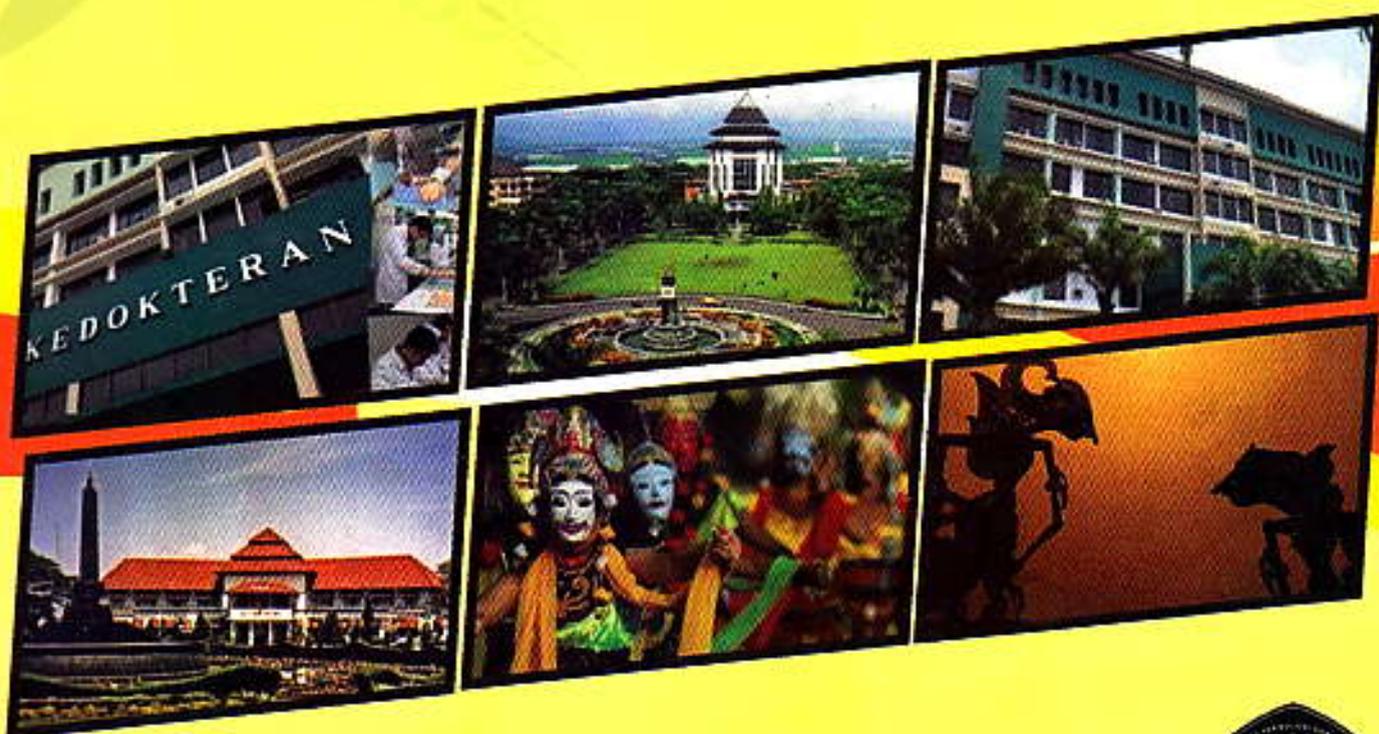


**The First International Conference on Nursing (ICON) 2015**  
**Strengthening the Linkages of Emergency, Community and**  
**Public Health, and Nursing Management**



Nursing Department, Faculty of Medicine, Brawijaya University



# **ICON**

**International Conference on Nursing**

**Nursing Department  
Faculty of Medicine  
Brawijaya University**



**2015**

# ICON: INTERNATIONAL CONFERENCE ON NURSING

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# **We are welcoming you!**

## **COMMITTEE'S WELCOME**

Greetings conference attendees and welcome to the 1st Annual International Conference on Nursing 2015. I hope you all have a wonderful, fulfilling conference and are able to take great ideas back to your individual programs.

The conference is designed to provide many positive educational and networking experiences. The conference will begin on Saturday February 28<sup>th</sup> with seminars presented by an expert and breakout session into oral and poster presentation. The conference will continue on Sunday March 1<sup>st</sup> with a half day of keynote speakers and following oral and poster presentation. We are fortunate to have a number of our keynote speakers during this outstanding events and those are coming from Thailand, Australia, United States of America and Indonesia itself.

I would like to take this opportunity to thank everyone on the committee member. Planning for the conference began in October 2014. Members of each of these committees have spent an incredible amount of time and energy in planning this year's conference and I would like to thank each and every one who worked so hard throughout the year. There are so many different aspects of the conference that need to be discussed, organized and put into place to make this weekend a successful event. Please take the opportunity and thank them for their countless hours of work. I also would like to extend a thank you to the sponsors in this extraordinary event to be able to support such a great conference.

In the globalization era, the development of science, knowledge and technology is running so fast. A new invention has been published the scientist and researcher around the world. Health innovation is being part of an invention that represented an endless process in healthcare practice, including the nursing field to improve nursing practice quality. Researches and other scientific activities are continuously conducted to improve knowledge and healthcare services. Research improvement both in quality and quantity has always been the concern of high education level. Having a research quality with its international standard will play a significant role in building the capacity of human resources including health care professional. Therefore by gathering and interacting each of attendees here can tighten our bond as academia, researcher and professional in order to increase the spirit of research and study.

Finally, I would like to ask you all to become more involved in this conference. Your unique talents, expertise and ideas are welcomed and appreciated. Please enjoy the conference and hopefully we can get a new knowledge and friend through this outstanding conference.

