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THE EFFECTIVENESS OF DIAPHRAGM THERAPY ON PHYSICAL AND PSYCHO-SPIRITUAL COMFORT IN COPD PATIENTS IN CEMPAKA PAVILION ROOM JOMBANG HOSPITAL Agustina Maunaturrohmah, Endang Yuswatiningsih agustina.rohmah30@gmail.com ABSTRACT Chronic Obstructive Pulmonary Disease (COPD) is a chronic infectious disease characterized by air flow resistance in the airways that is progressively non-reversible or partial reversible, this condition can cause patients to experience shortness of breath, giving rise to conditions of discomfort in body functions and patient limitations in carrying out activities daily.

The aim of this study was to analyze the effectiveness of diaphragm therapy for the comfort of patients with chronic obstructive pulmonary disease (COPD). The design of this study was one group pre-post test. The population in this study were all patients in the Cempaka pavilion in Jombang General Hospital with an average of 26 patients per month.

The sample in this study was 20 respondents using simple random sampling technique. Data collection using a questionnaire. Processing data using editing, coding, scoring, tabulating and analyzing data using statistical tests Paired Sample T Test with alpha 0.05. The results showed that before being given diaphragm therapy 13 respondents (65%) felt uncomfortable and after being given diaphragm therapy 14 respondents (70%) felt comfortable. The results of statistical tests with Paired Sample T Test obtained a value of p = 0.035 <alpha = 0.05 so that H1 was accepted.

The conclusion in this study is effective diaphragm therapy for comfort in patients with chronic obstructive pulmonary disease (COPD) Keywords: diaphragm therapy, comfort, COPD INTRODUCTION Chronic Obstructive Pulmonary Disease (COPD) is a chronic infectious disease characterized by air flow resistance in the airways that is progressively non-reversible or partial reversible. COPD consists of chronic bronchitis and emphysema (Indonesian Doctors Association, 2003).

Smoking is one of the most important causal causes of other factors. The main symptoms of COPD are tightness (dypsneu), this condition can affect various aspects of life (Phhips, Sands, Mark, 2007) In the United States, COPD is the third leading cause of death, and more than 11 million people have been diagnosed with COPD (American Lung Association, 2015).

According to research data from the Regional COPD Working Group conducted in 12 countries in the Asia Pacific the average prevalence of COPD is 6.3%, with the lowest 3.5% in Hong Kong and Singapore, and the highest in Vietnam as much as 6.7%. In 2002, COPD was the fifth leading cause of death. The highest prevalence of COPD was in East Nusa Tenggara (10.10%), Central Sulawesi (8.0%), West Sulawesi and South Sulawesi (6.7%) (Riskesdas, 2013).

The prevalence of asthma, COPD and cancer based on interviews in Indonesia was 4.5 percent, 3.7 percent and 1,4 per mile, respectively (Riskesdas, 2013). Data in the room of the Cempaka Pavilion in Jombang District Hospital for inpatients with chronic obstruction in 2015 amounted to 327 people, in 2016 reached 373 people, while in 2017 from January to February it reached 55 people (RSUD Jombang 2017).

Smoking habits are quite high (men over 15 years old 60-70%), population growth, increasing age average population, industrialization and air pollution (especially in industrial areas) (PDPI, 2003). COPD is a systemic disease involving metabolic, skeletal muscle and genetic molecule. Skeletal muscle dysfunction is the main thing that plays a role in the limited activity of patients with systemic inflammation (Oemiati, 2013).

This will result in the patient's daily activities and physical and psycho-spiritual comfort. Comfort is a pattern of pleasure, relief and perfection in physical, psychospiritual, environmental, and social dimensions (NANDA International, 2015-2017). Comfort is the main goal of nursing because the comfort of patient recovery can be obtained (Alligood & Tomey, 2006).

The diaphragmatic breathing exercise aims to allow patients with ventilatory problems to achieve more optimal, controlled, efficient ventilation and reduce breathing work. Respiratory training in patients with chronic obstructive pulmonary disease is intended to improve the function of the respiratory equipment, with the aim of being able to train patients to regulate breathing.

The advantage of diaphragmatic breathing exercises is that it optimizes the use of the diaphragm muscle and strengthens the diaphragm during breathing (Muttaqin, 2008). Using the technique consists of 2-4 -2, namely: two seconds with inhalation, followed by four seconds holding the breath by allowing the abdominal muscles to stand as big as possible, and two seconds inhalation or exhaling with frequency 3 times a week (Nugroho S, 2011).

The aim of this study was to determine the effect of diaphragm therapy on comfort in patients with chronic obstructive pulmonary disease (COPD). RESEARCH METHODOLOGY This type of pre-experimental research is a research design that is used to find a causal relationship with the involvement of research in manipulating independent variables (Nursalam, 2014).

The research design used was Posttest Only, Non-Equivalent Control Group Design, namely there was an experimental group and there was a control group. In the experimental group subjected to treatment X1 and in the control group were not treated. And at the end of the study both groups were subjected to posttest. The choice of subjects in the two groups subjected to the experiment did not use the randomization process, but instead used existing groups.

The population used was all patients with chronic obstructive pulmonary disease in the Cempaka Room of Jombang District Hospital at the last 3 months from December to February with an average of 26 people / month. The sample in this study was that some patients with chronic obstructive pulmonary disease in the Cempaka Pavilion Room at Jombang District Hospital for the experimental group amounted to 20 respondents and 25 for the control group using simple random sampling.

Data collection for comfort level was measured by the General comfort questionnaire questionnaire. with the number of statements 48 using the Likert scale 1,2,3,4, with the highest score marking the high level of comfort, 24 statements from 2 parameters were taken, namely physical and psychospiritual comfort which were positive statements and negative statements.

Univariate analysis using the T score while bivariate analysis because to determine the effectiveness of using interval data scale then use the