THE EFFECTIVENESS OF BENSON RELAXATION FOR REDUCING POST-SURGERY PAIN IN PROSTATE TUR PATIENTS IN THE ICU ROOM OF JAYAPURA HOSPITAL

Suselo[1], Lisma Natalia Br Sembiring[2], Angela L. Thome[3], Fathia Inayati Said[4], Crystin Evangelin Watunglawar[5], Nasrianti[6] , Adriana Sainafat[7]

Abstract

Benson's relaxation is the development of a relaxation method that involves the patient's beliefs. Benson's relaxation focuses on certain words or sentences that are repeated repeatedly with a regular rhythm, an attitude of surrender to God according to the patient's beliefs. The purpose of this study was to determine the effectiveness of Benson's Relaxation in reducing pain in patients after Prostate TUR surgery. The research method used quasi-experimental with pre test and post test design with control group. Sampling by consecutive sampling, 50 respondents in the intervention group and 50 in the control group. Benson's relaxation was carried out after 15 minutes of being given analgesics every day for two days. The results of this study found that there were differences in anxiety in the intervention group and the control group before prostate TUR surgery ($p = 0.003$), but there was no difference postoperatively on the first day ($p = 1.000$). There was a significant difference in anxiety in the intervention group before and after prostate TUR surgery ($p = 0.000$). There were differences in anxiety in the control group before and after prostate TUR surgery ($p = 0.000$). There was no difference in anxiety in the intervention group and the control group after the first postoperative day ($p = 1.000$, $\alpha = 0.005$). There was no difference in pain in the intervention group before Prostate TUR surgery ($p = 0.021$), but on the day of surgery and the first postoperative day there was a significant difference ($p = 0.000$). There was a difference in pain in the control group before Prostate TUR surgery ($p = 0.000$) and there was no difference in pain on the day of surgery ($p = 0.189$) and the first postoperative day ($p = 0.927$). The average pain before prostate TUR surgery in the intervention group with a scale of 2.86 and the day of surgery changed to 3.06, after the first day of surgery it became 1.46. The results of this study indicate that Benson relaxation and analgesic therapy are effective in reducing prostate TUR surgical pain, but analgesic therapy can also reduce post-prostate TUR surgical pain.

Keywords: Relaxation, Benson, Pain, TUR, Prostate.

[1]Akademi Keperawatan RS Marthen Indey Jayapura, Indonesia
[2,3,4,5,6]Sekolah Tinggi Ilmu Kesehatan Jayapura Jayapura, Indonesia
[7]Universitas Kristen Indonesia Maluku , Indonesia

Email : [2]lisma.natalies@gmail.com, [7]asainafat09@gmail.com

1.   Introduction

Benign Prostate Hyperplasia (BPH) is a condition in which the prostate periurethral gland experiences hyperplasia which will push the original prostate tissue to the periphery to become a surgical capsule (Rahardjo, 1995). One of the most common surgical procedures performed on patients with BPH is Transurethral Resection of the Prostate (TUR Prostate), Smeltzer & Bare, 2008).

Prostate TUR surgical procedure creates a surgical wound that will issue a pain mediator and cause post-surgical pain. In addition, the pain that patients complain of is caused by spasm of the detrusor muscle, (Sakai, et al. 2003). Inappropriate and inaccurate post-surgical pain management will increase the risk of complications, increase treatment costs, days of hospitalization and slow down the healing process.

Nursing interventions carried out by nurses to reduce or eliminate postoperative pain, using two approaches, namely pharmacological and non-pharmacological. Nonpharmacological interventions have not been widely used by nurses to reduce postoperative pain and are reported to have very low risks (Smeltzer & Bare, 2008). Furthermore, Smeltzer and Bare (2008) said that nurses tend to view drugs as the only intervention to relieve pain. Nonpharmacological interventions are complementary therapies to reduce postoperative pain and are not a substitute for the main analgesic therapy that has been given. The Agency for Health Care Policy and Research (AHCPR), 1997) recommends that a combination of pharmacological and nonpharmacological interventions is the best way to control postoperative pain.
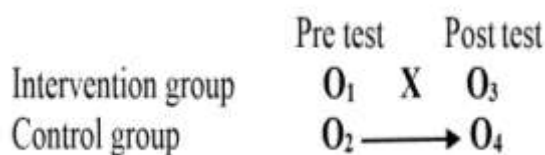Benson relaxation is a passive relaxation technique that does not use muscle tension so it is very appropriate for reducing postoperative pain, because muscle tension will increase pain. Benson relaxation is the development of a relaxation response method involving the patient's belief factor, which can create an internal environment so that it can help patients achieve a higher state of health and well-being (Benson & Proctor, 2000).

