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SELF-EFFICACY, PAIN INTENSITY, AND EARLY MOBILIZATION ABILITY AMONG POST-OPERATION PATIENTS IN A PRIVAT HOSPITAL

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Abstract

Fractures are a serious health problem that threatens public health. Every year, there is an increasing trend in fracture cases in each region. Injuries, including traffic accidents, cause fracture cases, falls from high places, and bone fragility factors. If not treated properly, the impact of a fracture is symptoms such as deformity, loss of sensation (numbness, possibly due to nerve damage/bleeding), abnormal movement, swelling, and pain. To know the correlation of self-efficacy and pain intensity with early mobilization ability in post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital. The type of research used correlational analysis with a cross-sectional approach. This research was conducted at PKU Muhammadiyah Pamotan Hospital in August 2023-September 2023. The sample size was 34 respondents with a total sampling technique. The instruments used were a General self-efficacy (GSE) self-efficacy questionnaire, a Numerical Rating Scale (NRS) pain intensity assessment, and an early mobilization ability questionnaire in post-ORIF surgery patients. The data analysis used Spearman Rho statistics. The study showed a good relationship between self-efficacy (p=0.000) and pain intensity (p=0.000) with the ability to mobilize post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital early. Self-efficacy and pain intensity influence post-op patients' early mobilization ability. Nurses need to increase the patient's self-confidence to carry out early mobilization and provide pain management to minimize the causes of the patient's inability to mobilize early, which is related to the pain complaints they feel.

I. INTRODUCTION

Fracture is a serious health problem that threatens public health. Fracture cases are found in all age groups and community reports with various causes. The cause of the increasing number of fracture cases is due to trauma/injury such as traffic accidents, falling from a high place, and bone fragility factors (Prasetyanti, 2019).

If not treated properly, the impact of fractures is symptoms such as deformity, loss of sensation (numbness, which may occur from nerve damage/bleeding), abnormal movement, swelling, and pain. One surgical procedure often performed in fracture cases is Open Reduction Internal Fixation (ORIF) (Muttaqin, 2017). This ORIF procedure is useful for stabilizing broken bones that have been reduced using screws, plates, nails, and metal pins in surgery carried out aseptically. In general, ORIF is recommended and good for young patients if the shift is 1 mm or 2 degrees. In addition, this procedure can also be performed for elderly patients if the shift is no more than 1 mm or 2 degrees (Singh et al., 2019).

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The World Health Organization (WHO) reported approximately 13 million cases (2.7%) of fractures in the world in 2020 and increased to 18 million cases (4.2%) in 2021. The largest incidence of fractures in Southeast Asia is in Indonesia, which is 1.3 million cases yearly from a population of 238 million (Djamal et al., 2022). The results of basic health research (RISKESDAS) by the research and development agency of the Indonesian Ministry of Health showed that in 2018, in Indonesia, there were cases of fractures caused by injuries, including falls, traffic accidents, and sharp/blunt object trauma.

Of the 45,987 falls that resulted in fractures, 1,775 people (3.8%) of the 20,829 traffic accidents, 1,770 people (8.5%) experienced fractures, of the 14,127 sharp/blunt object traumas, 236 people (1.7%) experienced fractures. The prevalence of fracture cases in the Indonesian population is 5.8%. The most fractures occur in Papua, with a prevalence of 8.3%, while in Central Java, it is 6.2% (Ministry of Health, 2018). The number of fracture patients in Rembang Regency in 2021 was 657 cases and those undergoing ORIF surgery at the PKU Muhammadiyah Pamotan Hospital in 2021 were 90 people, while in December 2022 there were 15 patients (SIM- PKU Muhammadiyah Pamotan Hospital, 2022)

According to Lina (2019), psychological factors can influence postoperative patients in mobilizing, one of which is self-efficacy; a person who can do early mobilization requires strong or high self-efficacy. Self-efficacy is the belief that exists in an individual in terms of thinking, motivating themselves, and how to act. Self-efficacy can influence a person's choices, the efforts that will be made, the way they behave, and their perseverance and seriousness. In addition, it can also affect a person's thoughts and feelings. A person with low self-efficacy tends to think the tasks seem difficult (Maliga et al., 2019).

