat SMP	15	50,0
Tamat SMA	7	23,3
Total	**30**	**100**

Table 2 Distribusi Frekuensi *Personal hygiene* Sebelum *Self- Care Agency* Lansia Di Panti Werda Binjai

Personal hygiene	**Frekuensi (F)**	**Persentase (%)**
Cukup	8	26,6
Kurang	22	73,4
Total	**30**	**100**

Tabel 3. Distribusi Frekuensi *Personal hygiene* Sesudah *Self Care Agency* Lansia Di Panti Werda

Personal hygiene	**Frekuensi (F)**	**Persentase (%)**
Baik	16	53,3
Cukup	14	46,7
Total	**30**	**100**

Tabel 4 Pengaruh *Self-Care Agency* Terhadap Personal Hygiene Lansia di Panti Werdha Binjai

Self-care agency	**N**	**Mean**	**SD**	***p-value***
Pre	30	2,87	0,346	0,001
Post	30	1,47	0,507	

PEMBAHASAN

Karakteristik Responden

Sesuai hasil penelitian diketahui responden sebagian besar berusia 60-70 tahun yaitu 63,3%. Responden yang berjenis kelamin laki-laki lebih banyak dari pada perembuan yaitu 53,3%. Responden mayoritas beragama islam sebanyak 90%. Responden yang pendidikan SMP lebih banyak yaitu 50% selanjutnya SD sebanyak 26,7% dan SMA sebanyak 23,3%.

Pengaruh *Self-Care Agency* Terhadap *Personal Hygiene*

Berdasarkan hasil uji *Wilcoxon* memperlihatkan bahwa ada pengaruh *Self-care agency* terhadap *personal hygiene*

pada lansia di Panti Werda Binjai, karena nilai p=0,000. *Personal hygiene* merupakan tindakan seseorang dalam memelihara kebersihan diri dan kesehatannya dalam hal ini kesejahteraan fisik dan psikis (Carpenito, 2013).

Ada beberapa factor yang mempengaruhi *Personal hygiene* antara lain pendidikan, pekerjaan usia, pengetahuan, satus ekonomi, citra tubuh, pilihan pribadi, kondisi fisik, dukungan keluarga citra tubuh, praktik sosial, kebudayaan, dan kebiasaan (Astarani, K, 2016).

Temuan penelitian sebelum diberikan *self-care agency* menunjukan *personal hygiene* sebagian besar responden kategori kurang 22 (73,4%) dengan nilai rata-rata 2,87 dengan simpang baku 0,346. Setelah diberikan *self-care agency* pada lansia, terjadi *personal hygiene* kategori baik 16 (53,3 %) dengan nilai rata-rata 1,47 degan nilai simpang baku 1,47 hal ini menunjukkan ada peningkatkan *persona hygiene* lansia.

Dari hasil penelitian menunjukkan bahwa lansia sudah mau melakukan *personal hygiene* seperti mandi dan sikat gigi pagi dan sore hari, potong kuku, bersisir dengan sendirinya. Penampilan lansia tampak rapi dan bersih, kuku pendek dan bersih, aroma bau kencing tidak ada. Selain itu lansia lebih percaya diri, sudah mau bersosialisasi dengan teman-temannya dipanti dan tidak mengeluh gatal-gatal di seluruh tubuhnya.

Pemberian *self-care agency* dapat meningkatakan kemandirian dan partisipasi aktif responden dalam melaksanakan *personal hygiene*. *support-education system* yang dimaksud dalam penelitian ini adalah memberikan informasi mengenai tujuan, manfaat, macam-macam *personal hygiene* dan melatih cara melakukan mandi, sikat gigi, toilet training, dan berpakaian secara mandiri.

Tindakan pengarahan dilakukan dengan memberikan motivasi untuk meningkatkan dan mempertahankan *personal hygiene* yang sudah atau yang sedang dilakukan lansia. Dukungan yang dilakukan dengan menyiapkan sarana dan prasarana *personal hygiene*, dan mengkoordinasikan dengan pekarya untuk kebersihan lingkungan.