Pain management in patients after prostate TUR surgery in the ICU room at Jayapura Hospital still uses single therapy with analgesic therapy, has not used a combination of complementary therapies such as Benson Relaxation. Based on data from the ICU Room at the Jayapura Hospital, the number of patients diagnosed with Benign Prostate Hyperplasia in 2020 was 109 patients. Based on the description above, the researcher is interested in conducting research with the title "Effectiveness of Benson's Relaxation to Reduce Post-Prostate TUR Surgical Pain in the ICU Room of Jayapura Hospital". The purpose of this study was to determine the effectiveness of Benson's relaxation to reduce postoperative patient pain in prostate TUR patients in the ICU room at Jayapura Hospital.

2. Method

Research Design
This research is a quantitative study using a quasi-experimental design with a pre-post test control group design approach. In this study, it consisted of 1 treatment. The procedure was carried out by selecting respondents, namely patients after Prostate TUR surgery who were being treated in the ICU Room of Jayapura Hospital. The research design is described as follows:

$$
\begin{array}{lccc}
 & \text{Pre test} & & \text{Post test} \\
\text{Intervention group} & O_1 & X & O_3 \\
\text{Control group} & O_2 & \longrightarrow & O_4 \\
\end{array}
$$

Retrieval of respondents was carried out using a purposive sampling technique, namely all BPH patients who underwent Prostate TUR, the study sample consisted of 2 groups, namely 50 respondents in the intervention group and 50 respondents in the data control group.

Data Analysis
Univariate analysis was carried out by analyzing the frequency distribution of culture and anxiety, while analysis of pain was carried out by looking at the differences in mean, standard deviation, minimum-maximum pain in the control group and the intervention group before and after the intervention. Homogeneity test is to determine the equality of variation between the control group and the intervention group. In this study, what was tested for homogeneity was the variation in cultural characteristics, anxiety and pain of the control group and the intervention group respondents using the Chi Square test. Before conducting a bivariate analysis of confounding factors for postoperative pain, the numerical data (anxiety) was first categorized, as follows the level of anxiety (mild

anxiety 10 -20, code 1; moderate anxiety between 30 - 60, code 2; severe anxiety 80 - 100, code 3) and pain level (mild pain = 1-3, moderate pain = 4-6, severe pain = 7-10). The bivariate analysis used in the study is as shown in table 4.2, the significance level is 0.05 and the CI is 95%.

3. Result and Discussion

Age
The age characteristics of the respondents in this study were divided into two groups, namely the intervention group and the control group. The

intervention group consisted of 19 respondents (38%) in the 50-59 year age group, 18 respondents (36%) in the 60-69 year age group, 8 respondents (16%) in the 70-79 year age group, and the 80-89 years 5 respondents (10%). While the age characteristics of the respondents in the control group consisted of the age group 50-59 years there were 21 respondents (42%), the age group 60-69 years there were 19 respondents (38%), the age group 70-79 years there were 7 respondents (14%) , the age group 80-89 years there are 3 respondents (6%). More detailed results can be seen in table 1 as follows:

Table 1. Distribution of Age Characteristics of Respondents After Prostate TUR Surgery in the ICU Room of Jayapura Hospital January - June 2021

Age	Intervention Group	Control Group	
	f	%f	%
50-59	19	38.021	42.00
60-69	18	36.019	38.00
70-79	8	16.07	14.00
80-89	5	10.03	6.00
Total	50	100.050	100

Ethnic Group
The results of the study based on ethnicity were mostly in the Intervention group, namely Sumatran 19 respondents (38%), Papuan ethnicity 17 respondents (34%), Javanese ethnicity 6 respondents (12%), and Ambonese and Kalimantan ethnicities each 4 respondents (8%). In the control

group, the most ethnic groups were Papuans with 23 respondents (46%), Sulawesi tribes with 9 respondents (18%), Javanese with 6 respondents (12%), Kalimantan with 4 respondents (8%) and Ambon with 3 respondents (6 %). More detailed results can be seen in table 2 as follows:

Table 2. Distribution of Characteristics of Respondents After Prostate TUR Surgery in the ICU Room of Jayapura Hospital January - June 2021

Ethnic group	Intervention Group		Control Group	
	f	%	f	%
Ambon	4	8.0	3	6.0
Java	6	12.0	6	12.0
Borneo	4	8.0	4	8.0
Papua	17	34.0	23	46.0
Sumatera	19	38.0	5	10.0
Sulawesi	0	0	9	18.0
Total	50	100.0	50	100.0