Research conducted by Anindita et al. (2019) shows that good self-efficacy leads to compliant behavior in early mobilization. If a person's self-efficacy improves, then the individual will be compliant in carrying out the indicated early mobilization. According to research conducted by Ropyanto (2015), self-efficacy is based on individuals who are able to accept the disease and changes in capacity, focus on control, willingness to learn, take action, and alertness. Increased self-efficacy is shown in ORIF patients, who can increase self-efficacy by carrying out activities independently.

In patients with post-ORIF, the problem that usually often arises is pain (Irianto, 2019). The pain mechanism occurs through four processes: transduction, transmission, modulation, and perception. The role of nociceptors is to receive pain impulses, which are transmitted from the periphery to the central nervous system (CNS). Pain is a form of discomfort felt by the body from various perspectives (Blu, 2020). A psychology pioneer named Maslow said that comfort is a basic need after human physiological needs that must be met. A person who experiences pain will be disturbed in their daily activities, such as sleeping, fulfilling individual needs, and mobilizing their activities (Agung et al., 2018).

Early mobilization is an activity carried out by postoperative patients, starting with light exercises in bed, such as breathing exercises, effective coughing exercises, and ROM until the patient can get out of bed and walk. Mobilization should be started in the first 24 hours after surgery and carried out under supervision. Post-ORIF surgery patients are reluctant to do early mobilization due to the pain symptoms experienced when moving. Early mobilization is a major factor in accelerating recovery and preventing post-surgical complications. Gradual early mobilization is very useful for the wound healing process and preventing infection and venous thrombosis. The impact of mobilization that is not carried out can cause impaired body function, blocked blood flow, and increased pain intensity. Early mobilization plays an important role in reducing pain. Therefore, nurses need to provide information to patients and their families about the importance of early

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mobilization in post-fracture surgery patients (Prasetyanti, 2019).

Based on several previous studies, it can be concluded that the study conducted by Andri, Febriawati, Padila, Harsismanto & Susmita (2020), on Pain in Post-Op Lower Extremity Fracture Patients with Early Mobilization and Ambulation, showed that patients who carried out mobilization activities amounted to 82.9% and patients who did not carry out mobilization activities amounted to 17.1%, patients who carried out ambulation activities amounted to 82.9% and patients who did not carry out ambulation activities amounted to 17.1%, moderate pain amounted to 77.1% and severe pain amounted to 22.9%. In the results of the chi-square test, the p-value = 0.000, which means that there is a relationship between the implementation of early mobilization and ambulation with pain in post-op lower extremity fracture patients at Dr. M. Yunus Hospital. This is different from the research that will be carried out, which focuses on the ability of early mobilization in postoperative ORIF patients.

A study by Rustianawati, Karyati, and Himawan (2018), on the Effectiveness of Early Ambulation in Reducing Pain Intensity in Post-Laparotomy Surgery Patients at Kudus Hospital showed that there was a difference in the average pain intensity on days I, II, and III between the experimental group that performed early ambulation and the control group that did not perform early ambulation. Independent Samples T Test, on day 1, obtained a p-value = 0.009; on day 2, a p-value of 0.000; and on day 3, a p-value of 0.000. These results indicate a difference in average pain intensity on days 1, 2, and 3 between the experimental and control groups. This is different from the research that will be conducted, which focuses on assessing pain intensity with early mobilization ability in post-ORIF surgery patients.

Pain intensity is a description of how severely the individual feels the pain. The most likely objective approach to pain measurement is to use the body's physiological response to the pain itself. Subjective pain measurement can be done using various pain measuring tools such as visual analog, numeric pain scale using the Numerical Rating Scale (NRS) for ages >12 years, and descriptive pain scale or Wong-Baker pain scale for children (Tamsuri, 2017).

The initial survey was conducted in March 2023 at the PKU Muhammadiyah Pamotan Hospital, using the pain intensity observation method for ten patients. Postoperative ORIF fracture, seven postoperative ORIF patients on day 1 were found with pain scale intensity based on the Numeric Rating Scale in the moderate pain range (4-6), where 4 of the seven patients had a negative perception that early mobilization would have an impact on the pain they felt, concerns that the body being moved in a certain position after surgery would affect the surgical wound that had not healed, tears at the wound site. Three postoperative ORIF patients on day 3 said the mild pain range (1-3) had a positive perception of early mobilization, assuming that early mobilization had a good impact on their health and accelerated wound healing.

