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**THE INFLUENCE OF MOBILISATION TOWARD THE DECUBITUS
INCIDENTS AT THE STROKE PATIENTS WHO EXPERIENCED
WITH MOTORIC FUNCTION IN BLU RSUP
PROF DR. R.D KANDOU MANADO**

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ABSTRACT

Stroke was one of main cause of death and neurologic spoilage. The basic problem of stroke was disturbance of flood flow in the brain area, because suddenly or gradually the brain didn't get the flood flow or the artery gave the blood discontinuously or hampered, so that that brain area couldn't be functioned anymore. This regional blue caused dysfunction at partly of the body. Generally, that dysfunction was in the form of hemiparilisis or hemyparesis that accompanied with sensory deficit with or without disturbance of body function. This dysfunction caused disturbance of client's live balance.

Mobilization was ability to mobile the body components freely and normally as the energy result of human's basic needs. Early mobilisation that was done was the change of sleep position in order to prevent decubitus. Nurses could do mobilisation and changed the pasients' position who were only able to be in bed each 2-3 hours. If this mobilisation was not done, it could cause tirah of long lying that called Decubitus. Patients' position must be changed each 2-3 hours in the position of recumbent, inclined to the health side and to the pain side. When the patients inclined to the pain side, manage it not more than 20 minutes.

The aim of this research was to know the influence of mobilization toward decubitus incident at the stroke patients who experienced with disturbance of motorist function. The design of this research was *quasi experiment design with pre - post test control group*. The sampling technique

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was by using *purposive sampling*. The sample were 40 persons that consisted of 20 persons for intervention group and 20 persons for control group. The data collecting was using observation sheet of decubitus grade. The result showed that there was any influence of mobilization toward decubitus incidents at the

INTRODUCTION

Stroke was one main cause of death and neurologist spoilage (Ziliwu, 2010). Based on the data collected by Indonesia Stroke Foundation, problem of stroke was more and more important and urgent because recently number of stroke sufferers in Indonesia was the most and occupied the first number in Asia. Number of stroke sufferers at the age of more than 60 years old was at the second grade and at the age of 15-59 years old was at the fifth grade. Stroke was the cause of serious permanent spoilage no 1 in all the worlds (Yuda, 2011). Therefore, if it didn't get good treatment, it would cause permanent spoilage and physical restrictiveness that would cause someone to be not productive, moreover they might be depend to other person and became the family's and society's responsibility.

Mobilization was ability to mobile the body components freely and normally as the energy result of human's basic needs. Early mobilisation that was done was the change of sleep position in order to prevent decubitus (Potter A P, 2005). Nurses could do mobilisation and changed the pasien's position who were only able to be in bed each 2-3 hours. If this mobilisation was not done, it could cause tirah of long lying that called Decubitus. Patients' position must be changed each 2-3 hours in the position of recumbent, inclined to the health side and to the pain side. When the patients inclined to the pain side, manage it not more than 20 minutes (Mulyatsih E, 1984).

The basic problem of stroke was disturbance of flood flow in the brain area, because suddenly or gradually the brain didn't get the flood flow or the artery gave the blood discontinuously or hampered, so that that brain area couldn't be functioned anymore. This regional blue caused dysfunction at partly of the body. Generally, that dysfunction was in the form of hemiparilisis or hemiparesis that accompanied with sensory deficit with or without disturbance of body function. This dysfunction caused disturbance of client's live balance.

Early mobilization that must be done for stroke patients in order to avoid decubitus were left inclined-

stroke patients with disturbance of motorist function. Recommendation of this research result could be used as one alternative of nursing intervention in the effort to decrease the decubitus grade of stroke patients with disturbance of motorist disturbance.

right inclined each 2-3 hours, but in fact, some of them did early mobilization each more than 4 hours.

Beside mobilization, the prevention effort of decubitus could be optimized through health education, such as gave explanation to the clients/families about decubitus and its prevention. According to nurses, health education was important, but it was not done because needed long time, while he nurses must do other duties. Based on the explanation above, this research was aimed to know the influence of mobilization at the stroke clients who experienced with disturbance of motorist function with incubitus incident in IRINA F BLU RSUP Prof.Dr.R.D. Kandou Manado.

METHODS

This was quantitative research with research design of quasi experiment design with pre-post test control group. (Notoatmodjo, 2007). The sampling technique used was by using purposive sampling, that was the sampling based on certain purpose.

The sampel were 40 respondents that consisted of 20 respondents for intervention group and 20 respondents for control group. Research was conducted on 1 July to 30 August 2013. The research was conducted in IRINA F BLU RSUP Prof. Dr. R.D. Kandou Manado. The research used instruments in the form of observation sheet of decubitus grade. Bivariate analysis was done in order to know the relationship form of both variables (independent and dependent) (Notoatmodjo, 2007). The research used ranking test marked Wilcoxon with z statistic, where the principle of: z value counting was bigger that z table so Ho was rejected and Ha was accepted if $p < 0.05$.

RESULTS

The analysis result described the respondents' characteristics based on age, gender, medic diagnose, at the intervention group and control group.

Table 1. Respondents Distribution Based On Demography Stroke Patients with Disturbance of MotoristFunction

Variable	Intervention	Control	Total	%
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	Group		Group			
	F	%	F	%	F	%
Age (year)						
• 30 - 44	1	5	1	5	2	5
• 45 - 59	10	50	11	55	21	52,5
• 60 - 74	8	40	6	30	14	35
• > 74	1	5	2	10	3	7,5
Gender						
• Men	10	50	11	55	21	52,5
• Women	10	50	9	45	19	47,5
Education						
• SD	2	10	3	15	5	12,5
• SMP	4	20	3	15	7	17,5
• SMA	10	50	12	60	22	55
• PT	4	20	2	10	6	15

In order to know the analysis result of influence of mobilization toward the decubitus incidents at the stroke patients could be done z statistic test with meaning $p = 0,05$. The result could be seen in table 2.