Hal ini sejalan dengan penelitian sebelumnya yang dilakukan oleh Muhtar & Haris (2016) yang mengatakan bahwa *self-care agency* mampu meningkatkan kemampuan perawatan diri penderita TB, dimana individu terlibat aktif dalam *self*

care. Didukung hasil penelitian Andriyanti, L (2017) mengatakan bahwa *self-care agency* sangat efektif dilakukan kepada pasien post SC karena mampu melakukan perawatan diri secara mandiri, sehingga pasien terhindar dari komplikasi.

Self-care agency adalah kemampuan individu memenuhi kebutuhan dirinya dan melakukan *personal hygiene* secara mandiri sehingga dapat meningkatkan rasa nyaman dan percaya diri. Hal ini dipengaruhi oleh pengetahuan, pengambilan keputusan dan tindakan untuk berubah. Oleh karena itu diperlukan penguatan faktor psikologis dengan cara me-ningkatkan kognitif dan meningkatkan motivasi (Su-hardingsih, dkk, 2017).

Carter (1998) dalam Afaf Ibrahim Meleis (2011) mengatakan manusia yang memiliki *self-care agency* memiliki karakteristik sebagai berikut (1) kemampuan kognitif untuk mengevaluasi menilai, dan membuat keputusan tentang kondisi pribadi dan lingkungan,; (2) kepntingan pribadi dalam melakukan tindakan perawatan untuk mencapai hasil yang diinginkan; (3) fisik dan kemampuan psikososial untuk terlibat dalam tindakan perawatan diri; dan (4) kemampuan pribadi untuk tampil tindakan perawatan diri dengan benar.

Beberapa studi yang mendukung pernyataan *self care agency* dipengaruhi oleh *conditioning factor* seperti umur, sek, status sosial ekonomi, pekerjaan dan perilaku kesehatan, dukungan emosional dari keluarga dan teman, tahap perkembangan (kedewasaan), status kesehatan (lama sakit dan gejala), pola hidup (penerapan gaya hidup sehat), dukungan keluarga (*sosial support*), sistem pendukung ketersediaan dan kecukupan sumber daya), sistem pelayanan kesehatan (interaksi perawat-klien) dan faktor lingkungan (fisik dan sosial) (Sari, N, 2017).

KESIMPULAN

- Sebelum dilakukan *Self-Care Agency* dalam kategori kurang 13,3%.
- Sesudah dilakukan *Self-Care Agency* dalam kategori baik 53,3%.
- Ada pengaruh *Self-Care Agency* terhadap *personal hygiene* berdasarkan uji wilcoxon sign rank di peroleh nilai p=0.001.
- Berdasarkan analisis peneliti dalam penelitian ini diharapkan kepada penelitian selanjutnya upaya meningkat mekanisme koping lansia melalui *self-care regulation*.

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HUBUNGAN JENIS KELAMIN DENGAN STRES PSIKOLOGIS PADA SISWA-SISWI KELAS XI JURUSAN IPA DI SMA X TANGERANG

THE RELATIONSHIP BETWEEN GENDER AND PSYCHOLOGICAL STRESS OF SCIENCE STUDENTS GRADE XI IN SMA X TANGERANG

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ABSTRAK

Stres adalah kondisi medis psikologis yang dialami dalam kehidupan manusia, yakni merupakan perasaan mengalami ketegangan dan tekanan. Penelitian pada tahun 2012 di Universitas di India menunjukkan prevalensi stres pada mahasiswa laki-laki (57,2%) lebih tinggi daripada mahasiswi perempuan (25,2%). Tujuan penelitian untuk mengidentifikasi hubungan antara jenis kelamin dan stres psikologis pada siswa-siswi SMA jurusan IPA. Penelitian ini adalah analitik komparatif kategorik tidak berpasangan yang dilaksanakan dengan desain penelitian potong lintang. Sampel penelitian ini berjumlah 72 responden dengan menggunakan metode *purposive sampling* yang terdiri dari siswa-siswi kelas XI jurusan IPA di SMAK X Tangerang. *GHQ-12 (General Health Questionnaire-12)* diberikan untuk mengukur bila responden mengalami stres psikologis yang akan dinilai menggunakan skala *bimodal.* Pengambilan data dilaksanakan pada bulan Februari 2019 dan dianalisa dengan *Chi Square*. Etika persetujuan penelitian ini disetujui oleh Komite Etik Fakultas Kedokteran Universitas Pelita Harapan. Hasil penelitian menunjukkan dari 72 responden, 37 (51,4%) di antaranya berjenis kelamin laki-laki dan 35 (48,6%) lainnya berjenis kelamin perempuan. Dari data penelitian ini juga ditemukan bahwa terdapat 33 (45,8%) yang mengalami gangguan stres psikologis dimana 10 (27,03%) berjenis kelamin laki-laki dan 23 (65,7%) berjenis kelamin perempuan. Hasil penelitian menunjukkan bahwa jenis kelamin berhubungan dengan stres psikologis pada siswa-siswi kelas XI jurusan IPA di SMA X Tangerang (*p-value* 0,002). Terdapat hubungan antara jenis kelamin dengan stres psikologis pada siswa-siswi kelas XI jurusan IPA di SMA X Tangerang.