The results of this study are expected to improve nurses' ability as health professionals to provide independent interventions in client management. The independence of nurses needs to be formed with scientific behavior carried out in the patient care process. This study's results are basic data showing that pain intensity is related to early mobilization. Nurses must be able to resolve the pain patients feel so that it does not become an obstacle to early mobilization. Nurses need to provide comprehensive nursing care to accelerate the patient's healing process by paying attention to the fulfillment of basic human needs, one of which is comfort. Other health workers will recognize nurses as independent health professionals if they can demonstrate that they can provide independent interventions in solving problems experienced by patients. This study aims to determine the relationship between self-efficacy pai, intensity, and early mobilization ability in post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital.

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II. RESEARCH METHODS

Types of research in research This is an analytic correlation with the cross-sectional approach. The independent variables in this study were self-efficacy and pain intensity. The dependent variable in this study was the ability to mobilize early in post-ORIF surgery patients. The data collection method was observational, using instruments: the Numerical Rating Scale (NRS) pain scale assessment using observation/observation sheets, self-efficacy using the General Self Efficacy (GSE) questionnaire, and early mobilization ability using a questionnaire. The population in this study was all post-ORIF surgery fracture patients at PKU Muhammadiyah Pamotan Hospital in April 2023, and there were as many as 34 people.

The sampling technique uses total sampling, with the entire population as a sample of 34 respondents. The criteria for respondents are:

1. Inclusion Criteria
   a. Post ORIF operative fracture patients in PKU Muhammadiyah Pamotan Hospital.
   b. Age ≥ 18 years
   c. Patients experiencing pain
   d. Have full awareness.
2. Exclusion Criteria
   a. Respondents who experienced a worsening general condition

The results of the validity trial of the early mobilization ability questionnaire in post-ORIF surgery patients as many as 15 patients in July 2023 which has the same accreditation as RSI Arafah Rembang because it has the same patient characteristics and accreditation as RS PKU Muhammadiyah Pamotan. The r table value of 15 respondents is 0.514.

This study's data analysis used the Spearman Rho test to determine the relationship between self-efficacy, pain intensity, and early mobilization ability in post-ORIF surgery patients. Research ethics used respondent consent sheets and Anomie and Autonomy.

III. RESULTS AND DISCUSSION

A. Characteristics Respondents

Table 1. Characteristics Respondents (n=34)

Characteristics	f	%	Mean	SD	(95% CI)	
					Lower	Upper
Age			33.56	7,291	31.09	35.76
Gender						
Man	15	44.1	-	-	-	-
Woman	19	55.9	-	-	-	-
Level of education						
Elementary school	2	5.9	-	-	-	-
Junior high school	13	38.2	-	-	-	-
Senior high school	15	44.1	-	-	-	-
College	4	11.8	-	-	-	-
Occupation						
Does not work	5	14.7	-	-	-	-
Laborer	6	17.6	-	-	-	-
Self-employed	11	32.4	-	-	-	-
Private employees	12	35.3	-	-	-	-
Total	34	100.0	-	-	-	-

Table 1 shows that the average age of respondents is 33.56 years with SD 7.291. The respondents' gender is mostly female, as many as 19 people (55.9%), and male, as many as 15 people (44.1%). The last level of education of the respondents is the majority of high school graduates / equivalent as many as 15 people (44.1%), junior high school graduates / equivalent, as many as 13 people (38.2%), college as many as four people (11.8%) and two people (5.9%) have elementary school education/equivalent. At the employment level, the majority work as

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private employees, as many as 12 people (35.3%), self-employed as many as 11 people (35.3%), laborers as many as six people (17.6%), and unemployed as many as five people (14.7%)

Table 2. Frequency Distribution of Respondents Based on Self-Efficacy in post-ORIF surgery patients (n = 34)

Self Efficacy	f	%
Not good	4	11.8
Enough	23	67.6
Good	7	20.6
Total	34	100.0

Table 2 explains that most respondents have sufficient self-efficacy, namely 23 people (67.6%).

