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Giving Classical Music Therapy to Reduce Pain Intensity in Post **Sectio Caesarea Patients**

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ABSTRACT

Objective: This case study aims to examine the effect of classical music therapy interventions on patients undergoing caesarean sections.

Method: The approach chosen for the study is a descriptive method using a case study approach and nursing care approach that involves assessment, formulating nursing diagnoses, implementing interventions, and evaluating carried out for 3 days in the Lotus 2 room BLUD RSU Banjar City and referring to the SDKI, SLKI, and SIKI books. This case study research used one patient to be used as a subject, and the selection of participants used accidental sampling. Data collection techniques used by the author include interviews, observation, physical examination, and documentation studies using the SOAPIER method. Result: Nursing diagnosis Acute pain related to physical injury agents (surgery, birth canal trauma, episiotomy) with the diagnosis number D.0077 The patient experiences pain in the wound area post-sectio caesarea surgery in the abdominal region, which is indicated by the patient's complaint. They mention that pain is felt when engaging in excessive movement, there is a postoperative wound in the abdominal area, and the patient grimaced when moving. The pain scale is 8 (0–10), and with intervention given for 3 days with a duration of 15 minutes a day, acute pain nursing problems, which were originally a scale of 8 (0-10), have decreased to a scale of 4 (0-10).

Conclusion: There is evidence to suggest that the use of classical music therapy can help reduce pain in patients who have had a caesarean section. From May 31, 2023, to June 2, 2023, nursing interventions involving classical music therapy were carried out for 15 minutes each day. During this period, the patient's pain decreased from level 8 on a scale of 0 to 10 to level 4 on the same scale. These changes indicate that the acute pain has been partially relieved.

Keywords: Cassical music therapy, pain, sectio caesarea

Introduction

Every mother hopes that her birth process will run smoothly and be able to give birth to a perfect child. However, there are two ways of delivery, namely caesarean delivery and vaginal delivery or what is more commonly referred to as natural delivery (Indah et al., 2020). A Caesarean section is a surgical method used to deliver a baby by making a cut either in the wall of the womb or through the front wall of the abdomen. The uterus transabdominal incision is another term used to describe it (Prihananda Lugman, 2014).

According to the World Health Organization (WHO), the prevalence of sectio caesarea is increasing in developing countries, and WHO sets an average sectio caesarea standard of around 5-15% per 1000 births as a benchmark for caesarean operations in every country (Ima Rahmawati & Supanji Raharja, 2018). According to RISKESDAS results for 2018, the proportion of births by caesarean section in Indonesia is 17.6%, accounting for 78,736 births between 2013 and 2018 (Yulianti & Mualifah, 2022b). Meanwhile, based on RISKESDAS West Java in 2018, the percentage of cesarean section deliveries in West Java was around 15.48% (Saskia & Agustina, 2022).

The impact of caesarean section is very serious. After the cesarean section is completed, the surgical wound is affected by pain, causing difficulty in early mobilization for the patient. The patient feels uncomfortable due to pain and needs immediate care after cesarean section (Sari, 2021).

Surgery can cause discomfort because it is caused by tissue damage, causing pain (Merdekawati, 2016). Pain is a protective mechanism of the body that occurs when tissue is damaged and encourages individuals to respond by eliminating pain (Rahmatiqa & Arifatmi, 2018). Pain after sectio caesarea can be treated with pharmacological and non-pharmacological therapy. Non-pharmacological pain management, namely relaxation, acupressure, music therapy, imagination techniques, distraction, cold compresses or warm compresses and benson relaxation (Wayan, 2022).

One of the distraction techniques is audio. Audio distraction technique is music therapy. Relaxing music not only distracts by dampening the sensation of pain. Music is believed to increase endorphin hormone levels (Sulastri et al., 2021). Music therapy is an independent measure of pain treatment (Aprilian & Elsanti, 2020). Various studies have shown that classical music is an effective music genre for pain relief after caesarean section, mothers who are conscious for ≤48 hours get classical music therapy on the first, second, and third postoperative days and are given an observation sheet with pain assessment to measure the level of pain. pain of patients before and after classical music therapy (Ilmiah & Shine, 2021).

In this case the role of the nurse is very important to overcome the problem of pain in post sc patients. Therefore, in this study the authors will provide nursing care to deal with pain experienced by patients because if it is not treated immediately it can cause harmful effects, disrupt the healing process caused by ongoing pain and cause various disturbances to the physical and psychological aspects of the patient.

Based on the explanation above, the author has an interest in conducting a case study on the implementation of classical music therapy on reducing pain intensity in postoperative sectio caesarea patients in Lotus Room 2 BLUD RSU Banjar City.

Objective

This case study aims to interpret nursing care with classical music therapy interventions to reduce pain intensity in postoperative sectio caesarea patients.

