ABSTRACT

Introduction: Post surgery is a process after surgical that patient often complains about pain and unavailable to mobilize, while mobilize was very important to speed up the healing. The negative words and perceptions in the mind cannot be avoided; it may continue to an emotional distress that may develop into psychological disorder (adjustment disorder) and worse the patient’s condition, thus it may decrease self-efficacy. The aim of this study was to explain the correlation of self-efficacy with ability to mobilize on post digestive operative patients at General Hospital Kaliwates Jember. Method: A cross sectional design was used in this study. There were 24 post digestive operative patients as the population at Kaliwates General Hospital. Total sample was 19 respondents, taken by consecutive sampling according to inclusion criteria. The independent variable was self-efficacy. The dependent variable was ability to mobilize. Data were collected using questionnaire and observation sheet and then analyzed using Spearman Rho Test with level significance of $\leq 0.05$. Result: The result showed that self-efficacy had correlation with ability to mobilize with ($p$ value= 0.03 and $r=0.637$). It showed that there was strong and positive correlation which means that the higher of self-efficacy, the higher ability to mobilize too. Discussion: It can be concluded that increasing of self-efficacy was related to ability to mobilize in post digestive operative patients. Further studies should involve larger respondents and better measurement to obtain more accurate results.

Keywords: self-efficacy, mobilization ability, digestive post surgery

INTRODUCTION

Along with the increasing number of surgery, the higher the rate of complications that occur are around 3-16% with a mortality rate of 0.4-0.8% (Weiser et al., 2008). Surgical site infection is one of the largest surgical complications where the results of a study in the UK showed that the surgical site infection extend the average length of stay to 6.5 days (Scottish Intercolligate Guidelines Network, 2008). Nurses are at the forefront in health care to prevent complications after the surgery. Action has been taken by nurse for the prevention surgical site infection. One of it is mobilizing patients in the post-surgery as soon as possible, but still found that patients still less mobilized. Observations and interviews of 2 patients with post herniorafy in the first day, both of them (100%) proved to have low self-efficacy in mobilizing shown by patients who are still afraid to move and only lying in bed. In this case the patient had previously been given health education during pre-surgery in the treatment room on the kinds and the importance of post-surgery mobilization. If the patient is in the good hemodynamic conditions of post-surgical, they were supposed to be able to mobilize after health education and it can be attributed to the patient's self-efficacy. Self-efficacy is needed to make the patient is able to run self-care regimen that has been programmed properly. Excessive fear showed that self-efficacy of patients is still low and is unable to decide the mobilization important for the prevention of complications, but the inter-relationship between self-efficacy with the patient’s ability to mobilize the postoperative digestive still need to be explained further.

The high rate of complications and death due to surgery led to surgery into a global health concern. Assuming the amount of 3% complication rate and mortality rate of 0.5%, which means that almost seven million
patients experienced major complications, including one million people who died during or after surgery per year and the rate of complications following surgery in developing countries is estimated to be much higher at around 3-16% (Weiser et al. 2008). Surgical site infection is one of the complications after abdominal surgery and frequent nosocomial infection in surgical patients. The survey by the WHO indicate 5-34% of total nosocomial infections are surgical site infection and research in Vietnam reported incidence of surgical site infection amounted to 10.9% of 697 patients. Abdominal surgery proved to 4.46 times the risk of surgical site infection (ILO) than other types of surgery (Nguyen & Pung 2001). Digestive abdominal surgery is in the first ranks which done in the General Hospital in Jember Kaliwates beside any other surgery (such as orthopedic surgery) with 112 patients recorded in the period March to August 2014.

Early mobilization is a prominent factor in accelerating the recovery of post-surgical and post-surgical complications can be prevented. The mobilization is very important in accelerating the care and reduce risks due to bed rest as long as the occurrence of pressure sores, stiffness/tension in the muscles throughout the body and blood circulation and breathing is interrupted, also the peristaltic or micturition disorders (Carpentino 2000). Early mobilization exercises started from a light above the bed (breathing exercises, exercises effective cough and move the limb) until the patient can get out of bed, walked into the bathroom and walked out of the room (Smeltzer & Bare 2001).

Postoperative patients with complaints of pain in the area of surgery patients do not want to mobilize with reason to fear loose stitching patients do not dare to change the position. They should have been able to do it because the patients have been given analgesic therapy and education related to the previous mobilization. Words and negative perceptions such as excessive fear, distress or disorder that weakens itself will cause a decrease in self-efficacy because actually someone who has confidence in his ability to conduct activities that support their health in order to achieve the goals and expectations (Tomey & Alligood 2006).

Have et al. (2002) found that self-efficacy that either will be able to increase the activity of exercise patients in post-operative, because self-efficacy is a mediator between knowledge and action that are expected to self-efficacy that either the patient more confidence in doing the recovery exercise and activity life such as being able to mobilize after post-surgery can maintain a state of homeostasis and minimize complications that arise as a result of immobilization.