Drug Use
The results of the study were based on the type of analgesic drug used by the most respondents in the Intervention group, namely santagesic 25 respondents (50%), antrain 10 respondents (20%), ketorolac 15 respondents (30%). In the control

group the most widely used analgesics were analgesics 29 respondents (58%), antrain 10 respondents (20%), ketorolac 11 respondents (22%). More detailed research results can be seen in table 3 as follows:

Table 3. Distribution of Types of Analgesic Drugs to Respondents After Prostate TUR Surgery in the ICU Room of Jayapura Hospital January - June 2021

Drug Type	Intervention Group		Control Group	
	f	%	f	%
Santagesik	25	50	29	58
Antrain	10	20	10	20

Ketorolac	15	30	11	22
Total	**50**	**100.0**	**50**	**100.0**

Characteristics of Anxiety

The results of the study were based on the anxiety of respondents after prostate TUR surgery in the intervention group before being given the average anxiety of respondents for prostate TUR surgery in the ICU room at Jayapura Hospital. Table 4 shows the average results of respondents' anxiety before Prostate TUR surgery in the Intervention group, Pre Operation Day (HOP1) 2.84 (SD = 0.912), First Day Post Surgery anxiety (HOP + 1) 1.38 (SD = 0.635). The average respondent's anxiety before Prostate TUR surgery in the control group Pre Operation Day (HOP1) was 2.34 with (SD = 0.717), Respondents' anxiety on the First Day Post Operation (HOP + 1) was 1.38 (SD = 0.635). The results of the average anxiety of respondents after Prostate TUR surgery in more detail can be seen in table 4 as follows:

Table 4. Distribution of Respondents' Anxiety Characteristics After Prostate TUR Surgery in the ICU Room of Jayapura Hospital January - June 2021

Worry	Intervention Group				Control Group			
	Before		After		Before		After	
	f	%	f	%	f	%	f	%
Mild	15	30	35	70	7	14	35	70
Medium	23	46	11	22	19	38	11	22
Severe	12	24	4	8	24	48	4	8
Total	**50**	**100.0**	**50**	**100.0**	**50**	**100.0**	**50**	**100.0**

The Average Anxiety of Respondents for Prostate TUR Surgery in the ICU Room of Jayapura Hospital

Table 5 shows the average results of respondents' anxiety before Prostate TUR surgery in the Intervention group, Pre Operation Day (HOP1) 2.84 (SD = 0.912), First Day Post Surgery anxiety (HOP + 1) 1.38 (SD = 0.635). The average respondent's anxiety before Prostate TUR surgery in the control group Pre Operation Day (HOP1) was 2.34 with (SD = 0.717), Respondents' anxiety on the First Day Post Operation (HOP + 1) was 1.38 (SD = 0.635). The results of the average anxiety of respondents after Prostate TUR surgery in more detail can be seen in table 5 as follows:

Table 5. Average Anxiety of Respondents after Prostate TUR Surgery in the ICU Room of Jayapura Hospital January - June 2021

No	Respondents	Mean	SD	Min-Max
1	**Intervention Group:**			
	HOP1 anxiety	2.84	.912	1-4
	HOP+1 anxiety	1.38	.635	1-3
2	**Kelompok Kontrol :**			
	HOP1 anxiety	2.34	.717	1-3
	HOP+1 anxiety	1.38	.635	1-3

Information :
HOP1 = Pre Operation Day
POHP+1 = Post Operation Day One

Differences in Anxiety of Respondents for Prostate TUR Surgery Before and After in the Intervention Group and the Control Group

The results of the analysis of differences in anxiety in the intervention group mean rank anxiety of respondents after Prostate TUR in the intervention group and control group Pre Operation Day (HOP1) was 58.63 with (p = 0.003, α = 0.005), while the mean rank anxiety of the intervention group and the control group Post Surgery Day One (POHP+1) is 50.50 with (p = 1.000, α = 0.005). Analysis of differences in anxiety of respondents in the intervention group after Prostate TUR surgery on the Pre-Surgery Day (HOP1) and the First Post-Surgery Day (POHP+1) with a mean rank of 24.02 (p = 0.000, α = 0.005). The results of the analysis of differences in the anxiety of the control group respondents on the Pre Operation Day (HOP1) and the First Post Operation Day (POHP+1) with a mean rank value of 21.39 (p = 0.000, α = 0.005), while the differences in the anxiety of the respondents in the intervention group and the control group Post First Day of Operation (POHP+1) with a mean rank of 0.00 (P = 1.000, α = 0.005). The results of differences in respondents' anxiety after prostate TUR surgery in more detail can be seen in table 6 as follows:

