

SPIRITUAL SELF HEALING ON POST OPERATING SYNDROME OF PAIN IN LAPARATOMY PATIENTS

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ABSTRACT

Surgical action is a treatment that uses an invasive method by opening the part of the body to be treated, after surgery the pain is physiologically felt, but this is the one complaint that is most feared by the patient after surgery. One of the complementariness used to reduce complications of postoperative syndrome of pain in Laparatomy patients is spiritual self-healing. Analyzing the effectiveness of spiritual self-healing against postoperative syndrome of pain in Laparatomy patients. This true experimental study used a pre-test and post-test control group design approach involving 60 post-operative laparotomy patients at the BLUD hospital RSD dr.H.Soemarno Sosroatmodjo Regency of Bulungan taken randomly with stratified random sampling. 30 respondents became the intervention group and 30 respondents became the control group. The intervention group received complementary spiritual self-healing therapy 7 times for 7 days with a duration of 15 minutes and the therapy was in accordance with the standard of postoperative patients in the hospital while the control group only received therapy according to the standard postoperative in the hospital. Data analyzed with repeated measure test. The results showed that there were differences in the mean pain scale in the intervention group and the control group after receiving therapy spiritual self-healing with a value of $p = 0,000$ which means that spiritual intervention is self-healing effective to reduce the scale of pain in Laparatomy patients. Spiritual self-healing is effective against postoperative syndrome of pain in Laparatomy patients.

KEYWORDS: Spiritual, Self-Healing, Post Surgery Syndrome, Pain, Laparatomy.

1. INTRODUCTION

Surgery is an invasive treatment by opening up the part of the body that will be treated and can then cause physiological and psychological reactions. Pain after surgery is physiological, but this is one of the complaints most feared by patients after surgery, postoperative syndromes that often appear on post-surgery such as pain sensations begin to be felt before the patient's consciousness returns to full, and increases with the reduced influence of anesthetic drugs. Pain that is felt by the patient after the Laparatomy surgery is acute pain that occurs due to a post-incision surgical wound.^[1]

Data from the American College of Quality Surgery 2018 The latest estimates show that around 225,000 - 345,000 patients are treated each year in cases of gastrointestinal surgery.^[2] Riskesdas data in 2018 the proportion of surgery is still high, especially in cancer patients, 61.8% of 34 provinces in Indonesia. In postoperative patients, the postoperative syndrome of pain begins to be felt before the patient's consciousness returns to fullness and increases with the reduction in anesthesia. Pain in laparotomy is often found in moderate to severe pain due to damage to the integument, muscle

tissue, vascular and causing longer pain effects during recovery in 50% postoperative patients experience severe pain and 10% of patients experience moderate to severe pain.^[3]

Postoperative syndrome (pain) that is felt by patients after surgery is one of the causes of stress, frustration and anxiety that causes patients to experience sleep disorders, anxiety, lack of appetite, and expression of tension. Besides feeling uncomfortable, pain can also affect the pulmonary, cardiovascular, gastrointestinal, endocrine and immunological systems.^[4,5]

Postoperative syndrome management in terms of pharmacology has been carried out with post-surgical treatment protocols that are divided based on the level of surgery from surgical patients, such as administering analgesics aimed at reducing pain and relaxants as well as giving antipyretics as anti-inflammatory. Management of postoperative syndromes with non-pharmacological approaches in nursing is known as holistic nursing, which can be done by nurses such as spiritual self-healing interventions.^[6]

Spiritual self-healing is done with qolbu therapy, or

calming the mind. Spiritual self-healing is done by patients, and assisted by nurses. The mind-body-soul concept provides the strongest basis for alternative therapies in holistic care. Mind-body-soul relaxation correlates with physiological functions of psychological nerves.^[7] Spiritual self-healing techniques can modulate pain through endorphin and encephaline release.^[8]

Research related to the effect of self-healing related to the management of post-operative patients is growing along with the development of science in the field of holistic nursing and the demands in the effectiveness and efficiency and interest of researchers in developing complementary therapies. Like the effect of self-healing touch on the reduction in pain levels in postoperative patients which is used as one of the non-medication methods to reduce the scale of pain in postoperative patients themselves. The results show that there is a significant effect with the results of $p = <0.05$ which is 0.564 which illustrates the strength of comparative strength.^[9] In another study assessing the effectiveness of healing as nursing therapy in pain management, discomfort in postoperative pain patients. The results show that there is a significant difference in the use of healing therapy as an adjunct therapy in pain management. The results show that there is a significant effect on the results of P value <0.005 ($p = 0.000$).^[10]

Based on the existing background, this research needs to be done with the aim to determine the effectiveness of spiritual healing as a management of postoperative pain syndrome in Laparatomy patients.