Table 2. Analysis Result of the Influence of Mobilization toward Decubitus Incidents at Stroke Patients

No	Result	Level Mark	n	%	z	Asymp.sig (2-tailed)
1	Posttest-pretest Incubitus incidents at the stroke patients of interventi on group	Negative Ranking	20	100	-	0,000
		Positive Ranking	0	0		
		Permanent Ranking	0	0		
		Total	20	100		
2	Posttest-pretest Incubitus incidents at the stroke patients of control group	Negative Ranking	0	0	-	0,157
		Positive Ranking	2	10		
		Permanent Ranking	18	90		
		Total	20	100		

In table 2, it seen that intervention group with the number of 20 repondents, showed posttest < pretest mark (negative ranking) of 20 persons or 100%, and posttest > pretest mark (positive ranking) of 0% and mark of posttest = pretest was 0 %. While at control group with number of 20 respondents that showed posttest < pretest mark (negative ranking) of 0 %,

posttest > pretest mark (positive ranking) of 2 persons or 10 % and posttest = pretest mark was 18 persons or 90 %. From the ranking test marked wilcoxon by using z statistic it found that z value for intervention group was -4,300 with error level of 0,05 and trust level of 95 % so the value of $p = 0,000 < 0,05$. While at the control group, z value was -1,414 with error level of 0,05 and trust level of 95 % so the value of $p = 0,157 > 0,05$. By comparing the value capacity test of two sides (2 tailed), seen that at intervention group, the value of $p = 0,000$ and at control group $p = 0,157$ meant the value of p for intervention group < control group. So, based on this comparison value, could be said that the opportunity of intervention group to reject $H_0 >$ control group.

DISCUSSION

Based on table 2 about analysis result of influence of mobilization toward decubitus incidents, there was difference of p value from intervention and control group. Where at intervention group, value of $p = 0,000$ less than 0,05 and at the control group $p = 0,157$.

From that analysis result, could be concluded that there was difference grade of decubitus from both groups of stroke patients after getting the treatment. The reason that could explain why the mobilization each 2-3 hours could decrease decubitus grade at stroke patients by using special technique of left inclined and right inclined and recumbent. Decubitus grade, pressure, and friction power would disturb local network microcirculation and caused hypoxia and stepped up metabolic discharge that could cause necrosis. Almost all decubitus, mainly that caused by continued pressure, (Doh,1993 dalam Martin,1997, quoted by Maryani Y dkk, 2003) pressure, commonly occurred at the patients who were immobilization. Effect of friction power was the disturbance of local microcirculation through replacement, distortion, or the clipped of blood vessel when the skin was fractioned. Immobilization was important in decubitus development (Morison , 2004). The reason of mobilization that was done each more than 3 hours was less decreasing incubitus grade because too long of tirah lying as the effect of friction power was the disturbance of local microcirculation through replacement, distortion, or the clipped of blood vessel at skin was fractioned so that caused pain, which called decubitus (Morison, 2004). Decubitus was the damage/death of skin until the tissue under it, and moreover stuck through muscle to the bone caused by the continued pressure at certain area so that caused disturbance of local blood flow. The area that commonly

decubitus occurred was above the born kern and uncovered with enough subcutaneous fat, such as born kern at the bottom, left-right sides of ilium, heel, and elbow (Setianto B, 2005).

The nurses did early mobilization each 2-3 hours and more than 4 hours had assessment of nurses support toward the implementation of left inclined-right inclined. This showed that how big was the nurses role where the nurses did nursing education toward the stroke patients, one of them was helping the implementation of left inclined-right inclined and recumbent mobilization as an effort to prevent the bed sore. Long time be in bed and continuous pressure, that often accompanied with friction and scratch caused painful. The treatment of skin pain was that the pain would be filled with granulation tissue and closed with epitel tissue. (Sjamsuhida R, 1997). The lost of sensory that related with stroke, paraplegia, could help the decubitus grade. (Morison J M 2004). After getting mobilization each 2-3 hours, the high decubitus grade was decreasing. While at the mobilization that more than 3 hours, the decubitus grade was still high. Considered that the nurses' role was very important in preventing decubitus, so it suggested to do mobilization as often as possible each 2-3 hours. The nurses' support was in the form of positive appreciation and attention in order to remind the patients to do activity of left inclined-right inclined mobilization. In this case, the nurse was responsible in giving the nursing service from the simple one until the complex one with the approach process started from investigation to evaluation. (Mulyasih E,1994).

CONCLUSION

The research result showed that there was any influence of mobilization toward the incubitus incidents at the stroke patients who experience with disturbance of motorist function in IRINA F BLU RSUP Prof DR. R.Kandou Manado.

Recommendation

Considered to the research result, the meaning influence between mobilization each 2-3 hours toward the decreasing of decubitus grade at stroke patients who experienced with disturbance of motorist function, o the hospital could consider the mobilization each 2-3 hours as permanent procedure of nursing treatment at the

hospitalized stroke patients who experienced with disturbance of motorist function. The nurses needed to apply mobilization each 2-3 hours in giving nursing education as part of treatment at stroke patients who experienced with motorist function.

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