Table 6. Differences in Anxiety of Respondents for Prostate TUR Surgery Before and After in the Intervention Group and Control Group in the ICU Room of Jayapura Hospital January- June 2021

No	Variable	n	Mean Rank	Z	P Value
1	**Mann Whitney test**				
	Anxiety Intervention and Control HOP1	50	58.63	-3.007	.003
	POHP+1 Intervention and Control Anxiety	50	50.50	.000	1.000
2	**Wilcoxon Signed Ranks Test**				
	HOP1 and POHP+1 intervention anxiety	50	24.02	-5.487	.000
	HOP1 Control Anxiety and POHP+1 Control	50	21.39	-5.010	.000
	POHP+1 Intervention Anxiety and POHP+1 Control	50	.00	.000	1.000

Information :
HOP1 = Pre Operation Day
POHP+1 = Post Operation Day One

Differences in Respondents' Surgical Pain Before and After Prostate Surgery Respondents in the Intervention Group and the Control Group

Analysis of differences in respondent pain in the intervention group, Pre Operation Day (HOP1) with a mean rank value of 2.33, (p = 0.021, α = 0.005), and differences in Pain Operation Day (HO) mean rank value is 2.49, (p = 0.000, α = 0.005), while the difference in first day postoperative pain (POHP+1) with a mean rank value was 1.81, (p = 1.000, α = 0.005). Differences in pain of respondents in the control group after Prostate TUR surgery on Pre-Operational Day (HOP1) mean rank value was 1.76 with (p = 0.000, α = 0.005), and differences in pain on Operation Day (HO) mean rank value of 2.37 with (p = 0.189 , α = 0.005), and the difference in postoperative pain on the first day (POHP + 1) the mean rank was 1.87 (p = 0.927, α = 0.005). The results of differences in respondent pain after Prostate TUR surgery in more detail can be seen in the following table:

Table 7. Differences in Surgical Pain Respondents before and after prostate TUR surgery in the intervention group and the control group at Jayapura Hospital

No	Variable	n	Mean Rank	Z	P Value
1	**Intervention Group**				
	HOP1 pain	50	2.33	-2.308	.021
	HO pain	50	2.49	-5.775	.000
	Pain	50	1.18		.000
2	**Control Group**				
	HOP1 pain	50	1.76	-3696	.000
	HO pain	50	2.37	-1.313	.189
	Pain	50	1.87	-.091	.927
	POHP+1	50			

Information :
HOP1 = Pre Operation Day
POHP+1 = Post Operation Day One

Average Pain Respondents of Prostate TUR Surgery

Table 7 shows the results of the average pain of Prostate TUR surgery respondents in the Intervention group, Pre Operation Day (HOP1) with a mean value of 2.86 (SD = 0.904), and average Operation Day pain (HO) with a mean value of 3.06 with (SD = 0.956), while the average postoperative pain on the first day (HOP+1) was 1.46 (SD = 0.676). The average pain of respondents for Prostate TUR surgery in the control group Pre Operation Day (HOP1) had a mean value of 2.86 with (SD = 0.833), and the average pain on Operation Day (HO) had a mean value of 3.44 with (SD = 0.611), while the average the average postoperative pain of respondents on the first day (HOP + 1) the mean value was 3.04 with (SD = 0.533). The results of the average pain response for Prostate TUR surgery in more detail can be seen in table 8 as follows:

Table 8. Average Pain of Respondents for Prostate TUR Surgery in the ICU Room at Jayapura Hospital January - June 2021

No	Responden	Mean	SD	Min-Max
1	**Intervention Group**			
	HOP1 pain	2.86	.904	1-4
	HO pain	3.06	.956	1-4
	HOP+1 pain	1.46	.676	1-3
2	**Control Group**			
	HOP1 pain	2.86	.833	1-4
	HO pain	3.44	.611	2-4
	HOP+1 pain	3.04	.533	2-4

Information :
HOP1   = Pre Operation Day
HO   = Operation Day
POHP+1   = Post Operation Day One

4. Discussion

Description of Respondent Characteristics
Based on the analysis of age research data in this study, respondents reached 19 - 21 respondents (38% - 42%) at the age of 50 - 59 years. 18 - 19 respondents (36% - 38%) at the age of 60 - 69 years, 8 - 7 respondents (16% - 14%) at the age of 70 -79 years, and 5 - 3 respondents (10% - 6%) at the age of 80 - 89 years . The results of this study are in accordance with Agus S, Sestu and Nahariani, 2015 which revealed that the age of most prostate TUR patients is less than 70 years old. Khomaini, Dody and Erkadius 2014 in their research entitled the relationship between reduced sodium levels and disturbed sleep patterns after Prostate TUR explained that the age of 50-69 years reached 53% and said that there was no significant difference between age and disturbed sleep patterns. Parsons (2010) explains that BPH occurs in 70 percent of men aged 60-69 years in the United States, and 80% in men aged 70 years and over. It is estimated that by 2030 the incidence of BPH will increase to 20% in men aged 60 years and over, or up to 20 million men.

