



The Effect of Finger Hold Relaxation Technique on Pain Intensity in Post-Caesarean Section Surgery Patients in the Crysant Room at dr. Abdul Rivai Hospital Berau Regency

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ABSTRACT

Post-caesarean section surgery causes pain, which has an impact on recovery. A preliminary study of post-caesarean section surgery patients in the Crysant Room was given pharmacological treatment. Appropriate intervention is needed to minimize the effects of pharmacological use, one of which is finger-hold relaxation technique as a breathing technique that has a relaxing effect. This study aimed to determine the effect of finger-hold relaxation techniques on pain intensity. This was quasi-experimental research with a group pre-test and post-test design without a control group. The population was post-section caesarea patients in the Crysant Room at dr. Abdul Rivai Hospital Berau, with a monthly average from July to September 2023, totaling 76 people. Thirty-four respondents obtained the Lameshow formula sample. The instrument used VAS observation sheet. Data analysis used the Wilcoxon test. The pain intensity score before the finger grip relaxation technique was a median value of 8, and after the finger grip relaxation technique, the median value was 6. The finger grip relaxation technique influenced pain intensity (p-value = 0.000). This indicates that the finger-hold relaxation technique is an alternative for reducing pain non-pharmacologically in post-caesarean section surgical patients. Midwives can teach finger-hold relaxation techniques post-caesarean section patients and the benefits.

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1. Introduction

A caesarean section is the act of giving birth to a baby through an incision (making an incision) in the front of the uterus (Pongoh dkk., 2020) World Health Organization (WHO) data shows that the average caesarean section delivery is 5% -15% per 1000 births in the world, the incidence rate in government hospitals is an average of 11% while in private hospitals the average is more than 30% (Ferinawati & Hartati, 2019). WHO data in developing countries, the incidence of caesarean sections is increasing rapidly, with 85 million procedures in 2019, 68 million in 2020 and 373 million in 2021. The number of caesarean section deliveries occurs frequently in America (39.3%), Europe (25.7%), and Asia (23.1%), this number is predicted to increase every year until 2030 (Sudarsih dkk., 2023).

Caesarean section deliveries in Indonesia increase every year, where data from the Basic Health Research (Riskesdas) of the Republic of Indonesia, there has been an increase in Caesarean section procedures from 15.3% of 7,440 deliveries in 2013 to 17.6% of 78,736 deliveries in 2018 (Yadhy dkk., 2023). Caesarean section deliveries in East Kalimantan Province based on the results of hospital medical record reports recorded in 2015 as many as 32.03%, in 2016 as many as 27.79%, in 2017 as many as 34.28% of all deliveries (Ulfa, 2021).

Berau Regency data on caesarean section deliveries based on RSUD dr. Abdul Rivai Berau, it is known that patients who gave birth by caesarean section in 2020 there were 819 caesarean section births (29.3%) from 2,790 births, in 2021 there were 806 women giving birth by caesarean section (35.8%) from 2,248 births and in 2022 there were 764 births caesarean section (31.3%) from 2,436 deliveries. Data for 2023, post caesarean section patients, in May there were 88 caesarean section deliveries (36.1%) out of 244 deliveries, in June there were 63 caesarean section births (30.1%) out of 206 births, in July there were 81 caesarean section deliveries (34, 9%) from 232 deliveries and in August there were 66 caesarean section deliveries (51.2%) from 129 deliveries (SARTELY dkk., 2022).

Caesarean section delivery has an impact on the emergence of a painful sensation that is no longer physiological pain from childbirth but pain from the incision wound in the surgical area. (SINAGA, 2022). The severity of pain experienced by the mother is very subjective and varies depending on the psychology and physiology as well as the pain tolerance experienced by the mother. Responses to pain also vary, some scream, grimace and so on (ANJELINA, 2021).

The physiological impact if pain control is not carried out, severe pain stimulates a stress response that has a negative impact on the heart and immune system. When pain impulses are transmitted, muscle tension increases as does local vasoconstriction. Ischemia at the site of pain can cause stimulation of distant pain receptors. When impulses propagate centrally, sympathetic activity is intensified, which increases myocardial demand and oxygen consumption (Romadhon & AP, 2022). The impact of post caesarean section pain can cause several obstacles in recovery, such as limited mobilization, especially if the mother moves due to an increase in pain intensity, which has an impact on the mother's ADL (Activity Daily Living), disrupting the ability to care for the baby, the bonding attachment process between mother and baby is disrupted. , and can inhibit early breastfeeding (exclusive breastfeeding) which will have an impact on the immune system of babies born by caesarean section, reducing the mother's intense interaction with her baby. (WIDIYAWATI, 2020).