Kata Kunci: ***Stres Psikologis, Jenis Kelamin, Sekolah Menengah Atas***

ABSTRACT

Stress is a psychological disorder which may cause psychological pressure and heavy feeling. A study of college students in India (2012), showed prevalence of stress in male is higher than female students (57.2% vs 25.2%). This research to identify a correlation between gender and psychological stress in high school students. The method is an unpaired categorical comparative analytic study and conducted with a cross sectional study design. The sample of the study amounted 72 respondents with a purposive sampling method at SMA X Tangerang which consist of grade XI science major students. GHQ-12 (General Health Questionnaire 12) was a questionnaire given to the respondents in order to reveal about psychological stress experienced that will be rated with bimodal scale. The data was collected on February 2019 and analysed using Chi Square. Ethics of this research was approved by the ethical committee, Faculty of Medicine Universitas Pelita Harapan. ***Results****: Result showed a total 72 respondents consist of 37 (51.5%) of male students and 35 (48.6%) of female students. The result also showed 33 respondents (45.8%) experiencing psychological stress disorder consist of 10 (27.03%) of male students and 23 (65.7%) of female students. There is an association between psychological stress with gender in population of high school student grade 11 from science major in SMA X Tangerang with significant p-value 0.002.* ***Conclusions:*** *There is an association between psychological stress with gender in population of high school student grade 11 from science major in SMA X Tangerang.*

Keywords: Stress Psychologic, Genders, High School Students

PENDAHULUAN

Stres adalah kondisi medis psikologis yang sering dialami dalam kehidupan manusia, yakni merupakan perasaan mengalami ketegangan dan tekanan. Dampak akumulasi dari stres ini sangat berbahaya, karena dapat menyebabkan kelelahan fisik maupun mental (Sukadiyanto, 2010; Kapita Selekta Kedokteran, 2001; Greenberg, 2006). Stres yang terakumulasi dalam jumlah yang signifikan, banyak dan mengalami repetisi, dapat bersifat membahayakan, terutama dalam diri pelajar/siswa.

Data dari Riset Kesehatan Dasar (RISKESDAS) tahun 2016 menyebutkan bahwa dari penduduk DKI Jakarta, ditemukan 1,33 juta orang mengalami stres, di antaranya 1-3% dari total penduduk mengalami stres akut, dan 7-10% mengalami stres berat. 704.000 orang di Jawa Tengah juga mengalami gangguan stres, dan dari jumlah tersebut yang sampai mengalami kegilaan mencapai 96.000 orang. Studi mengenai jumlah remaja yang mengalami stres pernah dilakukan di Amerika Serikat, dan dari studi itu, remaja rentang usia 12-18 tahun, di dapatkan bahwa 59,7% mengalami stres (49% mengalami stres berat, sisanya mengalami stres sedang dan ringan) yang disebabkan karena berbagai macam hal seperti keluarga, pelajaran, pergaulan, lingkungan dan masih banyak lagi (K, Madvhi et al., 2013). Terdapat beberapa faktor baik internal maupun eskternal yang dapat menimbulkan stres yang dikenal dengan *stressor,* yang sifatnya berbeda-beda tiap individu.

Pada tahun 2012 pernah dilakukan penelitian di sebuah universitas di India, mengenai tingkat stres. Dari penelitian tersebut didapatkan bahwa sebanyak 57,2% mahasiswa laki-laki mengalami stres dan angka ini lebih tinggi daripada mahasiswi perempuan yang hanya 25,2% (K, Madvhi et al., 2013). Selain itu pada tahun 2008 dan 2013 dilakukan penelitian di Belgia yang menunjukkan bahwa remaja perempuan 1,71% cenderung lebih tinggi daripada remaja laki-laki 1,13%. (Van Droogenbroeck, F., Spruyt, B., & Keppens, G. 2018).