Ethnic Group
Analysis of the results of the study based on the most ethnic groups in the intervention group, namely the Sumatran tribe 19 respondents (38%) and the Papuan ethnic group 17 respondents (34%), and the remaining 28% namely the Javanese ethnic group 6 respondents (12%), and the Ambonese and Kalimantan ethnic groups respectively each of 4 respondents (8%). In the control group, the most ethnic group in this study was the Papuan ethnic group with 23 respondents (46%), and the remaining 54% was divided into 4 ethnic groups, namely the Sulawesi ethnic group with 9 respondents (18%), the Javanese ethnic group with 6 respondents (12%), and the Kalimantan ethnic group, 4 respondents (8%) and ethnic Ambonese 3 respondents (6%). This study shows that respondents after Prostate TUR surgery were dominated by Papuans, this was related to the place or location of the research being in the Papua region.

Drug Use
The results of the analysis of research data based on the type of analgesic drug used by most respondents in the Intervention and control groups using analgesic analgesics reached 50% - 58%, the Intervention and control groups were the same as antrain 20%, ketorolac 22 - 30%. Most of the analgesic therapy used by respondents in this study used analgesics, while antrain and ketorolac were all given intravenously. The analgesics used in this study were non-steroidal anti-inflammatory drug (NSAIDs) class of analgesics. The administration of analgesics given to patients after prostate TUR in the ICU room at Jayapura Hospital is in accordance with the recommendations for providing analgesics from the World Health Organization (WHO) that NSAIDs can be used to treat mild or moderate pain. The analgesic effect of NSAIDs can inhibit the synthesis of prostaglandins which are mediators of pain. A double-blind clinical trial study in 1,003 postoperative patients showed analgesic effectiveness, whereas antrain and ketorolac were comparable to tramadol for reducing pain (Vogt, et al, 1999, in Meliala & Pinzon, 2017). However, in this study no comparison was made to see the effectiveness of anti-antrain and ketorolac in reducing postoperative pain in patients with Prostate TUR..

Characteristics of Anxiety
Research analysis based on post-surgical anxiety in Prostate TUR respondents in the Intervention group before being given the Benson Relaxation action experienced moderate anxiety, namely 46% after being given the Benson Relaxation action decreased to 22%, mild anxiety increased 70% by 30%, and severe anxiety decreased by 24% by 8%. The results of the study in the control group, before TUR prostate surgery, respondents experienced

severe anxiety, namely 48% decreased by 8%, moderate anxiety decreased by 38% by 22% and mild anxiety by 7 respondents 14% increased by 70%. The results of this study are in line with Alice A, Martin and Paul G. Schauble (2017) which was conducted in the state of Indiana, 90% of preoperative patients have the potential to experience anxiety. Carpenito (2007) states that when going to surgery a client faces various stressors, the client usually associates surgery with pain. This anxious reaction will continue if the client has never had or received less information related to the disease and the actions taken against him. Menscape, (2011). Some of the actions that might be taken are health education, spirituality, patient assistance, and consultation with a psychiatrist. If anxiety in preoperative patients is not resolved immediately, it will have an impact on increasing vital signs so that surgery is postponed. For this reason, patients who are going to undergo surgery must be given health education to reduce or reduce symptoms of anxiety.

Average Post-Surgery Anxiety in Prostate TUR Respondents in the ICU RSUD Jayapura Room
Based on the analysis of research data, the average results of respondents' anxiety before Prostate TUR surgery in the Intervention group, Pre-SD Operation Day = 0.912 and after or Post-Surgery First Day became SD = 0.635. The results of this study indicate that the combination of Benson Relaxation with analgesic therapy given to respondents can reduce anxiety after Prostate TUR surgery. The average respondent's anxiety before Prostate TUR surgery in the control group or respondents only received analgesic therapy, Pre Operation Day with SD = 0.717 and after or Post Operation First Day SD = 0.635. The results of this study indicate that the analgesic therapy given to respondents can also reduce anxiety after Prostate TUR surgery.