Additionally, genetic background, gender, body size and shape are all important determinants of nutrient requirements. At the same time, they may face new challenges regarding food choices and habits. During the primary school years, a greater proportion of meals may be eaten away from home in the school setting. In order to fulfilling nutritional demand fortified food items is very crucial for school age children. Biscuit is a bakery product which is high in carbohydrates, fat and calorie but low in fiber, vitamin, and mineral which make it unhealthy for daily use. The formation of nutritionally balanced biscuits is necessary.

2. MATERIALS AND METHODS

2.1 Study design

This type of research uses True-Experimental research with Pretest-Posttest Control Group Design. Data analyzed with repeated measure test.

2.2 Setting

This research conducted in in the BLUD hospital RSD dr. H. Soemarno Sosroatmodjo Bulungan Regency.

2.3 Population and Sample

The population in this study were all postoperative Laparatomy patients treated at RSUD dr.H. Soemarno

Sosroatmodjo Tanjung Selor that matches the inclusion and exclusion criteria. The sample size for each group is 30 respondents for the intervention group and 30 for the control group. The inclusion criteria in this study were postoperative patients with Laparatomy Day 1, the patient was in the treatment room, compos mentis awareness, after 6 hours postoperatively, adults aged 25 - 55 years, patients were able to communicate verbally, and patients with medical diagnosis (Ileus, Inflammatory Bowel, Tumor).

2.4. Intervention

Spiritual self-healing interventions that are adopted and integrated with energy therapy, thanksgiving, prayer and healing therapy. After consultation with experts in the stages of making standard operating procedures. Guide to the stages of spiritual self-healing in postoperative patients Laparatomy stages of self-healing are useful for adapting to illness, controlling the response of the body and controlling emotionally by instilling healing values and generating gratitude from within the patient himself. The intervention was carried out every day for 7 days with a period of 15 minutes, at the 0th, 4th, and 7th the pain scale was measured.

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2.5. Instrument

The instrument used in this study to measure the level of pain is to use the comfort scale pain assessment.

2.6. Ethical Considerations

This study was approved by a community health center for data collection. Each respondent was given and signed an informed consent regarding the aims, benefits and procedures of the study.

2.7 Data Analysis

Shapiro-Wilk test is used to test data normality. Repeated measure test used to analyze the effect of spiritual self-healing on postoperative pain syndrome in Laparatomy patients.

3. RESULTS AND DISCUSSIONS

Table 1: Analysis of the results repeated measure ANOVA test (test of between-subjects effects) against group Self Spiritual Intervention Pain Healing and the control group (Intervention n = 30), (Control n = 30).

Group	Type III sum of Squares (Amount)	Df	Mean Square (average)	F	p
<i>Between groups</i>	235,756	1	235,756	32,309	0,000

Annova repeated measure

Table 1 shows that there were significant differences in the mean pain scale in both the intervention and control

groups in 3 measurements, namely the 0th, 4th, and 7th days with a value (p = 0,000).

Table 2: Analysis of Dependent Test Results on Intermediate Pain Self-Healing and Group Spiritual Intervention Groups Control (intervention n = 30), (control n = 30).

Group		Pre	Post	The mean	Elementary school	Delta	p
Intervention	H0-H4 pain	25.00	18.07	6,933	2,716	-6.93	0,000
	H0-H7 pain	25.00	12.63	12,367	3,135	-12,37	0,000
	H4-H7 pain	1.07	12.63	5,433	1,591	-5.43	0,000
Control	H0-H4 pain	26.53	19.93	6,600	4,591	-6,60	0,000
	H0-H7 pain	26.53	16,10	10,433	4,516	-10,43	0,000
	H4-H7 pain	19.93	16.10	3,833	1,877	-3.83	0,000

Pairwise comparison test

Table 2 shows that there were differences in the mean pain scale before and after treatment both in the intervention group and the control group on day 1 (pre) with post 1 day 4 and post 2 day 7 (p = 0,000). With the average delta pain scale decrease in the intervention

group more than the control group that is -6.93 on the 4th day measurement with the 0th day, -12.37 on the 7th day measurement with the 0th day, and -5, 43 on the 7th day with the 4th day.