Angka penelitian di India cukup signifikan, namun dikarenakan masih adanya perbedaan pada hasil yang didapatkan dari kedua penelitian yang didapatkan oleh peneliti, maka peneliti ingin mencari tahu lebih lanjut lewat penelitian ini. Penelitian ini dilakukan pada siswa-siswi SMA khususnya kelas XI jurusan IPA di sekolah SMA X Tangerang.

METODE

Penelitian ini menggunakan metode analitik komparatif kategorik tidak berpasangan. Populasi penelitian ini adalah siswa-siswi kelas XI jurusan IPA di SMA X Tangerang dengan jumlah 72 orang. Teknik pengambilan sampel yang digunakan dalam penelitian ini adalah *purposive sampling*. Penelitian ini menggunakan kuesioner yang dibuat oleh Goldberg dengan judul *GHQ-12 (General Health Questionnaire)* yang sudah terlebih dahulu diterjemahkan ke dalam Bahasa Indonesia oleh Sri Idaiani dan Suhardi dan sudah dilakukan uji validitas dengan nilai 0,670.

Pengukuran penelitian ini diukur dengan menggunakan skala *bimodal* lewat jawaban dari pengisian kuesioner, bila skor yang didapatkan berjumlah 4 atau lebih dari 4 maka hal ini menunjukkan bahwa responden mengalami gangguan stres psikologis.

Persetujuan etik diajukan ke Komite Etik Tugas Akhir Fakultas Kedokteran Universitas Pelita Harapan, bekerjasama dengan pihak sekolah. Setiap responden diminta untuk menandatangani *informed consent* terlebih dahulu bahwa responden setuju menjadi sampel penelitian. Peneliti juga menjelaskan secara lengkap mengenai tujuan, prosedur dan manfaat penelitian yang akan dilakukan, oleh karena itu tidak ada unsur pemaksaan.

Peneliti memberikan lembar kuesioner pada responden yang memenuhi kriteria inklusi dan eksklusi, dimana kriteria inklusi penelitian ini adalah siswa-siswi kelas XI jurusan IPA di SMA X Tangerang yang bersedia menjadi sampel penelitian dan mengisi *informed consent* sedangkan kriteria eksklusi penelitian ini adalah siswa-siswi kelas XI jurusan IPA di SMA X Tangerang yang tidak menjawab semua soal. Setelah itu peneliti meminta responden untuk mengisi kuesioner selama kurang lebih 15 menit sampai jumlah sampel yang dibutuhkan terpenuhi, setelah itu data yang didapatkan akan duji statistik menggunakan *Chi Square*.

HASIL

Terdapat 72 subjek yang memenuhi kriteria inklusi dan eksklusi yang dijadikan sampel pada penelitian ini. Gambaran demografis sampel ditunjukkan pada Tabel 1.

Tabel 1 menunjukkan bahwa dari total 72 responden didapatkan bahwa mayoritas responden adalah laki-laki sebanyak 37 responden (51,4%) dan mayoritas responden memilih jurusan atas keinginan sendiri (97,2%).

Tabel 1. Distribusi Demografi Responden

Kategori	Frekuensi (n)	Persentase (%)
Jenis Kelamin		
Laki-Laki	37	51,4
Perempuan	35	48,6
Faktor Ekstrinsik		
Pemilihan Jurusan Atas Keinginan Sendiri	70	97,2
Pemilihan Jurusan Atas Tuntutan Orang Lain	2	2,8
Total	72	100

Tabel 2. Hubungan Antara Jenis Kelamin dengan Stres Psikologis

Variabel	Mengalami Gangguan Stres Psikologis	Tidak Mengalami Gangguan Stres Psikologis	Total	OR (95% CI)	*P-Value*
Jenis Kelamin					
Laki-Laki	10 (27,03%)	27 (72,97%)	37 (100%)	0,193	0,002
Perempuan	23 (65,7%)	12 (34,3%)	35 (100%)	(0,071-0,529)	