Long immobilization conditions, impact on the length of stay (Waher, Salmond & Pellino 2002). The length of the hospital stay, have an impact on the financial problems the patient, because the longer the treatment, the greater the costs involved and also opportunities for other patients for hospitalization is reduced because of the turn (turn over) patients who are too long (Folden & Tappen 2007). The next complications that arise as a result of immobilization were dependence on others, limitations on activities, so that the patient will lose economic resources, which also have a major impact on his life.

A source of self-efficacy in combination of performance accomplishment, vicarious experience, social persuasion, generating emotions (emotional/physiological states) is required with the hope of increasing the confidence of the patient in order to change the perception of non-compliance, inability themselves into confident and capable of organizing and taking further action (Niven 2002). Alwisol (2004) confidence high health are expected to cope with stress and the patient will attempt to achieve a cure is expected or change behavior into behavior so that stress is reduced and self-efficacy of patients will be better so to determine the relationship of self-efficacy with the ability to mobilize, then postoperative complications can be minimized.

METHODS

The design of this study was a descriptive analytic research with cross sectional approach. The population in this study were all patients with digestive post-surgery from the date of December 3rd, 2014 until January 3rd, 2015 at the General Hospital in Jember Kaliwates as many as 24 respondents. Samples were 19 respondents. The sampling technique using consecutive sampling and taken based on inclusion criteria of the respondents of this research are: 1) patients who first performed the operation; 2)
previously had been given education about mobilization; 3) types of digestive surgery being; 4) aged 20-60 years; 5) the type of general anesthesia; 6) compos mentis awareness; 7) at least elementary education, and 8) operations planned (elective).

The independent variable in this study was self-efficacy. The dependent variable was the ability to mobilize. Data collection instruments used was questionnaires and observation sheets. Data were analyzed by using the Spearman Rho Test with a significance value of 0.05.

RESULTS

Patients with self-efficacy is high, 9 of 12 patients sex male, 9 of 11 patients were married, educated high school as well as 11 of the 12 respondents who work as private employees appear to have self-efficacy higher while patients have the ability to mobilize high. 6 of 12 of them sex male, 4 of 3 patients aged 36-40 years, 6 of 11 patients were married, 6 of 10 patients had high school and 7 of 12 patients working as private employees.

<table>
<thead>
<tr>
<th>Self-efficacy</th>
<th>Mobilization Capability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>4 (21.05%)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3 (15.79%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>8 (42.10%)</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 (21.05%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12 (63.15%)</td>
<td>19</td>
</tr>
</tbody>
</table>

Spearman Rho p=0.03; r=0.637

Data above showed that the majority of post-surgical patients have self-efficacy digestive high number of 12 people (63.15%) with the details of the high mobilization capabilities of 8 people (42.10%), while as many as 7 people (36.8%) and low 4 (21.05%), while for respondents who have low self-efficacy Low ability to mobilize as many as 4 people (21.05%), while 3 (15.79%) and high 0 (0%).

Statistical analysis showed correlation study between self-efficacy and ability to mobilize the postoperative digestive using Spearman Rho test showed that significant value of p=0.03, which means p countsp table (0.05) so the hypothesis 1 accepted which means there was a significant relationship between self-efficacy and ability to mobilize the postoperative digestive.

Correlation value r=0.637, indicating a strong correlation between self-efficacy and ability to mobilize the postoperative digestive while the direction of the relationship is positive because the value of r is positive, which means the higher self-efficacy, the higher the ability of mobilization.

DISCUSSION

Results of this study found a strong positive relationship between self-efficacy with the ability to mobilize. Relationship shows that the higher self-efficacy, the higher the mobilization capability and vice versa. This can be seen in table 1 that 8 of 12 patients with self-efficacy in high levelhave high level of ability to mobilize. No respondents have low level ability to mobilize. This was seen in 4 of 7 patients with low level of self-efficacy has low level also in ability to mobilize and no respondents none of which has the high level of ability to mobilize.

This result was in line with theory and previous research that according to Bandura (2006), the processes of self-efficacy affect human function not only directly, but also has indirect influence on other factors. Directly, the process began before individual self-efficacy selecting their choices and starts their businesses. First, people tend to consider, evaluate and integrate information about the capabilities of the secret. First step of the process was not related to the ability to complete a given task. Further evaluation or perception generates expectations for personal efficacy, which in turn determines the decision to display a specific task, some efforts will be made to complete the task, the level of durability that will appear (in addition to the problem), not in accordance with the evidence and the difficulties encountered.

Self-efficacy is important because it can affect how people feel, think, motivate themselves and act. Self-efficacy regulates human functioning through four kinds of processes. Different processes (performance accomplishment, vicarious experience, social persuasion, and the evocation of emotions (emotional/physiological states)) are operating jointly on their own self. While the dimensions of self-efficacy which is divided into three first magnitude which focuses on difficulties
experienced by each person who definitely different, both generality that focuses on the expectations, mastery of the experience of related businesses that have been made, and the third strength that focuses on strength or confidence in doing business.