Table 3: Analysis of the effectiveness of Spiritual Self-Healing interventions on Pain Scale (intervention n = 30), (control n = 30).

Variable		The mean	Elementary school	Difference	p
Pain	Group				
Pre pain	Intervention	25.00	2,181	-1,533	.369
	Control	26.53	2,515	-1,533	
Pain Post 1 Day 4	Intervention	18.07	1,929	-1,867	0.005
	Control	19.93	2,924	-1,867	
Pain Post 2 Day 7	Intervention	12.63	2,341	-3,467	0,000
	Control	16,10	2,708	-3,467	

*(General linear test model **) Parameter estimate

Table 3 shows that the mean pain scale difference between the intervention group and the control group occurred on the 4th day measurement with a value (p = 0.005), meaning that spiritual self-healing is effective against postoperative syndrome of pain in Laparatomy patients.

The multivariate analysis used in this study was a repeat measure test which showed that there were differences in the mean pain scale in the intervention group and the control group with a p value = 0,000, which means that spiritual self-healing interventions effective to reduce the scale of pain in Laparatomy patients.

Self-healing spiritual research is carried out routinely every day for a duration of 15 minutes for 7 days starting from the post-operation of the first day the respondent is guided until 3 days later 4 days in the future the

respondent is accompanied to conduct himself to instill confidence in healing values, giving rise to a sense of energy gratitude in adapting to the body's response and emotional control from within the patient himself and in the intervention group still getting postoperative care according to hospital standards. The control group in this study only received postoperative care according to hospital standards, measurements were carried out the same as the intervention group that was pretest the first day and on day 4 and post on day 7.

The results of this study are in line with the study of self-healing of post op op pains patients conducted by Ahmad Redho (2019), showing that the mean value of postoperative pain decreases in self-healing interventions 16,564 with a significant value between self-healing with pain scales in post op patients with p value 0,000.9

Research on spiritual interventions related to reduce the intensity of pain in surgery conducted by Ani Haryani (2015). The results showed that the mean value of pain reduction in the intervention group was higher (1.72) than in the control group (0.88). In addition, a significant difference in the mean score of pain levels between the intervention group and the control group ($p = 0.0005$) means that spiritual intervention can be an alternative to non-pharmacological pain management to reduce the level of postoperative pain intensity.^[11]

Research on the effects of prayer as a relaxation of pain and coping in post-cardiac surgery patients was conducted by Fabio Ikedo (2017). The results showed that in the intervention group who were accompanied every day by religious leaders to pray together more quickly in hospital compared to the control group who only received pharmacological therapy with a significance value ($p = 0,000$) meaning that prayer relaxation therapy effectively accelerates the recovery in postoperative cardiac surgery patients.^[12]

Research on the influence of Islamic religious music therapy on physiological changes in hypertensive patients by Pujiastuti, Sri Endang. The results showed that there was a decrease in the average physiological changes in hypertensive patients with a value of $p = 0,000$, which means that Islamic religious music therapy is effective against physiological changes in hypertensive patients.^[13] Research related to reducing postoperative cesarean pain through the spiritual approach to emotional freedom was conducted by Atun Raudotul Ma'rifah (2015). The results showed that the mean decrease in the control group (0.431) and in the intervention group (0.874) proved to be a significant difference in the average score of pain levels between the intervention group and the control group ($p = 0,000$) meaning that the spiritual emotional intervention of the freedom technique had more effectiveness good in reducing postoperative pain cesarean.^[14]

Spiritual related research on reducing pain carried out by Mujib Akhis Susanto (2020) namely the Effectiveness of SEFT Therapy against Post Op Laparotomy Pain. The results showed the mean pain before the intervention was 5.7 (SD: 1.11) in the intervention group and 5.61 (SD: 1.19) in the control group. The mean pain after intervention was 3.61 (SD: 0.97) in the intervention group and 4.77 (SD: 1.06) in the control group. The difference in the mean pain in the treatment group with the control group was 1.32. There was a significant difference in mean reduction in pain between the intervention and control groups ($p = 0.0003$), which means that SEFT therapeutic interventions were effective against decreasing post op laparotomy pain.^[15]