Seeing this condition, pain management is needed to overcome the problem of pain after caesarean section surgery. The Hospital Accreditation Committee (KARS) strives to ensure that patients are free from pain, so a requirement is imposed on all patients who enter the hospital to undergo a pain assessment and provide pain treatment for patients who experience pain (Azisah, 2019).

One of the non-pharmacological pain management methods is the finger-hold relaxation technique (Wati & Ernawati, 2020). Finger hold relaxation is a relaxation method that is very easy for anyone to do in connection with the fingers and the flow of energy in the body. The mechanism of relaxing holding the fingers by inhaling will channel new energy into the body through meridian points, which will then produce stimulation to the brain and then flow to organs in the human body that are experiencing energy blockages. So that blocked energies in the body will flow smoothly and produce a relaxing or calming effect (Fadh Dhiya, 2022).

Research conducted by (DAMERIA, 2023), found that 65.6% of respondents experienced moderate pain (21 respondents) and after using the finger-hold relaxation technique, 19 (59.4%) respondents experienced mild pain. Research conducted by (Silfia dkk., 2021) found that 2 respondents (6.7%) experienced mild pain before administering finger grip relaxation, 27 respondents (90%) experienced moderate pain and 1 respondent (3.3%) had controlled severe pain. After administering the handheld finger relaxation technique, the majority experienced mild pain as many as 13 respondents (43.3%), moderate pain as many as 16 respondents (53.3%) and no pain as many as 1 respondent (3.3%), so there was an effect of handheld relaxation. fingers to reduce pain in post-caesarean section patients at Undata RSU Palu, Central Sulawesi Province.

Preliminary study in August 2023 in the Crysant Room at RSUD dr. Abdul Rivai Berau, through observations of 10 post-caesarean section patients, found that 10 of these patients began to experience pain after 4 hours post-caesarean section. Apart from that, RSUD dr. Abdul Rivai Berau does not yet have an SOP for non-pharmacological pain management, which is what RSUD dr. Abdul Rivai Berau, if the mother experiences post caesarean section pain, she is given pharmacological management in the form of analgesic medication and if she is very painful, she is given caltrops which is inserted through the anus. However, giving analgesic drugs has the potential to cause dependence, so they should only be used under the supervision of a doctor. This drug can also cause side effects, such as drowsiness, nausea, vomiting, dizziness, constipation, and respiratory problems which are characterized by a slowing breathing rate and shallower breaths. Based on observations, post caesarean section pain that is not treated has an impact on slow recovery, hinders early mobilization, hinders caring for the baby, hinders the process of bonding attachment between mother and baby and hinders exclusive breastfeeding.

Initial interviews with 10 post caesarean section patients at RSUD dr. Abdul Rivai Berau regarding the non-pharmacological efforts that have been made to overcome post caesarean section pain, it is known that there were 4 people who did nothing, just grimaced in pain, there were 3 people who used warm compresses placed on the painful part and 3 people did deep breathing relaxation to reduce the pain. . This shows that no one has implemented the finger-hold relaxation technique and the health workers at RSUD dr. Abdul Rivai Berau also has not yet applied the finger grip relaxation technique to post caesarean section surgery patients to see a reduction in pain intensity.

Based on these problems, the researchers were interested in applying and comparing the finger grip relaxation technique in post caesarean section surgery patients to see a decrease in pain intensity at RSUD Dr. Abdul Rivai Berau. The research proposes an innovative approach of applying finger relaxation techniques to reduce post-Cesarean section pain intensity. This makes a novel contribution to the literature on postoperative pain management and demonstrates the diversity of strategies that can be used.

2. Research Methods

This research design uses a One Group Pre-Test – Post-Test Design without a Control Group. The population in this study were post sectio caesarea patients in the Crysant Room at RSUD dr. Abdul Rivai Berau in July-September 2023 numbered 228 people with a monthly average of 76 people. The sample in this study were post sectio caesarea patients in the Crysant Room at RSUD dr. Abdul Rivai Berau numbered 34 people. The inclusion criteria were mothers with post caesarean section in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency, the patient has received analgesics, the patient is willing to be a respondent, the patient is conscious (*Compos Mentis*), the type of deep transperitoneal incision (lower segment cesarean section). Exclusion criteria were Sectio Caesarea patients who were admitted to the ICU, patients who were uncooperative and patients with decreased consciousness. Data analysis using a quantitative approach includes Normality Test, Univariate Analysis, Bivariate Analysis