Differences in Anxiety of Respondents for Prostate TUR Surgery Before and After in the Intervention Group and the Control Group
Differences in respondents' anxiety before prostate TUR surgery in the intervention group and control group Pre Operation Day (HOP1) mean rank : 58.63 with (p = 0.003, α = 0.005), while the anxiety of the intervention group and control group Post Operation First Day (POHP + 1) mean rank : 50.50 with (p = 1.000, α = 0.005). These results indicate that there was a difference in the anxiety of the respondents in the intervention group and the control group before the TUR Prostate surgery was performed, but the first postoperative day showed that there was no difference. This anxiety will occur when the patient is before surgery and will experience it will persist and may even disappear.

Differences in the anxiety of respondents in the prostate TUR surgical intervention group on the Pre-Surgery Day (HOP1) and the First Post-Surgery Day (POHP+1) with a mean rank of 24.02 (p = 0.000, α = 0.005). The results of the study showed that the respondents who were given Benson Relaxation with a combination of analgesic therapy had a significant difference. The difference in the anxiety of the control group respondents on the Pre Operation Day (HOP1) and the First Post Operation Day (POHP+1) with a mean rank value of 21.39 (p = 0.000, α = 0.005), these results indicate a difference in anxiety before and after surgery or after surgery first day. Differences in the anxiety of respondents in the intervention group and the control group on the first day of postoperative surgery (POHP+1) with a mean rank of 0.00 (P = 1.000, α = 0.005). These results indicate that postoperative anxiety on the first day in the intervention group and the control group did not show any difference. Differences in Respondents' Pain Before and After Prostate Surgery Respondents in the Intervention Group and the Control Group The difference in the pain of respondents in the intervention group, before the mean rank value was 2.33 (p = 0.021, α = 0.005), and the day of surgery the mean rank value was 2.49 (p = 0.000, α = 0.005), after the first day the mean rank value was 1.81 (p = 0.000, α = 0.005). These results indicate that the pain of respondents in the group that was given Benson Relaxation Intervention and analgesics before prostate TUR surgery did not experience a difference in pain, but on the day of surgery and the first day after surgery showed a significant difference, so it was concluded that post-prostate TUR patients underwent a combination Benson's relaxation and analgesic therapy are more effective for reducing postoperative pain compared to patients who are only given analgesic therapy. The difference in pain of respondents in the control group before TUR Prostate surgery mean rank was 1.76 (p = 0.000, α = 0.005), and on the day of surgery the mean rank was 2.37 (p = 0.189, α = 0.005), and on the first day of surgery the mean rank was 1.87 (p = 0.927, α = 0.005). The difference in pain in the control group or respondents who only received anesthetic therapy showed that before the Prostate TUR surgery there was a significant decrease in pain, but on the day of surgery and the first postoperative day there was no difference.

The Effectiveness of Benson Relaxation on Reducing Pain in Prostate TUR Surgical Respondents
Based on data analysis, the results showed that the mean results of Prostate TUR surgery respondents in the Intervention group, Pre Operation Day with SD = 0.904, and Operation Day SD = 0.956, Post

Operation First Day SD = 0.676. The results of this study indicate that the combination of Benson Relaxation with analgesic therapy given to respondents can reduce pain after Prostate TUR surgery. The mean pain of prostate TUR surgery respondents in the control group was the Pre-Surgery Day SD value = 0.833, and the Operation Day SD = 0.611, while the First Post-Surgery Day was SD = 0.533. The results of this study indicate that the analgesic therapy given to the respondent is effective in reducing post-prostate TUR surgical pain. Analgesic therapy used by respondents in this study was ketorelac and antrain given intravenously. The administration of analgesics given to patients after prostate TUR in the ICU Room of Jayapura Hospital is in accordance with the recommendations for giving analgesics from the World Health Organization (WHO) that NSAIDs are used to treat mild or moderate pain. The analgesic effect of NSAIDs is by inhibiting the synthesis of prostaglandins which are mediators of pain. Research conducted by Bjornsson GA, et.al (2018) that ketorolac (ketoprofen) is better at reducing pain after 2 - 6 hours of third postoperative administration (Kalbe Medica Portal, http://www.kalbe.co.id, downloaded June 26, 2018). However, in this study no comparison was made to see the effectiveness between Ketesse (dexketoprofen) and kaltrofen (ketoprofen) in reducing postoperative pain in prostate TUR patients. Furthermore, data analysis showed the results of the mean postoperative TUR Prostate pain response in the Intervention group, on the Pre Operation Day with SD = 0.904, After surgery and the combination of Benson Relaxation and pain analgesic therapy was carried out changed to Operation Day SD value = 0.956, Post Operation First Day of SD = 0.676. The results of this study indicate that the combination of Benson Relaxation with analgesic therapy given to respondents can reduce pain after Prostate TUR surgery. Based on the comparison of the average postoperative pain of the respondents found in this study, it can be concluded that the respondents who used a combination of Benson Relaxation and analgesic therapy decreased postoperative pain after Prostate TUR surgery more sharply than patients who only received analgesic therapy. Further analysis showed that there were differences in the pain of respondents for Prostate TUR surgery in the control group. Pre Operation Day SD value = 0.833, and Operation Day with SD value = 0.611, while Post Operation Day One was SD = 0.533. Further analysis showed that there was a significant difference in respondents' pain. This shows that post-prostate TUR surgical pain in the intervention group was less than the control group, so it was concluded that post-prostate TUR respondents who underwent a combination of Benson Relaxation and