Hasil uji *Chi Square* dengan menggunakan SPSS untuk hubungan jenis kelamin dengan stres psikologis dapat dilihat pada table 2. dan dari 33 subjek yang mengalami gangguan stres psikologis, 10 di antaranya (27,03%) adalah siswa laki-laki dan 23 sisanya (65,7%) adalah siswi perempuan. Dapat dilihat juga dari 39 orang yang tidak mengalami gangguan stres psikologis terdiri dari 27 (72,97%) siswa laki-laki dan 12 sisanya (34,3%) adalah siswi perempuan. Hasil uji *Chi Square* memeroleh hasil bahwa laki-laki merupakan faktor protektif yang ditunjukkan oleh nilai OR 0,193 dengan 95% CI 0,071-0,529 dan *p-value* = 0,002, sehingga dapat disimpulkan bahwa terdapat hubungan yang bermakna antara jenis kelamin dengan stres psikologis.

PEMBAHASAN

Penelitian ini telah dilakukan terhadap 72 siswa-siswi kelas XI jurusan IPA di SMA X Tangerang pada Februari 2019. Analisis data untuk penelitian ini dengan menggunakan korelasi *Chi Square* dikarenakan variabel yang ingin dihubungkan adalah nominal dan nominal. Pada penelitian ini menunjukkan hasil yang signifikan karena didapatkan hasil *p-value* 0,002.

Penelitian ini menunjukkan perbedaan hasil dengan penelitian sebelumnya yang dilakukan di Universitas di India pada tahun 2012 dan di SMAN 6 Denpasar pada tahun 2014 di mana didapatkan bahwa siswa laki-laki atau individu dengan jenis kelamin laki-laki akan memiliki kecenderungan untuk lebih

mudah mengalami stres psikologis dibandingkan dengan siswi perempuan atau individu yang berjenis kelamin perempuan, hal ini karena adanya patomekanisme hormon testosteron yang dapat dikonversi dan menghasilkan zat kimia yang dinamakan dengan kortisol yang akan mempengaruhi lobus frontal pada otak manusia dan menyebabkan stres (K, Madvhi et al., 2013; Schwabe & Wolf, 2012; Jayanthi, Thirunavukarasu, & Rajkumar, 2016; Kupriyanov & Zhdanov, 2014; Lazarus, 1993; Putri, Wayan Diah Anima Winayaka, 2014).

Hasil analisa penelitian yang dilakukan terhadap sampel penelitian memang menunjukkan adanya hubungan yang bermakna antara jenis kelamin dengan stres psikologis, walaupun dari hasilnya menunjukkan bahwa siswi perempuan mengalami stres psikologis lebih banyak dibandingkan dengan siswa laki-laki. Terdapat beberapa faktor yang mungkin berkontribusi yang dapat menyebabkan perbedaan ini.

Faktor pertama, apakah siswi perempuan yang menjadi responden sedang dalam siklus pre-menstruasi, hal ini dikarenakan pada siklus menstruasi, maka akan ada peningkatan hormon testosteron dalam diri perempuan tersebut sehingga dapat menyebabkan terbentuknya kortisol yang berujung pada timbulnya stress (Mohamadirizi & Kordi, 2015; Yonkers & Kimberly Ann et al., 2008). Di mana pertanyaan ini tidak dapat peneliti tanyakan dan sertakan dalam kuesioner dikarenakan peraturan dari sekolah yang melarang untuk menanyakan hal yang sifatnya terlalu personal sehingga hal ini merupakan salah satu dari limitasi penelitian ini.

Faktor kedua, saat terpapar dengan suatu *stressor,* walaupun jumlahnya sedikit, hasil penelitian menunjukkan bahwa pada perempuan, sistem HPA (*Hypothalamic Pituitary Adrenal*) *Axis* akan mensekresikan ACTH (*Adrenocorticotropic Hormone*) lebih banyak atau lebih sensitif dari laki-laki yang akan mengakibatkan kortisol lebih mudah untuk dihasilkan yang berdampak pada timbulnya stres psikologis (Verma, Balhara, & Gupta, 2011).

Faktor ketiga, faktor responden dapat menyebabkan bias dikarenakan pengisian data yang tidak sesuai dengan status psikologis yang sesuai dengan responden yang bisa jadi berhubungan kuesioner yang menggunakan bahasa terjemahan baku Bahasa Indonesia yang sudah divalidasi dari kuesioner Bahasa Inggris yang asli, namun kata-kata yang digunakan menurut peneliti masih ada yang cukup merancukan sehingga dapat mempengaruhi pengisian

data yang dapat berujung pada hasil yang berbeda dengan penelitian-penelitian sebelumnya yang menggunakan kuesioner yang sama.