3. Results and Discussions

3.1 Univariate Analysis

Respondent Characteristics

a. Parity

Characteristics of parity and history of caesarean section of respondents of post caesarean section patients in the Crysant Room at RSUD dr. Abdul Rivai Berau, can be seen in the following table:

Table 1. Parity Characteristics and History of Sectio Caesarea Respondents Post Sectio Caesarea Patients in the Crysant Room at RSUD dr. Abdul Rivai Berau

Respondent Characteristics	f	Percentage (%)
Parity		

Primipara	16	47.1
Multiparous	14	41.2
Grandmultipara	4	11.8
Amount	34	100
History of Sectio Caesarea		
There is	16	47.1
There isn't any	18	52.9
Amount	34	100

Source: Primary Data, 2023

b. Scorepain intensitybeforefinger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency.

Identify scorespain intensitybeforefinger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency, can be seen in the following table:

Table 2. ScorePain IntensityBeforeFinger Hold Relaxation Technique for Post-Section Caesaria Surgery Patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency

Score	F	Median	Minimum	Maximum	Std. Deviation
Pre-test	34	8	6	10	1,215

Source: Primary Data, 2023

c. Scorepain intensityafterfinger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency.

Identify scorespain intensityafterfinger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency, can be seen in the following table:

Table 3. ScorePain IntensityAfterFinger Hold Relaxation Technique for Post-Section Caesaria Surgery Patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency

Score	F	Median	Minimum	Maximum	Std. Deviation
Post test	34	6	3	9	1,527

Source: Primary Data, 2023

d. Bivariate Analysis

AnalysisThe influence of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency, based onThe non-parametric bivariate analysis used was the Wilcoxon test, can be seen in the table below:

Table 4. Effect of Finger Hold Relaxation Technique on Pain Intensity in Post-Caesarean Sect Surgery Patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency

Variable	N	Positive Rank	Negative Ranking	Ties	Sig	Z
Pretest - Posttest	34	0	31	3	0,000	-4,975

Source: Primary Data, 2023

3.2 Discussion

Respondent Characteristics

a. Parity

Based on the research results, it is known thatparity of respondents for post sectio caesarea patients in the Crysant Room at RSUD dr. Abdul Rivai Berau was mostly primipara with 16 respondents (47.1%), while at least grandmultiparathere were 4 respondents (11.8%).

The results of this study are in accordance with research(Silviani dkk., 2023) showed that the majority of respondents with primiparous parity were 15 people who were pregnant with their first child. Pramesti Research and(Laila, 2019) showed that the majority of respondents were primiparous

parity (45%). Study(SARI dkk., 2020)showed that the majority of respondents were primiparous parity (52%).

Parity shows the number of previous pregnancies that have reached the viability limit and whether the fetus is alive or dead at birth and without remembering the number of children. This means that the birth of triplets only counts as one parity. High parity, namely the number of more than four children, has the potential for gynecological and non-obstetric disorders and has a higher maternal mortality rate.(Mayasari, 2019)

There is a relationship between parity and the intensity of pain felt because primigravida mothers have never had the experience of giving birth, including the experience of pain, which makes it difficult to anticipate it. Apart from that, the birthing process is not the same as multigravida, because in primigravida the process of effacement usually occurs before cervical dilatation. Meanwhile, in multigravida, the process of cervical effacement and dilatation occurs simultaneously. This influence is caused by previous experiences felt by multigravida mothers, where this experience is one of the factors that can cause the intensity of pain felt by different individuals. (Asmara, 2022). Researchers assume that the majority of respondents in this studyPrimiparous parity, namely giving birth for the first time. So they have never had the experience of giving birth, including the experience of pain, which makes it difficult to anticipate it.

b. History of Sectio Caesarea

Based on the research results, it is known that history of caesarean section of respondents from post caesarean section patients in the Crysant Room at RSUD dr. Abdul Rivai Berau was mostly absent at 18 respondents (52.9%), while there is a history of SCthere were 16 respondents (47.1%).

The results of this study are in accordance with research(Mawaddah dkk., 2023)showed that the majority of respondents had no history of caesarean section (51.3%). Study(Fajar & Susana, 2023) showed that the majority of respondents had no history of caesarean section (49.2%). Study(Ramadhansyah & Sukmaningtyas, 2023)showed that the majority of respondents had no history of caesarean section (56.2%). Researchers assume that most of the respondents in this study did not have a history of caesarean section because the current pregnancy had complications, so they had never had one before.experiencing painpostcaesarean section operationpreviously.

c. Scorepain intensitybeforefinger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency.