Thank you,

ICON 2015 Committee

## **The Brawijaya Nursing Science Development (Brainseed) Committee 2015**

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## Conference schedule

Saturday, February 28 <sup>th</sup>	
7:30 am – 8:30 am	Registration
8:30 am – 9:00 am	Opening <ul style="list-style-type: none"> <li>• Chief of The Committee Report</li> <li>• Speech from Dean of Faculty of Medicine Brawijaya University</li> <li>• Speech from Rector of Brawijaya University</li> </ul>
9:00 am – 9:30 am	<b>Plenary Session 1</b> <b>Nursing Management</b> Prof DR. Nursalam S.Kp. M.Kes.
9:30 am – 10:00 am	<b>Nursing Care Model Based on Knowledge Management in Prevention Nosocomial Infection After Section Cesaria In Hospital</b> DR. Ahsan, M. Kes. Senior Lecturer at College of Nursing Brawijaya University Indonesia
10:00 am – 10:45 am	<b>Discussion</b>
10:45 am – 11:00 am	Coffe Break
11:00am – 11:30am	<b>Plenary Session 2</b> <b>Nursing Management at Emergency Department In Australia</b> Assoc Prof. Virginia Plummer, PhD, MSc, Grad Dip, Grad Cert, Grad Cert Emerg Hth, Critical Care Cert, MidwiferyCert, BN
11:30 am – 12:00 am	<b>Pre Hospital Care In Australia</b> Dr. Malcolm Boyle, ADipBus, AdipHSc, MICA Cert, BInfo Tech, GCertAcaPrac, MclinEpid, PhD, FPA
12:00 am – 12:30 am	<b>Discussion</b>
12:30 am – 1:30 pm	<b>Lunch Break</b>
1:30 pm – 5:00 pm	Parallel Oral Presentation in Three rooms
Sunday, March 1 <sup>st</sup>	
7:30 am – 8:30 m	Registration
8:30 am – 8:40 am	Opening
8:45 am – 9:15 am	<b>Plenary Session 3</b> <b>Occupational Safety and Health</b> Candran Achutan, Phd. Associate Professor of College of Public Health University of Nebraska Medical Centre, USA
9:15 am – 9:45 am	<b>Nursing Management and Health Record</b>

	Ns. Rini Rachmawaty, M.Nurs, Phd. Lecturer at College of Nursing Hasannudin University, Indonesia
9:45 am – 10:15am	<b>Nursing Role in Thailand</b> Quantar Balhip, PhD.,RN
10:15 am – 10:45 am	<b>Discussion</b>
10:45 am – 11:00 am	Coffe Break
11:00 am – 11:30 am	<b>Plenary Session 4</b> <b>Gender, Mother and Child Nutrition (MCN) in Disaster Response</b> Abigail Beeson, MPH
11:30 am – 12:00 am	<b>Infant Feeding in Emergency</b> Dr. Utami Roesli, Sp.A, IBCLC, FABM, MBA
12:00 am – 12:30 am	<b>Discussion</b>
12:30 am – 1:30 pm	<b>Lunch Break</b>
1:30 pm – 5:00 pm	Parallel Oral Presentation in Three rooms
5:00 pm – 5:30 pm	<b>Closing</b>

## Oral presentation schedule

Day 1	
Room 1: Unique ballroom (main conference room)	
Time	Abstract title and author (s)
1.30 PM - 1.45 PM	THE EFFECT OF MUSIC THERAPY TO DECREASE BLOOD PRESSURE, PULSE RATE, AND A RECOVERY TIME ON ONE DAY SURGERY PATIENTS Adin Mu'afiro, Klaonarni DW, Endang Soelistyowati, Joko Suwito
1.45 PM - 2 PM	CORRELATION BETWEEN SMOKING AND THE INCIDENCE OF DIABETIC ULCER TO DIABETIC PATIENT IN THE WORK TERRITORY OF PUBLIC HEALTH CENTER II OF KEDUNGWUNI PEKALONGAN REGENCY IN 2011 Aisyah Dzil Kamalah, Nurul Fatikhah, Nuniek Nizmah, Zulfa Atabaki
2 PM – 2.15 PM	OVERVIEW ANXIETY AND SELF-CARE ABILITY IN CNCER PATIENTS WITH CHEMOTHERAPY Nurul Huda
2.15 PM – 2.30 PM	LITERATURE REVIEW : ART THERAPY AND QUALITY OF LIFE IN END STAGE RENAL DISEASE (ESRD) PATIENT THOSE UNDERGOING HEMODIALYSIS Atikah Fatmawati, M. Rachmat Soelaeman, Imas Raflyah
2.30 PM – 2.45 PM	THE INFLUENCE OF THE COMBINED INTERVENTION OF DEEP BREATHING AND PROGRESSIVE MUSCLE RELAXATION TO THE INTRADIALYSIS COMPLICATIONS IN HEMODIALYSIS UNIT IN RSUP DR. SOERADJITIRTONEGORO KLATEN Cornelia D.Y Nekada, Rully M.A Roesli, Aat Sriati
2.45 PM – 3 PM	HYPERBARIC OXYGEN THERAPY EFFECTS ON BLOOD GLUCOSE LEVELS CHANGE IN DIABETES MELLITUS IN LAKESLA DRS. MED. RIJADI R. S., PHYS SURABAYA Dhlan Satya Rachmawati
3 PM – 3.15 PM	AFFIRMATION TAPPING TECHNIQUES: A COMPLEMENTARY OF NURSING INTERVENTION TO REDUCE PAIN PERCEPTION OF CANCER PATIENTS Joko Suwito, Padoli
3.15 PM – 3.30 PM	INTERRATER AGREEMENT BETWEEN FOUR SCORE AND GCS IN ANALYZING CONSCIOUSNESS LEVEL Diah Pujiastuti, Yanti Hermayanti, Ayu Prawesti
3.30 PM – 3.45 PM	VISUAL INSPECTION ACETIC ACID AND CERVICAL CANCER SCREENING Eva Berthy Tallutondok
3.45 PM – 4 PM	THE TREATMENT EFFECT OF TOPICAL ETHANOL EXTRACT FROM GREEN GRASS JELLY LEAF (CYCLEA BARBATA MIERS) TO INCREASE THE NUMBER OF MACROPHAGES IN 2B DEGREE BURN OF RATS WISTAR Dina Dewi SLI, Titin Andri Wihastuti, Ika Fitri Aprilianti