Method

This case study uses a descriptive method with a nursing care approach including assessment, establishing nursing diagnoses, determining nursing interventions, implementing nursing, and evaluating nursing in post sectio caesarea patients who experience impaired fulfillment of comfort due to acute pain with a focus on classical music therapy interventions. This case study research took one patient to be used as a subject in which the selection of participants used accidental sampling. In establishing nursing diagnoses, and determining nursing interventions to be applied, the author refers to the books Indonesian Nursing Diagnostics Standards (SDKI), Indonesian Nursing Intervention Standards (SIKI), and Indonesian Nursing Outcomes Standards (SLKI). The book serves as a guide to nursing practice, implementation of nursing care, nursing implementation and evaluation, and is documented with SOAPIER.

This case study was conducted on post-cesarean section patients in Lotus Room 2 BLUD Banjar City General Hospital which was carried out for 3 days starting from 31 May 2023 to 2 June 2023. Before carrying out the action the author explained in advance about the intervention to be carried out. After being given an explanation, the patient is willing to be a respondent by giving consent verbally in a conscious state. Before being given the intervention, the authors conducted a comprehensive assessment of the patient to find out the patient's problems. And for its implementation it is given for 15 minutes, by monitoring vital signs, measuring the pain scale using the NRS (Numeric Rating Scale) before being given classical music therapy, positioning as comfortable as possible, giving classical music therapy via cellphone using a headset, and again measuring the pain scale after being given the intervention.

Results

The results of the study obtained data from Mrs. L is 26 years old, a Muslim woman, married, a housewife, has high school education and lives in Cemplang Baru RT 04/ RW 10 Cilendek west village, Kec. West Bogor, Bogor City, with a medical diagnosis of PEB (Severe Preeclampsia) and a selective cesarean section operation. All information was obtained from patients and families.

The patient's main complaint at the time of assessment on May 31, 2023 at 12.30 WIB on the first day of post sectio caesarea the patient said pain in the lower abdominal surgery area. The results obtained at the time of the study were in the form of subjective and

objective data. Subjective data obtained, namely the patient said pain in the postoperative wound in the lower abdomen, pain felt like being stabbed, pain increased when moving a lot, and pain felt intermittent. While the objective data obtained were that the patient looked grimacing when moving, there was a postoperative section caesarea wound in the abdomen, pain scale was 8 of (0-10), blood pressure: 150/97 mm/Hg, pulse: 88 x/minute, respiration: 20 x/minute, temperature: 36,7°C. The nursing problem that arises from the results of the assessment is acute pain.

Implementation was carried out for 3 days starting May 31 2023 to June 2 2023. The results obtained on May 31 2023 the patient was willing to do classical music therapy for 15 minutes, vital signs; blood pressure: 150/97 mm/Hg, pulse: 88 x/minute, respiration: 20 x/minute, temperature: $36,7^{\circ}$ C, patient sleeping position on back, pain scale before music therapy intervention 8 (0-10) and after intervention 6 (0-10). On June 1, 2023 the patient is willing to do 15 minutes of classical music therapy, vital signs; blood pressure: 136/93 mm/Hg, pulse: 96 x/minute, respiration: 20 x/minute, temperature: $36,7^{\circ}$ C, patient sleeping position on back, pain scale before music therapy intervention 6 (0-10) and after intervention 5 (0-10). And on the last day, June 2, 2023, the patient agreed to do 15 minutes of classical music therapy, vital signs; blood pressure: 130/80 mm/Hg, pulse: 86 x/minute, respiration: 20 x/minute, temperature: 36.5° C, the patient is supine, pain scale before music therapy intervention is 5 (0-10) and after intervention 4 (0-10).

Discussion

Based on the results of the study on Mrs. L, 26 years old, the patient complained of postoperative sectio caesarea pain in the abdominal area and the pain increased when he moved a lot, the pain felt like being stabbed, the pain scale was 8 out of (0-10), the pain felt intermittent. The patient said that she had a history of sectio caesarea and experienced severe preeclampsia in a previous pregnancy and had no history of miscarriage. The patient's obstetric history, namely G2P1AO, gynecological history in the first pregnancy experienced severe preeclampsia in the second trimester of pregnancy. Gestational age is now 36 weeks, HPHT on September 15 2022 and HPL on June 22 2023. The patient's contraception history says he used an inflated contraceptive for three months before becoming pregnant, and after giving birth the patient was put on an IUD contraceptive. There are not many changes in the pattern of health experienced by patients during illness.

during physical examination the patient looked grimacing when moving there was a postoperative section caesarea wound in the abdomen, composmentis awareness with GCS values (E=4, M=5, V=6), fairly good orientation, vital signs: Blood pressure: 150/97 mm/Hg, Pulse: 80 ×/minute, Respiration: 20 ×/minute, Temperature: 36,7°C. On examination of the neurological system found no problems. Hearing system is good, the patient can answer all the questions asked. In the patient's respiratory system there were no complaints of shortness of breath, chest retraction was not found and the patient's respiration was 20 x/minute. The patient's cardiovascular system is normal, except that the patient's blood pressure is hypertension with a blood pressure of more than 120/80 mm/Hg. There is no

problem with the patient's endocrine system. The patient's urinary system is attached to a urinary catheter tube. In the musculoskeletal system there are disorders of the lower extremities caused by pain in the former operation in the lower abdomen so that the patient cannot move freely with 4 muscle strength, installed an inful RL in the left hand with 20 drops per minute. In the patient's gastrointestinal system, there is a postoperative section caesarea wound in the abdomen with a wound length of approximately 10 cm, the wound is covered with dermafix plaster, there is tenderness in the abdominal area. There is no problem with the patient's integumentary system. In the patient's genital system, normal vaginal bleeding was seen, namely lochia rubra filled with fresh blood, remnants of the amniotic membranes.