Based on the research results, it is known that the scorepain intensitybeforefinger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency with a median value of 8; minimum score of 6; The maximum value is 10 and the standard deviation is 1.215.

The results of this research are in accordance with research by Sari (2020) which shows that before the finger-hold relaxation technique was carried out, most of the respondents experienced moderate pain, namely 21 respondents (65.6%) and 11 respondents experienced severe pain (34.4%). Meanwhile in this researchpain intensitybeforefinger grip relaxation technique in post caesarean section surgery patients with a median value of 8, meaning the criteria for severe pain. This shows that the patients in this study had more severe pain compared to previous studies which had more moderate pain. Where both previous research and this research did not homogenize the pain criteria of the patients who were respondents, so there were patients with moderate pain and severe pain.

Likewise, research by Silfia et al., (2021) shows that before administering finger grip relaxation, 2 respondents (6.7%) experienced mild pain, 27 respondents (90%) experienced moderate pain and 1 respondent (3.3%) experienced controlled severe pain. %. Meanwhile in this researchpain intensitybeforefinger grip relaxation technique in post caesarean section surgery patients with a median value of 8, meaning the criteria for severe pain. This shows that the patients in this study had more severe pain compared to previous studies which had more moderate pain. Where both previous

research and this research did not homogenize the pain criteria of the patients who were respondents, so there were patients with moderate pain and severe pain.

Researchers assume that the respondents in this study were mostly with score pain intensity before finger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai Berau Regency mean value was 7.91. Objectively, there are respondents who grin, can show the location of the pain, can describe it, and can follow commands well. There are also those who cannot follow commands but still respond to actions, but can pinpoint the location of the pain, but cannot describe it.

d. Score pain intensity after finger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency.

Based on the research results, it is known that the score pain intensity after finger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency with a median value of 6; mean value of 5.97; minimum score of 3; The maximum value is 9 and the standard deviation is 1.527.

The results of this study are in accordance with research by Sari (2020) showing that the description of pain intensity after the finger hold relaxation technique intervention resulted in a decrease in pain intensity in the moderate pain group, namely 19 respondents experienced a decrease in pain to mild pain (59.4%), and 13 respondents experienced a decrease in pain from severe pain to moderate pain (40.6%). Meanwhile in this research pain intensity after finger grip relaxation technique in post caesarean section surgery patients with a median value of 6, meaning the criteria for moderate pain. This shows that in previous research many of the pain levels had decreased to mild, whereas in this study it also decreased but to moderate criteria. This difference could be due to the influence of intervention time in the previous study, 6 hours after caesarean section surgery with pain before intervention being partly moderate, whereas in this study 4 hours after caesarean section surgery with pain before intervention being partly severe. Therefore, it can be said that the effect of the intervention provided was not much different because there was only a decrease in one criterion from moderate to mild in the previous study, and from severe to moderate in this study.

Research by Pramesti et al (2023) shows that the majority of respondents after being relaxed by holding their fingers after caesarean section surgery experienced mild pain with a pain score of 2. Meanwhile, in this study pain intensity after finger grip relaxation technique in post caesarean section surgery patients with a median value of 6, meaning the criteria for moderate pain. This shows that in previous studies the pain had all decreased to mild, whereas in this study it also decreased but to moderate criteria. This difference could be due to the influence of intervention time in the previous study, 6 hours after caesarean section surgery with pain before intervention being partly moderate, whereas in this study 4 hours after caesarean section surgery with pain before intervention being partly severe. Therefore, it can be said that the effect of the intervention provided was not much different because there was only a decrease in one criterion from moderate to mild in the previous study, and from severe to moderate in this study.

In contrast, research by Silfia et al., (2021) shows that after giving finger grip relaxation, respondents experienced the most pain on a scale of 4-6 with the moderate pain category, namely 16 people (53.3%). Likewise in this research pain intensity after finger grip relaxation technique in post caesarean section surgery patients with a median value of 6, meaning the criteria for moderate pain. This shows that in previous research and this research, most of the pain after being given the finger grip relaxation technique was moderate. However, it can be said that this study is better than previous studies, because in this study there was a reduction from severe pain to mild pain with the intervention carried out 4 hours after caesarean section surgery, whereas in the previous study there was no change from moderate pain remaining to moderate pain with the intervention carried out 6 hours post caesarean section surgery which should have received pharmacology. This could be because in previous research the intervention was only carried out once for 10 minutes, whereas in this study it was carried out 3 times for 20 minutes.