4 PM – 4.15 PM	THE EFFECT OF CHEST PHYSIOTHERAPY TEACHING AT KNOWLEDGE, ATTITUDE, AND SKILL PERFORM CHEST PHYSIOTHERAPY TOWARDS FAMILY MEMBERS OF PERSON WITH PNEUMONIA AT RW 02 BINONG Eva Winda Sarma, Eva Berthy Tallutondok
4.15 PM – 4.30 PM	FACTORS THAT AFFECT SURVIVAL IN PATIENTS WITH HEAD INJURY IN THE EMERGENCY DEPARTMENT OF ISLAMIC HOSPITAL SAKINAHMOJOKERTO Kushayati, Nuris. Agoes, Achdiat
4.30 PM – 4.45 PM	A GLASGOW COMA SCALE LEARNING APPLICATION USING AUDIO VISUAL MEDIA Risna Yekti Mumpuni, Heri Kristianto
4.45 PM – 5 PM	THE EFFECT OF DEEP BREATHING RELAXATION TECHNIQUES TO DECREASE BLOOD PRESSURE POST-EXERCISE "JANTUNG SEHAT" (A STUDY IN ELDERLY OF JANTUNG SEHAT FOUNDATION KEPANJEN-MALANG) Serki Erysandi, Janes Jainurakhma, Wiwit Dwi N.
<b>Room 2: Happy Ballroom</b>	
1.30 PM - 1.45 PM	THE WOUND HEALING PROCESS OF WHITE RATS INCISIONS WOUND CARE USING CALCIUM ALGINATE AND POVIDONE IODINE 10 10% Hikayati
1.45 PM - 2 PM	CARDIAC ARREST APPS : "LET YOUR SMARTPHONE SAVES YOU" Hardiyanto, Ninik Ambar Sari
2 PM – 2.15 PM	WORK READINESS TO BE AN AMBULANCE NURSE AMONG NURSING GRADUATES IN INDONESIA: A PILOT STUDY Suryanto, Virginia Plummer and Malcolm Boyle
2.15 PM – 2.30 PM	THE EFFECT OF 15 MINUTES JOGGING TO CONCENTRATION LEVEL IN LEARNING OF TEENAGERS IN PUBLIC HIGH SCHOOL 1 BLITAR Achdiyat, Agoes. Ningrum, Evi Harwiati. Hany, Alfrina
2.30 PM – 2.45 PM	DIFFERENCES IN THE EFFECTIVENESS OF WARM COMPRESSES AND COLD TO DECREASE BODY TEMPERATURE IN FEVER PATIENTS AT THE NGAJUM HEALTH CENTER MALANG Lailatul Kodriyah, Janes Jainurakhma, Wiwit Dwi N.
2.45 PM – 3 PM	SPIRITUALITY OF NURSES IN THE WORKPLACE OF SELECTED HEALTH CARE INSTITUTIONS OF BACOR CITY, CAVITE, PHILIPPINES Jonathan R. Adanza, Mary Nellie T. Roa
3 PM – 3.15 PM	EFFECT OF ACUPRESSURE INTERVENTION FOR POST STROKE PATIENT Mustopa, Yanti Hermayanti, Desy Idrayani
3.15 PM – 3.30 PM	THE CORRELATION BETWEEN HEALTH INFORMATION PROVISION BY NURSES AND TYPE II DIABETES MELLITUS PATIENTS' DIET OBEDIENCE

	IN INTERNAL WARD OF dr. ZAINOEL ABIDIN GENERAL HOSPITAL-ACEH PROVINCE IN 2013 Nani Safuni, Kartika Rahmani
3.30 PM – 3.45 PM	EFFECTIVENESS OF HEAD UP 30 <sup>o</sup> TO IMPROVE CEREBRAL PERFUSION IN PATIENT POSTOP TREPANATION IN MITRA KELUARGA SURABAYA HOSPITAL Nuh Huda
3.45 PM – 4 PM	QUALITY OF LIFE AMONG CHRONIC KIDNEY DISEASE PATIENTS UNDERGOING HAEMODIALYSIS IN INDONESIA Nurul Hidayah
4 PM – 4.15 PM	THE DIETARY BEHAVIORS AMONG MUSLIM PATIENTS WITH POORLY CONTROLLED TYPE 2 DM IN THE COMMUNITY SETTING INDONESIA Rian Adi Pamungkas, Tippamas Chinnawong, Charuwan Kritpracha
4.15 PM – 4.30 PM	THE CORRELATION BETWEEN SELF EFFICACY AND MOTIVATION TO REDUCE BLOOD PRESSURE FOR HYPERTENSION PATIENTS IN INTERNAL DISEASE POLYCLINIC OF dr. ZAINOEL ABIDIN GENERAL HOSPITAL IN BANDA ACEH 2014 Teuku Samsul Bahri, Asthi Keshia
4.30 PM – 4.45 PM	INFLUENCE OF DIABETES MELLITUS IN REACTIVATION OF VARICELLA ZOSTER VIRUS IN ELDERLY: A REVIEW Vitri Widyaningsih
4.45 PM – 5 PM	PEER SUPPORT GROUP ON SELF EFFICACY, GLICEMIC CONTROL AND SELF CARE ACTIVITIES IN DIABETES MELLITUS PATIENTS Ilkafah
<b>Room 3: Smile Ballroom</b>	
1.30 PM - 1.45 PM	THE EFFECT OF FAMILY-BASED DIETARY MANAGEMENT ON HYPERTENSION PATIENTS Anih Kurnia, Mamat Lukman, Desy Indra Yani
1.45 PM - 2 PM	COPING OF FAMILY CAREGIVERS OF PERSONS WITH CHRONIC ILLNESS Annisa Wuri Kartika, Wiwin Wiarsih, Henny Permatasari
2 PM – 2.15 PM	HEALTHY CONCEPT ACCORDING TO CULTURAL IN JAVANESE PERSPECTIVE (BEHAVIORAL STUDY OF JAVA SOCIETY IN TAKING CARE OF AND IMPROVING HEALTH IN BLITAR EAST JAVA) Imam Sunarno
2.15 PM – 2.30 PM	THE RELATIONSHIP OF LABELING TOWARDS TAKING ACTION RISK BEHAVIOR OF PUBLIC TRANSPORTATION DRIVERS BASED ON AIDS RISK REDUCTION MODEL (ARRM) IN SURABAYA Purwaningsih , M. Umar Ali Kusuma , Sriiono

2.30 PM – 2.45 PM	THE FAMILY CAREGIVERS' EXPERIENCES OF CARING FOR HOME-DWELLING OLDER PEOPLE WITH FAECAL INCONTINENCE Ernawati, Lily Xiao, Anita De Bellis
2.45 PM – 3 PM	A GLIMPSE OF THE SUNSET: THE LIVED EXPERIENCES OF ELDERLY IN A HOME CARE INSTITUTION Leovi Pasiliao Rosario, Jonathan A. Kupahu
3 PM – 3.15 PM	COMPARISON OF INFARCT SIZE BETWEEN MENOPAUSAL DIABETIC PATIENT AND MENOPAUSAL NONDIABETIC PATIENT IN DR. SAIFUL ANWAR GENERAL HOSPITAL MALANG Anugerah Eka P
3.15 PM – 3.30 PM	THE EXPERIENCES AND NEEDS OF FAMILIES OF PATIENTS WITH TRAUMATIC BRAIN INJURY: A QUALITATIVE SYSTEMATIC REVIEW Ira Suarllah
3.30 PM – 3.45 PM	A PHENOMENOLOGICAL STUDY : LIVED EXPERIENCE OF FAMILIES OF CRITICALLY ILL TRAUMA PATIENT TOWARD PSYCHOSOCIAL NURSING INTERVENTIONS IN THE EMERGENCY DEPARTMENT OF MUHAMMADIYAH LAMONGAN HOSPITAL Arlina Qona'ah, Sri Andarini, Septi Dewi Rachmawati
3.45 PM – 4 PM	EFFECTIVENESS OF HIPOTONIS AND ISOTONIC DRINKS TO FASTING WORKERS Dian Wahyuni
4 PM – 4.15 PM	FAMILY SUPPORT AND SELF-CARE ADHERENCE OF HYPERTENSIVE PATIENTS USING MODIFIED H-SCALE Jeanifer R.Taidi, Marisa Junlanti Manik
4.15 PM – 4.30 PM	THE RELATIONSHIP OF SOCIAL STIGMA AGAINST PEOPLE LIVING WITH HIV/AIDS (PLHIV) AND PLHIV ACCEPTANCE (A CASE STUDY IN THE PUBLIC HEALTH CENTER OF SUMBER PUCUNG–MALANG) Nurma Zaidah Qistontlniyah, Janes Jainurakhma, Riza Fikriana
4.30 PM – 4.45 PM	CONTINUOUS COMPREHENSIVE SERVICE MODEL OF HIV-AIDS: A CASE STUDY IN THE PUBLIC HEALTH CENTER OF TUREN-MALANG Tri Nurhudi Sasono, Janes Jainurakhma, Dani Prayoga
4.45 PM – 5 PM	THE INFLUENCE OF CLASSICAL MUSIC THERAPY TO DECREASE PAIN INTENSITY IN CHILDREN WITHIN 6 – 12 YEARS OLD DURING INVASIVE PROCEDURE IN RSUD SIDOARJO Diyah Arlni
<b>Day 2</b>	
<b>Room 1: Unique ballroom (main conference room)</b>	
<b>Time</b>	<b>Abstract title and author (s)</b>
1.30 PM - 1.45 PM	TRAUMA NURSING CARE EDUCATION AMONG NURSING STUDENTS IN EAST JAVA PROVINCE, INDONESIA Mukhamad Fathoni