KESIMPULAN

Dari hasil penelitian dapat disimpulkan bahwa dari 72 siswa-siswi kelas XI jurusan IPA di SMA X Tangerang, sebanyak 33 siswa-siswi (45,8%) yang mengalami stres psikologis di mana 23 (65,7%) di antaranya adalah siswi perempuan dan 10 (27,03%) sisanya adalah siswa laki-laki. Penelitian ini memiliki hasil yang signifikan karena *p-value* yang didapatkan adalah 0,002 di mana hal ini mendukung pernyataan bahwa terdapat hubungan antara jenis kelamin dengan stres psikologis pada siswa-siswi SMA kelas XI jurusan IPA.

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PETUNJUK PENULISAN JURNAL NURSING CURRENT

The Journal of Nursing Current (NC) terbit dua kali setahun. Jurnal ini bertujuan menjadi media untuk meregistrasi, mendiseminasi, dan mengarsip karya perawat peneliti di Indonesia. Karya yang dipublikasikan dalam jurnal ini secara tidak langsung diakui sebagai karya kecendekiawanan penulis dalam bidang keperawatan. Artikel dapat meliputi sub-bidang keperawatan dasar, keperawatan dewasa, keperawatan anak, keperawatan maternitas, keperawatan jiwa, keperawatan gerontik, keperawatan keluarga, keperawatan komunitas, manajemen keperawatan, dan pendidikan keperawatan. Jenis artikel yang diterima redaksi adalah hasil penelitian, tinjauan pustaka *(literature review)* atau laporan kasus. *Literature review* berisi telaah kepustakaan berbagai sub-bidang keperawatan. Laporan kasus berisi artikel yang mengulas kasus di lapangan yang cukup menarik dan baik untuk disebarluaskan kepada kalangan sejawat. Penulisan setiap jenis artikel harus mengikuti petunjuk penulisan yang diuraikan berikut ini. Petunjuk ini dibuat untuk meningkatkan kualitas artikel dalam NC. Petunjuk penulisan meliputi petunjuk umum, persiapan naskah, dan pengiriman naskah.

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Nama lengkap penulis beserta dengan gelar dan afiliasi penulis. Alamat korespondensi (salah satu penulis) meliputi alamat pos dan *e-mail.* Contoh: Yakobus Siswandi, BSN, MSN. Keperawatan Medikal Bedah, Fakultas Ilmu Keperawatan dan Ilmu Kesehatan Universitas Pelita Harapan, Gedung Kedokteran Lantai 4 Lippo Karawaci. E-mail: yakobus@yahoo.co.id.

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Abstrak ditulis menggunakan **bahasa Indonesia** dan **Inggris.** Jumlah kata tidak melebihi 200 kata, tidak ada kutipan dan singkatan/akronim. Abstrak harus diawali dengan **pendahuluan** (latar belakang, masalah, dan tujuan). **Metode** (desain, sampel, cara pengumpulan, dan analisis data). **Hasil** yang ditulis adalah hasil riset yang diperoleh untuk menjawab masalah riset secara langsung. Tuliskan satu atau dua kalimat untuk men**diskusik**an hasil dan **kesimpulan. Rekomendasi** dari hasil penelitian dituliskan dengan jelas.

Kata kunci: kata kunci ditulis menggunakan **bahasa Indonesia** dan **Inggris.** Berisi kata atau frase maksimal enam kata, diurutkan berdasarkan abjad.

Author

(Font 12, center)

The full name of author (without a degree) is located under the title. The order of the authors based on contributions in the writing process (see the posting of Higher Education on the instructions of a scoring system for determining the rights of authorship of a scientific paper).

Author Data

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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

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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

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

Hasil

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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.

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.

Kesimpulan

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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.

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.

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.

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

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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**
  - Artikel Penelitian
    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

- ***Figures and Tables***
  - *Providing image numbers and/or tables in Arabic numbering*
  - *Providing the table's title and/or the main title of the whole picture*
- ***Library***
  - *Using APA style*
  - *Maximum 25 references*

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