The diagnosis in Mrs. L with post sectio caesarea on the first day is acute pain associated with physical injury agents (surgery, trauma to the birth canal and episiotomy) which is characterized by patients complaining of pain in the wound area after the sectio caesarea surgery in the abdominal area, the patient says pain is felt when moving a lot, there is a postoperative wound in the abdominal area, the patient grimaces when moving, pain scale 8 (0-10).

Nursing interventions carried out in accordance with nursing diagnoses or problems experienced by patients, namely acute pain. The interventions provided include identifying the location, characteristics, frequency, intensity of pain, observing vital signs, identifying the factors that cause pain, providing the most comfortable position possible, teaching non-pharmacological therapeutic techniques to reduce pain and can relax and can facilitate the flow of oxygen, collaboration giving drugs to reduce pain pressure directly on the center of pain.

The intervention used by the author to overcome the problem of acute pain in patients is by providing non-pharmacological techniques, namely classical music therapy. In this study, researchers focused more on classical music therapy interventions to reduce pain. Classical music therapy is a therapy that uses music media in treatment so that it can affect a person's aspects of healing both physically and mentally with soft soothing music (Damayanti, 2019).

The nursing action taken was to provide non-pharmacological therapy, namely the application of classical music therapy for 15 minutes to Mrs. L from May 31 to June 2, 2023. By instructing the patient to take a comfortable position as possible, then advising the patient to listen to classical music using a headset and inhale through the nose and then exhale through the mouth slowly, instruct the patient to calm down and relax permeating each classical music, performed for 15 minutes. According to research (Novadhila Purwaningtyas & Masruroh, 2021) therapy is carried out 1 time for 5-10 minutes, research by (Yulianti & Mualifah, 2022a) is carried out 15-30 minutes for 2 days, while research (Rahmatiqa & Arifatmi, 2018) with the title " The Effect of Giving Music Therapy on Postoperative Pain in Sectio Caesarea Patients at Abdoel Madjid Batoe Muara Bulian Hospital "regarding the implementation of the action carried out once a day for 2 days with a duration of 20 minutes. So the researchers took action for 15 minutes in three days, from May 31 to June 2, 2023, and collaborated on giving pharmacological therapy by giving tramadol 3 times/day.

The focus action that the author gave to post sectio caesarea patients from the results of classical music therapy from the first day May 31 2023 to the last day June 2 2023 with acute pain problems decreased the pain scale from the initial pain scale of 8 (0-10) to pain scale (4-10) conducted for 15 minutes in 3 days.

The evaluation stage is carried out at the end of the writer carrying out nursing care that has been given to patients. This evaluation was carried out on May 31, 2023. The problems experienced by the patient were partially resolved, the patient complained of postoperative sectio caesarea pain in the abdominal area and the pain increased when he moved a lot, pain felt like being stabbed, pain scale 8 from (0-10), pain that felt intermittent, after classical music therapy and collaborative pain medication were reduced to a scale of 6 (0-10). Patient progress carried out on June 1, 2023 showed good results. The results of the evaluation on the second day by giving classical music therapy which was carried out for 15 minutes showed that the patient said the pain was reduced with a pain scale of 5 (0-10). On the last day of June 2, 2023 the patient said that the pain had decreased with a pain scale of 4 (0-10), the authors conducted an evaluation and found that the patient experienced a significant reduction in pain after being given classical music therapy, which initially had a pain scale of 8 (0-10) to a scale pain 4 (0-10) problems resolved according to the desired outcome criteria.

Conclusion

After carrying out nursing care at Mrs. L with post sectio caesarea with acute pain problems in the Lotus Room 2 BLUD RSU Banjar City which was carried out on May 31 2023 to June 2 2023, the author can draw conclusions from the nursing process with nursing diagnoses obtained by the author after analyzing the results of the study, namely acute pain related to physical injury agents (surgery, birth canal trauma, episiotomy) which is characterized by subjective data, namely the patient complains of pain in the area of the postoperative wound section caesarea in the abdominal area. The intervention used by the author to overcome the problem of acute pain in patients is by providing non-pharmacological techniques, namely classical music therapy. The results of nursing actions that have been carried out using classical music therapy for 15 minutes in 3 days are gradually carried out starting from 31 May 2023 to 02 June 2023, with the pain scale decreasing from a pain scale of 8 (0-10) to a scale of 4 (0-10) thus assessing that the acute pain is partially resolved.

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