1.45 PM - 2 PM	THE EFFECT OF PEER TEACHING METHOD TO INCREASE EARTHQUAKE AND TSUNAMI PREPAREDNESS ON SECONDARY SCHOOL STUDENTS IN BANDA ACEH Hilman Syarif, Lely Safrina
2 PM – 2.15 PM	EMERGENCY STROKE MANAGEMENT Enny Mulyatsih
2.15 PM – 2.30 PM	COPING MECHANISMS OF NURSES TO DEAL WITH WORK-RELATED STRESS IN THE EMERGENCY DEPARTMENT: A PHENOMENOLOGICAL STUDY Ayu Nanda Lestari, Ahsan, Retno Lestari, Kumboyono
2.30 PM – 2.45 PM	COMMUNICATION DURING RESUSCITATION AND ITS INFLUENCE ON THE QUALITY OF CPR PERFORMED BY NURSES IN FIRST REFERRAL HOSPITALS IN NTB Tony Suharsono, Lalu Aries Fahrozl, Djanggan Sargowo
2.45 PM – 3 PM	HOUSEHOLD DISASTER PREPAREDNESS OF FAMILIES IN BARANGAY DIGMAN, BACOR CAVITE: AN INPUT FOR AN ENHANCED COMMUNITY PROGRAM Gydion Nicolie D. Batuigas, Jonathan A. Kupahu
3 PM – 3.15 PM	OVERCROWDING PATIENT AND IMPROVING EMERGENCY PATIENT FLOW IN EMERGENCY DEPARTMENT : A LITERATURE REVIEW Dewi Kartikawati Ningsih
3.15 PM – 3.30 PM	THE RELATIONSHIP FACTORS THE IMPLEMENTATION OF TRIAGE BY THE NURSES IN EMERGENCY DEPARTMENT NGUDI WALUYO GENERAL HOSPITAL AND SIDOARJO GENERAL HOSPITAL Nur Ainiyah , Ahsan, Mukhamad Fathoni
3.30 PM – 3.45 PM	FACTORS ASSOCIATED WITH PROLONGED PREHOSPITAL DELAY IN PATIENTS WITH NON-ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI) Linda Widyanl
3.45 PM – 4 PM	ANALYSIS OF HEALTH BELIEF MODEL IN ADVANCED STAGE OF CURED CERVICAL CANCER PATIENTS' BEHAVIOR AT GYNECOLOGY WARD RSUD DR SUTOMO Kartika Nurhayati
4 PM – 4.15 PM	COMPASSION, AS ONE OF EMERGENCY DEPARTMENT SERVICE QUALITY INDICATOR: A LITERATURE REVIEW Oda Debora, Anndy Prastya
<b>Room 2: Happy Ballroom</b>	
1.30 PM - 1.45 PM	IS MATERNITY NURSING INTERNSHIP PROGRAM GENDERED? VOICES OF MALE NURSING STUDENTS Luthfatul Latifah

1.45 PM - 2 PM	THE CULTURAL IMPACTS ON THE WOMEN WITH INFERTILITY PROBLEM IN INDDONESIA Tri Budiati, Yati Afiyanti, Ariesta Milanti
2 PM – 2.15 PM	THE EFFECTIVENESS OF ENTONOX VERSUS TRAMADOL AS PAN RELIEF MEASURE FOR PARTURIENT WOMEN IN LABOUR Suganthi. J, Ruby Jose <sup>2</sup> , Christy Simpson, Ellene Benjamin
2.15 PM – 2.30 PM	BAKRI: PREHOSPITAL NURSING PRACTICE INTERVENTION IN OBSTETRICS EMERGENCY FOR HEMORRHAGIC POST PARTUM CAUSED BY UTERINE ATONIA Bertolomeus Elis Rimba
2.30 PM – 2.45 PM	PARITY: IS A RISK FACTORS FOR SURGICAL SITE INFECTION IN PATIENT WITH CAESAREAN SECTION? Remilda Armika Vianti
2.45 PM – 3 PM	RELIEF OF PAINPREMENSTRUAL SYNDROME ON NURSING STUDENT WITH MICRONUTRIENTMODEL Adin Mu'afiro, Klaonarni OW, Irlne Christiany
3 PM – 3.15 PM	RECOVERY AS PERCEIVED BY ADULT WITH SCHIZOPHRENIA Sri Padma Sari, Elis Hartati
3.15 PM – 3.30 PM	HEALTH AWARENESS IN ANEMIC PREGNANT WOMEN: A CONCEPT ANALYSIS Erika
3.30 PM – 3.45 PM	PSYCHOSOCIAL DEVELOPMENT AMONG ADOLESCENTS WITH ALCOHOL CONSUMPTION BEHAVIOR Diyani Yuli Wijayanti
3.45 PM – 4 PM	THE RELATIONSHIP OF PARENT'S REARING PATTERN AND TEENAGERS' EMOTIONAL INTELLIGENCE AMONG SCHOOL CHILDREN CLASS VIII AT JUNIOR HIGH SCHOOL 2 GEDANGAN SIDOARJO Dini Mei Widayanti, Rahma Setya Pratiwi
<b>Room 3: Smile Ballroom</b>	
1.30 PM - 1.45 PM	THE INFLUENCE OF PSYCHOLOGICAL MEANINGFULNESS, SAFETY, AND AVAILABILITY ON NURSE'S ENGAGEMENT (STUDY IN A PRIVATE HOSPITAL IN MALANG) Aryo Dewanto, Lutfi Rachman
1.45 PM - 2 PM	NURSING HEALTH CENTER : SOLUTION OF 121 NATION'S HEALTH PROBLEMS COMMITTED IN <i>MILLENIUM DEVELOPMENT GOALS (MGDS)</i> BY IMPROVING EQUITABLE ACCESS OF HEALTH SERVICES Hardiyanto, Fa Rizqi