Weak expectations may be caused by a bad experience, but if someone has a strong hope that they will keep trying despite experiencing a failure (Alwisol 2004). Words and positive perception, feeling happy will impact both the driver in order to try to achieve a better quality of life and healthy so as to improve the physical and mental health that will determine the quality of the action to be performed. Repeatedly and constantly actions will be a habit of daily living that determines a person's character. This will determine the character of reality and identity and ultimately determine belief or conviction is beneficial for the mind and self-control of a patient (Subiyanto 2010).

However, the results also show 4 from 12 patients with digestive post-surgery with a high level of self-efficacy has medium level of ability to mobilize. It can be seen on the respondent number 3, 7, 9 and 16. These four respondents were male, had secondary education (high school), marital status was married, worked as private employees. This was due to physical factors and mental processes of men considered better and tend to be more confident. Psychosocial factors include the stability of marriage or intimate relationship one can influence the behavior of patients, had a job with a salary sufficient to secondary education who are considered influential in the acceptance of information so can improve the patient's self-efficacy. But in this case they have a low average value in the dimensional aspect generalization statement item by respondent numbers 13 and 14, which means patients have expectations that weak due to the failure of past experience in this regard has not been assessed in depth. Inability to perform a demonstration movement and find it difficult to do it and the strength and confidence in their ability to conduct a business is not too strong so that the mobilization capability in middle category. This was not in accordance with the opinion of the experts who claim that the higher the patient's self-efficacy, the higher the commitment or involvement to the destination (the ability to mobilize high). It could happen considering the factors or sources that influence self-efficacy of patients through four different processes namely cognitive, affective, motivational and this selection does not work together so that the evaluation or the perception of generating expectation of self-efficacy personal in determining the decision to display the assignment (election behavior), business motivation, facilitative thought patterns, stress tolerance will be low.

Another thing also happens in this research that 3 patients who have low self-efficacy turned out to be able to mobilization were that the respondent number 8, 10 and 15. In the third of the respondents with basic educational background does not cognitively able to receive the maximum information but tend to have attitude more closely follow what is logically considered to be true so that they are able to mobilize the appropriate what is taught by the nurse and the three respondents the two of them widows and widowers who theoretically that psychosocial factors can affect how one defines and reacts to something, with the status of the respondents have more confidence to nurses who teach mobilization in regard so that the patient is able to mobilize well. Respondents also status does not work, it can affect the patient's desire to achieve a cure because of economic limitations owned demanding patient to immediately want to recover and get out of the hospital for minimize financial.

It can also be influenced by the dimensions of self-efficacy, the aspect of generality and strength owned patient self-efficacy lower able to provide hope and confidence compared to the level of the difficulties faced by patients so that in practice the rest hope the patient is able to spur patients to mobilize quite well, so indeed lower the patient's self-efficacy due to 3-dimensional aspect that is not balanced. This incident opposite from the opinion of experts that the source of self-efficacy can change the perception of non-compliance, inability to become confident and capable as well as take further action, namely mobilization as part of a therapeutic regimen (Niven 2002).

Self-efficacy in patients with postoperative digestive General Hospital in Jember Kaliwates mostly high among patients with high self-efficacy are males, the age group 36–40 years, married status, high school
education and worked as private employees. While the ability to mobilize the digestive postoperative patients at the General Hospital in Jember nearly half Kaliwates high among patients with high mobilization capability is male, the age group 36–40 years, married status, high school education and worked as private employees. There is a strong relationship between self-efficacy with the patient’s ability to mobilize the postoperative digestive and towards a positive relationship which means that the higher self-efficacy, the higher the mobilization capability.

It can be used as input for nursing services that can include self-efficacy assessment in the psychosocial factors in pre-surgical and post-surgical patients as the basic to determine planning and nursing interventions. Nursing actions that can be done is to explore about the perception of decision-making, identifying the individual’s perception of the risk factors and the inability to take decisions and to identify barriers to behavior change. Nurses are also expected to provide health education need to touch aspects of self-efficacy so that more optimal implementation of health education, nurses also need to develop support for the independence of the patient in doing activities in accordance with the tolerance limits its activities to undertake to support the active role of the family. For further research this result can be used as initial data and also as motivation to develop further research in the scope of basic nursing concerning other factors suspected of affecting mobilization also the dimensions of self-efficacy which has not assess maximally. Further research can modify the shape of the instrument in accordance the cultures of respondents and considered to use a bigger sample.

CONCLUSION

It can be concluded that increasing of self-efficacy was related to ability to mobilize in post digestive operative patients. Further studies should involve larger respondents and better measurement to obtain more accurate results.

REFERENCES


Carpentino, L.J. 2000. Diagnosis krankanat, Edisi kedelapan, Jakarta: EGC.


Niven & Monica (eds). 2002. Psikologi kesehatan pengantar untuk perawat dan professional kesehatan lain, Edisi kedua, Jakarta: EGC.


