

## ABSTRAK

**PENGARUH *HEALTH EDUCATION* PRA OPERASI BERBASIS *HEALTH BELIEF MODEL* TERHADAP ANSIETAS, NYERI DAN PERILAKU MOBILISASI DINI PADA PASIEN FRAKTUR *CRURIS* PASCA OPERASI *OPEN REDUCTION INTERNAL FIXATION* DI RSUD SIDOARJO**

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**Pendahuluan:** Edukasi pasien pra operasi yang selama ini diberikan belum mampu menghilangkan anxietas, nyeri dan peningkatan perilaku mobilisasi dini pada pasien pasca operasi fraktur. Penelitian ini bertujuan untuk menjelaskan pengaruh *health education* pra operasi berbasis *health belief model* terhadap penurunan anxietas, intensitas nyeri dan peningkatan perilaku mobilisasi dini pada pasien fraktur cruris pasca operasi ORIF. **Metode:** Penelitian ini menggunakan *Quasy Experiment* dengan pendekatan *Pre-Post test control grup design*. pengambilan sampel menggunakan tehnik total sampling yang memenuhi kriteria inklusi dan didapatkan 34 responden yang di bagi menjadi dua kelompok yaitu 17 responden kelompok intervensi dan 17 responden kelompok kontrol. *Health education* berbasis HBM diberikan pada kelompok intervensi dalam bentuk ceramah dengan panduan modul dan media video selama 20 menit sehari sebelum operasi. Untuk menganalisis data, peneliti menggunakan SPSS versi 20 dan uji statistik paired t tes dan independen t tes. **Hasil dan Analisis:** Analisis *Wilcoxon* menunjukkan signifikan intervensi terhadap penurunan anxietas ( $p < \alpha = 0,05$ ), signifikan intervensi terhadap penurunan nyeri ( $p < \alpha = 0,05$ ) dan Uji *Mann Whitney* menunjukkan signifikan intervensi terhadap penurunan perilaku mobilisasi dini ( $p < \alpha = 0,05$ ) yang berarti ada pengaruh *Health Education* berbasis HBM terhadap penurunan tingkat anxietas, skala nyeri dan peningkatan mobilisasi dini. **Kesimpulan:** Intervensi *health education* pra operasi berbasis *health belief model* dapat menurunkan tingkat anxietas, skala nyeri dan meningkatkan perilaku mobilisasi dini pada pasien fraktur cruris pasca operasi ORIF.

**Keyword:** Fraktur, anxietas, nyeri, perilaku mobilisasi dini, *health education*.

## ABSTRACT

**THE EFFECT OF HEALTH EDUCATION PREOPERATIVE BASED ON  
HEALTH BELIEF MODELS ON ANXIETY, PAIN AND EARLY  
MOBILIZATION BEHAVIOR IN PATIENT WITH POSTOPERATIVE  
OPEN REDUCTION INTERNAL FIXATION CRURIS FRACTURE IN  
RSUD SIDOARJO**

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**Introduction:** So far, preoperative patient education has not been able to increase early mobilization behavior, or eliminate anxiety in patients after surgery. This was due to fear of moving, past experience regarding surgery, and lack of knowledge about the disease. The purpose of this study was to explain the effect of pre operative health education on based on health belief model on reducing anxiety, pain intensity and early mobilization behavior in patients with cruris fractures after ORIF surgery. **Method:** This study used Quasy Experiment with the Pre-Post test control group design. sampling used a total sampling technique where 34 respondents who met inclusion criteria were recruited and were divided equally into two groups, 17 respondents were the intervention group. Health education was given to respondents in the intervention group in the form of lectures with a 20-minute module guide and video media the day before surgery. Instrument to analyze the collected data, the researchers used SPSS version 20 and analytical statistics tests such as paired t tes and independen t tes. **Results and Analysis:** Analysis of wilcoxon test showed a significant intervention to decrease anxiety ( $p < \alpha = 0.05$ ), significant intervention to decrease pain ( $p < \alpha = 0.05$ ) and t-Independent Test, significant intervention to decrease early mobilization behavior ( $p < \alpha = 0.05$ ) which means that there is an influence of HBM-based Health Education on reducing anxiety levels, pain scale and increasing early mobilization. **Conclusion:** Preoperative health education interventions based on the health belief model can reduce both anxiety and pain level and improve early mobilization behavior.

**Keywords: fracture, anxiety, pain, early mobilization, health education**