2 PM – 2.15 PM	THE IMPLEMENTATION OF NURSING ADVOCACY DURING INFORMED CONSENT IN ISLAMIC HOSPITAL, SEMARANG Maria Agustina Ermi TS, Untung Sujianto, Agus Santoso
2.15 PM – 2.30 PM	THE APPLICATION OF NURSES' CARING ATTITUDE AND INTRINSIC MOTIVATION FOR HOSPITALIZED PATIENTS IN ACEH 2014 Noraliyatun Jannah, Halimatussakdiah
2.30 PM – 2.45 PM	MIND MAPPING: ONE OF THE APPROACH OF PUBLIC EDUCATION IN COMMUNITY BASED DISASTER MANAGEMENT Tiurmalda Simandalahi
2.45 PM – 3 PM	CHALLENGE OF NURSES AT EMERGENCY UNIT IN COMMUNITY HEALTH CENTER ONCE DEAL WITH TRAFFIC ACCIDENT VICTIMS Bintari Ratih Kusumaningrum
3 PM – 3.15 PM	STRESS MANAGEMENT AMONG TEENAGERS Lela Nurlela
3.15 PM – 3.30 PM	THE COMPARISON BETWEEN ROSE AROMATHERAPY WITH MASSAGE EFFECTIVENESS IN DECREASING THE PAIN INTENSITY IN PRIMARY <i>DYSMENORRHEA</i> WITH WARM COMPRESS AS STANDARD TREATMENT Fransiska Imavike Fevriasanty, Teguh Wahyu Sardjono, Gusti Agung Indah Pradiyanti
3.30 PM – 3.45 PM	THE EFFECTIVENESS OF COMPUTERIZED NURSING INFORMATION SYSTEM ON QUALITY OF NURSING DIAGNOSIS, OUTCOMES AND INTERVENTIONS BASED ON NANDA-I, NIC, NOC IN MALANG INDONESIA Septi Dewi Rachmawati <sup>1</sup> , Rinik Eko Kapti <sup>2</sup> , Dian Susmarlni <sup>3</sup> , Ahsan <sup>4</sup> , Irwan Subekti <sup>5</sup> , Khoiril Nisah <sup>6</sup> , Suglarno <sup>7</sup>
3.45 PM – 4 PM	THE TREATMENT EFFECT OF TOPICAL ETHANOL EXTRACT FROM GREEN GRASS JELLY LEAF ( <i>CYCLEA BARBATA</i> MIERS) TO INCREASE THE NUMBER OF MACROPHAGUS IN 2B DEGREE OF RATS WISTAR Dina Dewi SLI, Titln Andri Wihastuti, Ika Fitri Aprilianti

## List of poster presenters

Day 1	
Poster number	Author (s)
1	END OF LIFE CARE AND NURSING ROLE BASED ON RULAND & MOORE THEORY "PEACEFUL END OF LIFE" : A LITERATURE REVIEW Anndy Prastya, Atikah Fatmawati
2	A LITERATURE REVIEW:"APPRECIATIVE INQUIRY"FROM HENNESSY AND HUGHES IS A TOOL FOR MENTAL HEALTH NURSING SERVICES DEVELOPING BASED ON TIDAL MODEL NURSING THEORY BY PHIL BARKER Dian Pitaloka P, Isnah Nurhayadi
3	A META-STUDY OF SPIRITUAL AS BASIC HEALTH NEEDS OF OLDER ADULTS Retno Lestari
4	PREGNANT WOMAN HIGH RISK AND FAMILY PERCEPTION TOWARDS MATERNAL MORTALITY IN CIANJUR WEST JAVA Asti Melanie Astari
5	THE QUALITATIVE STUDY ON FAMILY DECISION MAKING RELATED TO PERINATAL COMPLICATION IN CIANJUR WEST JAVA Asti Melanie Astari
6	PREGNANCY EXERCISE LEARNING MEDIA DESIGN BASED ON MULTIMEDIA PRODUCT FOR PUBLIC USER Beti Febriana, Heri Kristianto
7	CHILD UNDERNUTRITION AND ASSOCIATED FACTORS IN THE REPUBLIC OF CAMEROON Chikako Nagahori, Jean Paul Tchuan, Taro Yamauchi
8	LEARNING MEDIA OF TODDLER PSYCHOSOCIAL GROWTH AND DEVELOPMENT STIMULATION USING CAMTASIA STUDIO 8.0 VERSION Siti Kholifah, Heri Kristianto
9	HYPNOTHERAPY REDUCES STRESS IN ELDERLY WITH HYPERTENSION IN POSYANDU Kastubi, Minarti, Bambang Heriyanto, Hasylm As'ari
10	WHAT IS THE ROLE OF NURSES IN THE MANAGEMENT OF ACUTE DIARRHEA FOR CHILDREN IN HOSPITAL ? Septi Wardani, Fitri Haryanti, S. Yati Soenarto
11	EFFECT OF HANDHELD FINGER RELAXATION ON REDUCTION OF PAIN INTENSITY IN PATIENTS WITH POST-APPENDECTOMY AT INPATIENT WARD, RSUD SIDOARJO Christina Yulastuti

12	PROBIOTICS FOR PREVENTION OF VENTILATOR-ASSOCIATED PNEUMONIA IN CRITICALLY ILL PATIENTS Efris Kartika Sari
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**Abstract no 034**

**Title** : THE INFLUENCE OF CLASSICAL MUSIC THERAPY TO DECREASE PAIN INTENSITY IN CHILDREN WITHIN 6 – 12 YEARS OLD DURING INVASIVE PROCEDURE IN RSUD SIDOARJO

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**Background**

Hospitalization could contribute to the existence of anxiety effect to children. Hospitalization requires patients to undertake invasive procedure, such as infusion administration as a part of a treatment process. Children who are hospitalized tend to show fear and anxiety as they feel that such procedure could cause pain. As a matter of fact, infant care principles suggest atraumatic care. In this case, exposing children to classical music may reduce pain. This is possible because classical music has 60 beats per minute that is believed to have the effect of producing relaxed sensation. In this way, any treatment process can be carried out with much ease. This research is intended to analyze the effect of classical music therapy in reducing pain intensity to children within 6 – 12 years old during invasive procedure.

**Method**

The design used in this research was pre-experimental by applying Static Group Comparison /Post Test Only Group Design. The population was children within 6 -12 years old who were treated at RSUD Sidoarjo. The sample size was 11 children accepted as the treated group and other 11 children were put as control group. The sampling technique was consecutive sampling. The research instrument was observation sheet, Scala Visual Analog Faces Scale. The data were then analyzed based on Mann-whitney test.