analgesic therapy were more effective in reducing post-surgical pain compared to respondents who were only given analgesic therapy. The results of this study support the results of previous research that Benson's Relaxation is effective for reducing postoperative pain (Horowitz et al, 1984, in Roykulcharoen, 2010, The effect of systemic relaxation technique on postoperative pain in Thailand, http://proquest.umi.com , downloaded June 8, 2021; Levin, Malloy & Hyman, Nursing management of postoperative pain: use of relaxation techniques with female cholecystectomy patients, http://www.blackwell-synergy.com, downloaded June 10, 2021. Benson's relaxation was developed from the relaxation response method involves the belief factor (faith factor).Patient relaxes by repeating words or sentences that are in accordance with the respondent's beliefs so that it inhibits noxious impulses on the descending control system (gate control theory) and improves pain control. The results of this study also report, that after doing Benson's relaxation for 15 minutes, some respondents reported feeling calm and comfortable.Benson and Proctor (2000) said that in addition to reducing post-surgical pain, Benson's relaxation inhibits sympathetic nerve activity which results in a decrease in oxygen consumption by the body and subsequently the muscles of the body relaxes and creates a feeling of calm and comfort. In addition, Benson Relaxation focuses on certain words or sentences that are repeated repeatedly with a regular rhythm and are accompanied by an attitude of surrender to God Almighty according to the patient's belief that it has a calming meaning. Another factor that is estimated by the researchers supports the respondents accepting the implementation of Benson's Relaxation, that all research respondents are elderly who are assumed to have good spiritual maturity so as to facilitate the implementation of Benson's Relaxation. A survey shows that the elderly have a strong interest in spirituality and prayer (Gallup & Jones, 1989, in Nice (2008), elderly adjustment: emotional development, http:// management.blogspot.com, downloaded on June 26, 2021). Other studies also show that older people who have a very strong religious orientation are associated with better health (Cupertino & Haan, 1999 in Nice_2008, elderly adjustment: emotional development, http://manejemen.blogspot.com, downloaded on June 26 2021).

5.   Conclusion

Based on the results of the analysis and discussion, it can be concluded that: 1) There was a difference in the decrease in respondents' anxiety before prostate TUR surgery in the intervention group and

the control group (p = 0.003); 2) There was no difference in the anxiety of the intervention group and the control group on the first day of postoperative surgery (p = 1,000); 3) There was a difference in the anxiety of the respondents in the surgical intervention group for Prostate TUR on the Pre and Post Operation Day One (p = 0.000); 4) There is a difference in the anxiety of the control group respondents on the First Pre and Post Operation Day (p = 0.000); 5) There was no difference in the anxiety of the respondents in the intervention group and the control group on the First Day of Post Operation with p = 1,000; 6) There was no difference in respondents' pain in the intervention group who received Benson's Relaxation and combination of analgesics before Prostate TUR surgery (p = 0.021), but on the Day of Operation and Post-Operation Day One showed a significant difference (p = 0.000). This means that Benson's relaxation and analgesic therapy in respondents before prostate TUR surgery decreased pain, but on the day of surgery and the first postoperative day there was a significant reduction in pain. It can be concluded that Benson relaxation and analgesic therapy are effective for reducing pain in prostate TUR surgery patients; 7) There was a significant difference in pain in the control group before Prostate TUR surgery p = 0.000, and there was no difference in pain on the day of surgery p = 0.189, and there was no difference in pain on the first postoperative day p = 0.927. The results of this study indicate that in the group that only gets analgesics it can effectively reduce pain before post-prostate TUR surgery. But on the day of surgery and the first postoperative day it did not show a significant decrease; and 8) The combination of Benson Relaxation and analgesic therapy is more effective in reducing postoperative pain in Prostate TUR patients compared to those who only receive analgesic therapy.