Researchers assume that the majority of respondents in this study score pain intensity before finger-hold relaxation technique for post-caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency with a mean value of 5.97. This shows a decrease in pain intensity after therapy finger hold relaxation technique. Objectively show grins, can pinpoint the location of pain, can describe it, can follow commands well. There are also those who can communicate well. Where the finger hold relaxation technique helps the body, mind and soul to achieve relaxation.

e. The effect of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency.

Based on the results of research regarding the influence of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency 31 respondents obtained a negative rank, meaning that 31 respondents experienced a decline in pain intensity after intervention finger grip and tie relaxation technique as many as 3 respondents means that there are 3 respondents who experienced it pain intensity remains constant after intervention finger hold relaxation technique. The Z value obtained is -4.975 with a p value (Asymp. Sig 2 tailed) of $0.000 < 0.05$ so that H_a is accepted, namely there is the influence of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency.

There were 3 people after the intervention finger grip relaxation technique, the pain scale did not change. This is because the patient was given an explanation and practiced following what was taught by the researcher, but the patient had feelings of anxiety that could not be controlled so he did not practice breathing according to the researcher's teachings, making the finger-hold relaxation technique not reduce pain.

The results of this study are in accordance with research by Sari (2020) showing that there is an influence of the finger hold relaxation technique on the intensity of pain in 6 hour Sectio Caesarea patients at RSUD Dr. Kanujoso Djatiwibowo Balikpapan (p value $0.000 \leq \alpha = 0.05$). This means that there is a significant difference between the intensity of pain before and after the finger-hold relaxation technique intervention was given to Sectio Caesarea patients, so it can be concluded that the finger-hold relaxation technique intervention was effective in reducing the pain scale in Sectio Caesarea patients for 6 hours. Likewise, in this study, the p value is $0.000 < 0.05$, meaning it exists the influence of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency. So a similar significant value of 0.000 shows an influence the finger hold relaxation technique is not much different. However, differences in intervention time and respondent criteria used can make differences in the scores obtained.

Research by Prayogi, et al., (2022) shows that the results of the Mann-Whitney U test show that the mean finger grip relaxation is greater than deep breathing relaxation ($38.80 > 22.20$) and the value is significant 0.000 ($p < 0.05$) So it can be concluded that there is a difference in the level of pain in Post Sectio Caesarea laparotomy patients who undergo deep breathing relaxation with finger grip relaxation. Likewise, in this study, the p value is $0.000 < 0.05$, meaning it exists the influence of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency. So a similar significant value of 0.000 shows an influence the finger hold relaxation technique is not much different. However, differences in intervention time and respondent criteria used can make differences in the scores obtained.

Finger grip relaxation is given after surgery, namely 6-7 hours after administering analgesic medication for 2-4 hours. Finger hold relaxation is carried out for 15 minutes once a day and is given for a minimum of 3 days. The finger grip relaxation technique is able to reduce pain in all post-operative clients, except for clients who have injuries to the palms and soles of the feet who are not allowed to receive therapy (Silviani, 2021).

Researchers assume that there is the influence of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency. This is because the grip of the fingers will warm the exit and entry points of energy on the

meridians (energy channels) located on the fingers, which then the reflection points on the hands will provide reflex (spontaneous) stimulation to the brain.

4. Conclusions

From the results of research and discussion regarding the effect of finger-hold relaxation techniques on pain intensity in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency, concluded that the characteristics of the respondents were primiparous parity (47.1%) and no history of caesarean section (47.1%), where they had just given birth for the first time and directly used the caesarean section operation method, so they had not been able to overcome post-operative pain. caesarean section, pain intensity score before finger grip relaxation technique in post caesarean section surgery patients in the Crysant Room, RSUD dr. Abdul Rivai, Berau Regency with a median score of 8 which includes severe pain, pain intensity score after the finger-hold relaxation technique in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency with a median score of 6, this shows a decrease of 2 scores after being given treatment, the finger-hold relaxation technique as an alternative for reducing pain non-pharmacologically in post-caesarean section surgery patients in the Crysant Room at RSUD dr. Abdul Rivai, Berau Regency. The pain scale obtained after giving the finger grip relaxation technique only dropped by about 1-2 scores. This can be caused by giving only 1 day, while according to the theory of finger-grip relaxation is done once a day and given for at least 3 days. Giving finger grasping relaxation techniques for 20 minutes, namely 10 minutes on the right hand fingers and 10 minutes on the left hand fingers, while according to theory for 30 minutes, namely 15 minutes on the right hand fingers and 15 minutes on the left hand fingers, further research can increase relaxation time to determine changes in postoperative pain intensity section caesarea.

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