**Results**

The result of the research showed that there was a connection between classical music therapy and pain intensity reduction during invasive procedure to children within 6 – 12 years old with the value: 0,000. ( $\alpha < 0,05$ ).

**Recommendation**

The implication of the research indicated that the application of classical music therapy could lead to pain intensity reduction due to the fact that children may experience relaxed sensation, excitement and could possibly create calm atmosphere. Thus, the pain felt is dramatically reduced, helping the distraction process to work out. In this way, parents and hospital staff involved with hospitalized children within 6 – 12 years old are recommended to apply classical music therapy.

**Key words:** classical music therapy, pain intensity, invasive procedure

***The influence of classical music therapy to decrease the intensity of pain during the invasive procedure in children within 6-12 years old in RSUD Sidoarjo***

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**ABSTRACT**

*Hospitalisasi can give the anxiety effect for children whereas in hospital, there are various kinds of invasive procedure such as the instalationof an infusion. Children tend to be crying and be afraid while they are in an invasive procedure, because it could causes pain. While the sick children principles care that should take precedence is atraumatic care. One technique distraction that can give reducing in painful is by giving classical music. Because classical music has a tempo of 60 beats per minute which can provide a relaxing effect, so that the activity of the therapeutic process can run well. The study has a goal to analyze the influence of classical music therapy to decrease the intensity of pain during the invasive procedure in children within 6-12 years old in RSUD Sidoarjo.*

*The design used in this research is Pre Eksperimental Design with models Pre Static Group Comparison, whom the population is children aged 6-12 years in RSUD Sidoarjo. 11 children used as the treatmentgroup which is selected by non probability sampling with consecutive sampling approach. Instrument research uses the visual analog observation scale sheet. Datas were analyzed by using Mann-whitney test.*

*The results that has been obtained is the influence of clasical music therapy to decrease pain intensity when the invasive action given to children age 6-12 years old with a p value 0.000 ( $\alpha < 0.05$ )*

*Implications of this research is that the classical music therapy can affect a decreasing pain intensity during invasive action. Because, the children can calming feel, cushy feelings to carried away in the atmosphere of the music so that the pain is reduced, helping is a learning process of memory, and can help the cells regulation. Parent, hospital, and health workers should to provide a management of classical music therapy to reduce the effects hospitalization.*

***Keywords: Classical music therapy, Intensity painful, Invasive action***

**Pendahuluan**

Hospitalization is a process due to planning or emergency reasons that require the child to stay in the hospital for treatment and care. Being hospitalized is a major problem and creates fear and anxiety for children affected by age, previous experience of pain and treatment, available support systems, and coping skills in

dealing with stress (Supartini, 2004). One of the stressor factors for children aged 6-12 years is a painful or invasive procedure. When children are sick and have to be hospitalized, they will undergo a variety of invasive procedures such as infusion, in an attempt to treat the disease suffered by a child (Supartini, 2004). The infusion setting is one of the interventions given to the child if the electrolyte, fluid and

electrolyte nutritional requirements are poorly met or performed if the child is receiving an injection or treatment via an IV (Elizabeth A., Henny S., & Windy R., 2003). This action is done by inserting a needle into a child's blood vessel that can cause pain. Pain occurs due to tissue damage caused by the entry of needles in the child's body (Perry & Potter, 2005). One of the application of the principle of pediatric care is an emphasis on atraumatic care, which is to take care of the child's hospitalization carried out an invasive action in order not to cause trauma. It can be done by: strengthening relationships with parents, preparing children before the procedure, diverting fears and aggressive, losing control by giving children a chance to play with a goal to minimize pain, which can also be done with non-pharmacological techniques such as distraction (Wong, 2004). According to Campbell (2001) distraction technique is very effective used to divert the pain in children, which one form is by listening to classical music because classical music has a tempo of about 60 beats per minute that can provide a relaxed effect, so that the therapeutic process activities can run well. Most parents say if their child is sick and is in hospital the child will be fussy, crying out of fear when injected. A small percentage of parents argue otherwise that her child looks normal and can accept her situation because of the possibility of getting used to medical treatment. Data from observations conducted in RSUD Sidoarjo obtained no action from nurses to divert attention or reduce pain in children who performed invasive action.

Most of the invasive procedures are blood-picking and IV-line installations. Research shows that 82% of invasive procedures are categorized as easy and use a relatively short time to complete ( $\pm$  5 minutes), 16% are moderately difficult and 2% are categorized as difficult (Elizabeth A., Henny S., & Windy R., 2003). As easy as any implementation of the invasive procedure will continue to have an impact

on the child. One of the most obvious effects is that children become traumatized because the procedure causes pain. Based on data obtained by researchers in RSUD Sidoarjo that there are 13 children aged 6-12 years who received an invasive action, after the observation on the child including 9 children fussy with complaints such as fear, pain, and tend not to go far with the people who accompany him (69%) and 4 other children (31%) are not fussy because they have had an invasive action.

The sources of pain include medical procedures, nursing actions and diagnostic procedures. Children often feel afraid when facing something that can threaten integrity and body. Various literature on response to noxious stimuli indicates that no doubt the child has pain (Moore, 2001). A highly recommended therapy for treating pain is classical music therapy because classical music contains a fluctuating tone composition between high and low notes. These tones that provide stimulation of alpha waves that can provide peace, comfort, and tranquility so that children can be more concentrated. Classical music can increase the  $\beta$  endorphin produced by the anterior pituitary gland that acts as an inhibitor of pain transmission by blocking the transmission of impulses in the brain and the spinal cord that can relieve pain. Music is portrayed as one of the purest forms of emotional expression and contains various contours, spacing, variations in intensity and extensive sound modulation, according to the components of human emotions. Classical music can also be used as a therapy to improve human ability against various types of diseases and can be used as a distraction activity. If the child of hospitalization is not given classical music therapy, the pain felt by the child can not be overcome and the inadequacy of the coping mechanism to solve the problem resulting in the maladaptive behavior of the child and makes the child less likely to cooperate or

reject the invasive action that can slow the healing process (Wong, 2004).

When children are given classical music therapy children can feel the tranquility, feelings of fun because it is carried in a musical atmosphere so that pain is felt less, helps the process of learning memory, and can help the regulation of cells (Campbell, 2001). In addition, classical music therapy unlike other interventions such as guided imagery or biofeedback, classical music therapy does not require practice or concentration by the client so it is relatively easy to use (Campbell, 2001). In addition play therapy is also an option to minimize the pain in children because by playing children can find strengths and weaknesses themselves, part of the concept of adaptation learning for children about the outside world and the environment where they are (Alimul Aziz, 2005). Based on the above background, it is necessary to do research to determine the effect of classical music therapy to decrease the intensity of pain during invasive procedures in children aged 6-12 years in RSUD Sidoarjo.