6. References

Anggorowati, A., Setyowati, S., & Gayatri, D. (2007). Efektifitas Pemberian Intervensi Spiritual" Spirit Ibu" terhadap Nyeri Post Section Caesarean (SC) pada RS Sultan Agung dan RS Roemani Semarang. Jurnal Keperawatan Media Ners, 1(1), 10-15.

Ariawan, I. (1998). Besar dan Metode Sampel pada Penelitian Kesehatan. Jakarta: FKM-UI. Tidak dipublikasikan.

Arikunto, S. (2006). Prosedur Penelitian Suatu Pendekatan Praktik. PT Rineka Cipta. Jakarta Bakhtiar. 2010. Performans Reproduksi dan Produksi Sapi Aceh (Doctoral dissertation, Tesis. Program Pascasarjana Universitas Andalas. Padang).

Benson, H., Proctor, W., & Nurhasan. (2000). Dasar-Dasar Respons Relaksasi: Bagaimana Menggabungkan Respons Relaksasi dengan Keyakinan Pribadi Anda. Kaifa.

Berardi, R., Morgese, F., Rinaldi, S., Torniai, M., Mentrasti, G., Scortichini, L., & Giampieri, R. (2020). Benefits and Limitations of a Multidisciplinary Approach in Cancer Patient Management. Cancer Management and Research, 12, 9363.

Buchanan, D. D., Sweet, K., Drini, M., Jenkins, M. A., Win, A. K., English, D. R., ... & Young, J. P. (2010). Risk Factors for Colorectal Cancer in Patients with Multiple Serrated Polyps: A Cross-Sectional Case Series from Genetics Clinics. PloS one, 5(7), e11636.

Datak, G., Yetti, K., & Hariyati, R. T. S. (2008). Penurunan Nyeri Pascabedah Pasien Tur Prostat melalui Relaksasi Benson. Jurnal Keperawatan Indonesia, 12(3), 173-178.

Dendato, K. M., & Diener, D. (1986). Effectiveness of Cognitive/Relaxation Therapy and Study-Skills Training in Reducing Self-Reported Anxiety and Improving the Academic Performance of Test-Anxious Students. Journal of Counseling Psychology, 33(2), 131.

Diyan Ajeng, D. (2016). Hubungan Dukungan Keluarga dengan Tingkat Kepatuhan Pasien Hemodialisa terhadap Terapi Gagal Ginjal di RSUD Blambangan Banyuwangi. Jurnal Ilmiah Farmasi Akademi Farmasi Jember, 1(1), 21-26.

Erciyas, A. (2019). Cerrahi Ağrı Deneyimi Olmayan Hastaların Ameliyat Sonrası Ağrı İnançları (Master's thesis, Sağlık Bilimleri Enstitüsü).

Erva, E. E. K., Yusiana, M. A., & Febrijanto, Y. (2021). Literature Review: The Effectiveness Of Finger Grip Towards Pain Of Post Operation Appendicitis. Journal of Global Research in Public Health, 6(2).

Francesca, F., Bader, P., Echtle, D., Giunta, F., Williams, J., Fall, M., ... & Schumacher, S. (2007). Guidelines on Pain Management. Europe: European Association of Urology (EAU).

Roykulcharoen, V. (2003). The effect of a systematic relaxation technique on postoperative pain in Thailand. Case Western Reserve University (Health Sciences).

Roykulcharoen, V. (2003). The effect of a systematic relaxation technique on postoperative pain in Thailand. Case Western Reserve University (Health Sciences).

Smeltzer, S. C., Bare, B. G., Hinkle, J. L., Cheever, K. H., Townsend, M. C., & Gould, B. (2008). Brunner and Suddarth's TEXTBOOK of Medicalsurgical Nursing 10th edition.

Philadelphia: Lipincott Williams & Wilkins.

Sunaryo, T., & Lestari, S. (2015). Pengaruh Relaksasi Benson Terhadap Penurunan Skala Nyeri Dada Kiri Pada Pasien Acute Myocardial Infarc Di Rs Dr Moewardi Surakarta Tahun 2014. Interest: Jurnal Ilmu Kesehatan, 4(2).

United States. Acute Pain Management Guideline Panel, & United States. Public Health Service. (1992). Acute pain management: operative or medical procedures and trauma (No. 92). US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research.

Weaver, J. (2001). Combating Complications of Transurethral Surgery. Nursing, 31(7), HN1.

Wood, A. F. (2013). Nursing Models: Normal Science for Nursing Practice. ALLIGOOD, MR et al. Nursing Theory: Utilization & Application. Missouri: Elsevier Mosby, 13-38.