Other studies related to the effect of touch healing on pain scales in post-operative patients performed by Agus Nuryanto (2019). The results showed that in the intervention and control groups there was an influence

on the pain scale, seen the P value value of .0, 000. Statistical test of the difference in pain scale between the treatment group and the control group after the intervention was given with the paired t test, the P value value of 0.003 was obtained. This can be interpreted that there is an effect of touch healing on orif postoperative pain.^[16]

The study of healing and structural progressive relaxation in patients with chronic neuropathic pain in the spinal cord was conducted by Diane Wind Wardell (2015). The results of energy-based healing therapy in the intervention group affect the reduction in pain with an average score of difference (-271) with a value ($p = 0.035$).^[17] Other studies related to the effects of healing touch on pain, nausea, and anxiety following bariatric surgery by Joel G. Anderson (2015). The results related to the healing effect to reduce pain there was a significant difference in the intervention group proved value ($p = 0.001$).^[18] Other studies related to the effectiveness of the spiritist "passe" (spiritual healing) for pain, muscle tension, well-being, and physiological parameters in cardiovascular by Élide Mara Carneiro (2017). The result was a significant change in pain score in the intervention group with a value ($p 0.003$).^[19]

Effects of dzikir Meditation on Postoperative Pain Research, Response of Patients Undergoing Abdominal Surgery by Hanan Soliman (2013). The results of a significant increase in pain in patients who practice zikir and meditation in post-abdominal surgery patients with a value ($p 0,000$).^[20]

Other studies related to the effect of dzikir therapy on pain levels in postoperative patients with benign prostatic hyperplasia were conducted by Rizka Himawan (2019). Statistical test results with the Wilcoxon test found the average value of pain before the dzikir therapy 4.45 with SD, 036 and the average pain after dzikir therapy 3.64 with a standard deviation of 0.809 with a p value of $0.007 < 0.05$ meaning that there is a significant difference on the level of pain in patients with postoperative benign prostatic hyperplasia before and after dzikir therapy.^[21]

Other studies related to pain combination of pain education and Dhikr Meditation Increase Patient Pain Adaptation Post Fracture Surgery conducted by Nasriati. R (2016). The results showed a significant decrease in pain in the intervention group with a value ($p 0,000$).^[22]

The results of this study are supported by the statement of Gunawan (2015) that self is the best healer for us, "Self-healing is universal, does not refer to any religion, is practical, and is learned sensibly. Its philosophy rests on humans as a complete unit between bodies, mind and energy to relieve pain that occurs in the body by stimulating through positive energy."^[23]

Spiritual self-healing techniques can modulate pain through endorphin and encephaline release. According to

the theory of hormonal changes, the role of endorphins, which is a substance or neurotransmitter, resembles the morphine the body naturally produces. The neurotransmitter can only match receptors on nerves that are specifically formed to receive it. The presence of endorphins in nerve cells results in decreased pain sensation. Increased endorphins have been shown to be closely related to decreased pain.^[8]

Spiritual self-healing will make changes in the body, such as reducing muscle tension, decreasing oxygen consumption, breathing and increasing the production of serotonin which causes a feeling of calm and prosperity thereby reducing pain. Serotonin is a neurotransmitter that has a role in modulating pain in the central nervous system.^[11]

The process that occurs in spiritual self-healing starts in the process of transmission (transmission) when there is a touch in the wrist area and near the surgical area, the transduction process occurs impulses distributed through the c fibers as the first neurons from the peripheral to the spinal cord where the impulses undergo modulation before being transmitted to the thalamus by the spinothalamic tract as the second neuron of the thalamus is then channeled to the somatocentric region in the cerebral cortex through the third neuron and translated as pain perception. Then proceed to the modulation process (modulation) where interaction occurs between the endogenous analgesic system produced by the body when pain enters the posterior horn in the spinal cord and is controlled by the brain. This endogenous analgesic system includes enafafalin, endorphin, and serotonin.

4. CONCLUSION

Spiritual self-healing is effective against postoperative syndrome of pain in Laparotomy patients. Spiritual self healing can be used as a non-pharmacological management to reduce pain scale in post-laparotomy patients.

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