### Research methods

This research uses the type of Pre Experimental Design research design with the design of Static Group Comparison / Postest Only Control Group Design. The method used for this design model is to increase the control group in which the treatment group is treated, then the observations are made. While in the control group only conducted observations alone to determine the effect of classical music therapy on the intensity of pain in children aged 6-12 years who performed an invasive action. The population in this study were children who underwent invasive action in RSUD Sidoarjo. The sample was taken by researchers from some of the population who underwent invasive action in RSUD Sidoarjo, which amounted to 22 people. The sampling technique used in this research is Non Probability Sampling with consecutive sampling method. In this research there are

two variables that are independent variable (free) and dependent (bound). Independent variable in this research is classical music therapy, dependent variable in this research is intensity of pain during invasive action in children aged 6-12 years in RSUD Sidoarjo.

Instrument used in collecting data in this study by using questionnaires containing demographic data about respondent identity, and observation sheet containing scale of intensity of child pain Visual Analog-Faces Scale, samsung medium type S3353 with medium volume (7) equipped with earphone and recording of classical mozart music for children and observed by researchers.

This intervention was administered for 15 minutes during the invasive action. After the respondent received the therapy, respondents were asked to express the perceived pain by selecting the answer according to the Visual Analog-Faces Scale shown and in accordance with the researcher's guidance on the meaning in the scale image of facial pain. Then the researchers fill in the observation sheet in accordance with what is expressed by the respondents and observed faces of respondents who were observed then included in the scale of facial pain filled by researchers based on information from respondents on a scale of 0-5. This score is classified by the number 0 if the pain is not felt by the respondent, 1 if the pain is felt slightly, 2 pain is felt, 3 pain is felt more, and 4 pain is felt overall, and the number 5 pain once and the child becomes crying, vital signs to know how much influence of classical music therapy to the intensity of pain respondents.

### Result

1. Characteristics of respondents by sex  
Table 1 Table of frequency characteristics of respondents by sex in RSUD Sidoarjo

Sex	Treatment group		Control group	
	f	%	f	%
Man	8	73	7	64

Women	3	27	4	36
Total	11	100	11	100

## 2. Characteristic of respondents by age

Table 2 Table of frequency characteristic of respondents by age of children in RSUD Sidoarjo

Age	Treatment group		Control group	
	f	%	f	%
6 – 7 year	1	9	2	18
8 – 10 year	7	64	11	64
11–12 year	3	27	2	18
Total	11	100	11	100

3. Characteristics of respondents based on how many times treated at the hospital

Table 3 Table of frequency characteristics of respondents based on the number of times treated at the hospital

frequency	Treatment group		Control group	
	f	%	f	%
Never	6	55	7	64
1-2	5	45	4	36
Total	11	100	11	100

4. Characteristics of respondents based on whether or not an invasive action has been performed

Table 4 Table of frequency characteristic of respondents based on never done invasive action

frequency	Treatment group		Control group	
	f	%	f	%
never	6	55	7	64
Ever	5	45	4	36
Total	11	100	11	100

5. Characteristics of respondents based on assistance when the invasive action

Table 5 Table of frequency characteristics of respondents based on mentoring when carried out invasive measures

mentoring	Treatment group		Control group	
	f	%	f	%
Parents	9	82	10	91
Guardian	2	18	1	9

Total	11	100	11	100
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## 6. Intensity of pain in children aged 6-12 years who are given classical music therapy according to the scale of Visual Analog Faces Scale

Table 6 Distribution of respondents aged 6-12 years based on the intensity of pain given classical music therapy according to Scala Visual Analog Faces Scale at RSUD Sidoarjo.

Perception	f	%
No Pain (0)	1	9,0
Pain a little (1)	4	36,4
Moderate pain (2)	3	27,3
Pain a lot (3)	3	27,3
Whole pain (4)	0	0
Very painful and crying (5)	0	0
<b>Total</b>	<b>11</b>	<b>100</b>

## 7. Intensity of pain in children aged 6-12 years who are not given classical music therapy according to the scale of Visual Analog Faces Scale

Table 7 Distribution of respondents aged 6-12 years based on the intensity of pain not given classical music therapy according to Scala Visual Analog Faces Scale in RSUD Sidoarjo.

Persepsi	f	%
No Pain (0)	0	0
Pain a little (1)	0	0
Moderate pain (2)	0	0
Pain a lot (3)	1	9,0
Whole pain (4)	5	45,5
Very painful and crying (5)	5	45,5
<b>Total</b>	<b>11</b>	<b>100</b>

## 8. The influence of classical music therapy on the intensity of pain when an invasive action is taken

Table 8 Distribution of classical music therapy influence on pain intensity when invasive action in children aged 6-12 years according to Scala Visual Analog Faces Scale on the date at RSUD Sidoarjo.

Variabel	Treatment group		Control group		Total	
	f	%	f	%	f	%
No Pain (0)	1	9	0	0	1	4,5
Pain a little (1)	4	36,4	0	0	4	18,2
Moderate pain (2)	3	27,3	0	0	3	13,6
Pain a lot (3)	3	27,3	1	9	4	18,2
Whole pain (4)	0	0	5	45,5	5	22,7
Very painful and crying (5)	0	0	5	45,5	5	22,7
Total	11	100	11	100	22	100
$\rho$ value 0.000						

In the table above shows that the number of 11 children given classical music therapy felt a lot less pain than moderate pain, painful and painless with a proportion for pain less that is as much as 36.4% compared with moderate pain 27.3%, pain 27%, and no pain 9%. While the children who were not given classical music therapy felt more pain overall, painful and crying compared with much pain with the proportion for overall pain as much as 45.5% of children, very painful and crying as much as 45.4% compared with pain as much as 9% .

Based on test result of Mann-Whitney test show value  $\rho$  value = 0.000 ( $\rho$  value <0,05) it means there is statistically significant difference between giving classical music therapy to the intensity of pain in children aged 6-12 years.

## Discussion

changes in the intensity of pain experienced by the child after being given

classical music therapy children feel a little pain that is as much as 36.4% with the number of 4 children. This is because the age of each child 50% is 11 years and 10 years, other than that found 50% of children had undergone an invasive action so that children can perceive and overcome the pain experienced. Factors that affect the pain in children while undergoing the above invasive actions are age and past experience. Age can affect the perception of pain as the age of a person increases the more the understanding of pain and effort to overcome it. Previous experience also affects the child's perception of pain as less fear of pain in the future and is able to tolerate pain well. Children who experienced moderate pain were 27.3% with 3 children. This is because 100% of the number of children is accompanied by parents when carried out an invasive action. Parental support is a support in building positive coping of pain, the presence of parents is a special thing that for children in the face of pain. Children who feel pain not as much as 9.0% with the number of children 1. This is because it occurs because the child's age is 11 years, previously also had an invasive action so that children can perceive the pain felt.

Factors affecting the pain in children while undergoing invasive action are supported by the theory expressed by Perry & Potter, 2005 that age, previous experience, culture, meanings of pain, attention, anxiety, coping style and family support may influence the perception of pain experienced . Age can affect the perception of pain as the age of a person increases the more the understanding of pain and effort to overcome it. Previous experience also affects the child's perception of pain as less fear of pain in the future and is able to tolerate pain well. Family support is very helpful for individuals in building positive coping of pain. The presence of parents is of special importance to children in the face of pain.

The intensity of pain felt by the child is high because no intervention is given.

Children who feel the pain once and cry as much as 45.5% with the number of 5 children. This is because 80% of the 5 children have never undergone an invasive action and 20% with the number of children aged 6 years. Factors that affect the above pain is age and past experience. Age can affect the perception of pain because the younger age, the child can not understand the pain and how to overcome the pain. Previous experience also affects the child's perception of pain because less experience is experienced, the fear increases and the child is unable to properly tolerate the pain. Children who feel the pain overall as much as 45.5% with the number of 5 children, this is because 60% with the number of 3 children never hospitalized and 40% with the number of 2 children had undergone an invasive action. Previous experience affects the pain of the child, as it is less fearful of future pain and is able to tolerate pain well. Children who experience much pain as much as 9.0% with 1 child due to age 12 years, so that children can slightly perceive the pain experienced during the invasive action. The more children age, the child can perceive the pain and the effort to overcome the pain.

This is consistent with the Perry & Potter, 2005 that age, prior experience, anxiety, attention, meaning pain, culture, coping style, and family support are factors that affect pain, so that children can perceive and tolerate perceived pain.

From the data shows an increase of pain level felt by child in RSUD Sidoarjo, thus can be known increase of pain level arise caused by child perception of invasive action to be executed, fear of body injury which threaten integrity body. This is as revealed by (Perry & Potter, 2005) that pain is an unpleasant sensory and emotional experience associated with tissue damage that occurs due to disease processes, diagnostic examinations or invasive procedures. In children the pain is of critical concern, since invasive procedures are the most commonly

performed to diagnose and treat illnesses when the child is hospitalized. Implementation of this invasive procedure often causes pain and trauma in children. The intensity of pain that occurs can be known from the child directly through the expression of the child to perceived perception and other manifestations shown by the child from the measurement of pain level Scala Visual Analog Faces Scale can be known pain that occurs in children aged 6-12 years. Reactions of children in this study include whining, refusing, crying and asked accompanied by parents when carried out an invasive action. This is in accordance with the disclosure (Perry & Potter, 2005) mentions that the reactions shown by the child during a variety of invasive procedures, namely there are acting aggressively as a self-defense, expressing verbally by issuing words hissing or barking and being dependent with shut down and uncooperative.

According to the researchers observation that children who are not given music therapy children tend to fear, confused, anxious when will be invasive action. The child reacts to his fears by crying and rejecting the action. When the researcher asked the child also felt fear and silence, this is evidenced by the child approaching to his parents and look strange to the researcher without speaking because the child is suffering severe pain felt, the implementation of invasive action required distraction techniques to divert the pain in children, it's a past experience can also affect a child's ability to adapt to overcome the perceived pain.

According to the results of research conducted that the intensity of pain felt by children experience the difference after being given classical music therapy, because children feel relaxed, calm, and enjoy the music given so that the child's perception of pain can be transferred to the rhythm of classical music. Besides, it was found that gender affect the intensity of pain in children, it is proved from the results of research conducted there is a

difference in pain intensity that is much pain felt by girls while moderate pain, little pain, or pain not felt by boys though still doubtful that sex is an independent factor in the expression of pain. For example boys must be brave and should not cry where a woman can cry at the same time when the invasive action.

Based on test result of Mann-Whitney test with  $\alpha = 0,05$  in treatment group and control group in this research got value  $p$  value 0.000 mean  $H_0$  rejected. This means that there is an effect of classical music therapy on the decrease of pain intensity when the invasive action in children aged 6-12 years is by comparing the observation between the treatment group and the control group caused by the difference in pain intensity in the treatment group and the control group.

In this study the music used for therapy is a type of classical music Mozart "Hungarian Dance" is compiled by Campbell. Treatment is performed once during the invasive action lasts for approximately 20 minutes with a frequency of 40-66 Hertz and 60 times a beats permenit by using S3353 samsung mobile phone equipped with earphone. Based on the results of general research on the influence of classical music therapy on the intensity of pain during invasive procedures found that in the group given classical music therapy experienced differences in pain intensity, whereas in the group that was not given classical music therapy showed a severe level of pain. This means that the group given music therapy can be carried away by the music rhythm that can stimulate the mind, feel relaxed and imagine. Physiologically seen from the frequency of the heart and blood pressure tend to be normal.

The decrease in pain levels that occur in children after giving classical music therapy is a positive effect of the element that can give a positive and adequate response, the child is able to respond to the music indicated by the decrease in pain levels. This is in

accordance with American Mucis Therapy Assoatiation (2004) that music therapy is the pengg

The results of this study are in accordance with the opinion (Campbell, 2001) that music can be used as a therapy to improve human ability against various types of diseases and can be used as a distraction activity that helps children release endorphins in the body, thus inhibiting the transmission of pain caused by the implementation invasive procedures. Endorphins are substances such as morphine produced by the body including endogenous chemicals and have a strong concentration in the nervous system. Endorphins serve as an inhibitor of pain transmission by blocking the transmission of impulses in the brain and spinal cord (Brunner & Suddart, 2001). Music has been shown to have the effect of reducing the frequency of heart rate, reducing anxiety and depression, relieving pain, lowering blood pressure, and changing perceptions of time (Perry & Potter, 2005).

According to the observation of classical music therapy researchers have a very effective effect on the intensity of pain in children when the invasive action is indicated by significant differences in pain intensity perceived by the control group and treatment group.

### **Conclusions**

Based on the results of research findings and test results on the discussion conducted, it can be drawn conclusion as follows:

1. Intensity of pain with the giving of classical music therapy when carried out an invasive action in children aged 6-12 years in RSUD Sidoarjo more feel a little pain with a scale of 1.
2. Intensity of pain that is not given classical music therapy when carried out an invasive action in children aged 6-12 years in RSUD Sidoarjo more feel pain overall with scale 4, pain and cry with scale 5.

3. Classical music therapy affects the intensity of pain in children aged 6-12 years when carried out in an invasive action in RSUD Sidoarjo.

Any suggestions that can be provided to hospitals in adopting policies for childcare need to apply atraumatic care principles to children using classical music therapy in any hospital room used for the implementation of invasive measures, as well as medical personnel may provide classical music therapy before performing invasive action within order of care or treatment in children when in hospital.

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