Table 3. Frequency Distribution of Respondents Based on Pain Intensity in Post-ORIF Surgery Patients (n = 34)

Pain Intensity	f	%
Light	3	8.8
Currently	25	73.5
Heavy	6	17.6
Total	34	100.0

Table 3 shows that the majority of respondents, as many as 25 people (73.5%), experienced moderate pain.

Table 4. Frequency Distribution of Respondents Based on Early Mobilization Ability in Post-ORIF Surgery Patients (n = 34)

Early mobilization ability	f	%
Not enough	6	17.6
Enough	21	61.8
Good	7	20.6
Total	34	100.0

Table 4 shows that the majority of respondents, as many as 21 people (61.8%), had sufficient early mobilization capabilities in post-ORIF surgery patients.

Table 5. Relationship between self-efficacy and early mobilization ability in post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital

Self Efficacy	Early mobilization ability						Total		r	p-value
	Not enough		Enough		Good					
	f	%	f	%	f	%	f	%		
Not good	4	100	0	0	0	0	4	100	0.839	0,000
Enough	2	8.7	20	87.0	1	4.3	23	100		
Good	0	0	1	14.3	6	85.7	7	100		
Total	6	17.6	21	61.8	7	20.6	34	100		

Table 5. states that there is a statistically significant relationship between self-efficacy and early mobilization ability in post-ORIF surgery patients with a p-value of 0.000 (p <0.05) with an R-value of 0.830, which means that the two variables have a very strong relationship.

Table 6. Relationship between pain intensity and early mobilization ability in post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital

Pain Intensity	Early mobilization ability						Total		r	p-value
	Not enough		Enough		Good					
	f	%	f	%	f	%	f	%		
Light	0	0	1	33.3	2	66.7	3	100	-0.573	0,000
Currently	2	8.0	18	72.0	5	20.0	25	100		
Heavy	4	66.7	2	33.3	0	0	6	100		
Total	6	17.6	21	61.8	7	20.6	34	100		

Table 6. This explains a statistically significant relationship between pain intensity and early mobilization ability in post-ORIF surgery patients with a p-value of 0.000 (p <0.05) with an R-value of 0.573, which means that the two variables have a moderate relationship strength.

The study showed that the average age of post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital was 12.5 years. They were included in the adult age category. Adulthood is the ideal age for bone growth. Maximum bone growth will help the ability to do activities not only in the fracture area but also in the functional status of lower

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extremity postoperative patients, which will be faster and more optimal. At the age of 36-64 years, there will be a decrease in muscle mass and strength, so the ability to do activities will decrease (Ningsih, 2019).

Most are included in the adult category, in line with research conducted by Putri, Hamarno, and Yuswanto (2023) on comorbidities, age, location, and type of lower extremity fractures with length of hospitalization in post-ORIF patients, showing the distribution of respondent ages that a small proportion of post-ORIF respondents are elderly with an age range of 46-65 years. This age group is a productive age group with high mobility, both in work and social contact, according to the results of research by Ni'ma Sahabuddin, KArman Bausat, Evi Silviani Gusnah, Fadil Mula Putra, Rahmawati (2024). The results of the study showed that most of the respondents were female. Based on research conducted by M. Ridho, Rico Alexander, and Qori Fadilah (2021) on the relationship between gender as a risk factor for femoral fractures, it was found that the majority of femoral fractures were women aged 32-93 years. Supported by the existing phenomenon, women are often careless when driving, do not obey traffic signs, are often in a hurry, and do not prioritize safety.

The study showed that most respondents' last education level was High School Graduate/Equivalent. According to Notoadmodjo (2019), a person's level of education would affect their knowledge. Education can bring insight or knowledge; someone with a high education level will have broad knowledge compared to someone with a lower level of education. In line with the results of research by Tasya Epifania Heru Ramadhany (2022) on the characteristics of femur fracture sufferers due to traffic accidents, the results of the study showed that cases of fractures due to traffic accidents that often occur in high school students occur because high school students have high-speed driving behavior and the current phenomenon is that high school students often speed on the road, many do not wear helmets, some do not have a driver's license but are already driving on the highway without parental supervision.

In line with research by Umboh, Wagiu, and Lengkong on the Description of the Health Belief Model in Fracture Management, most research subjects have a high school/vocational high school education level. Most research subjects have a level of education that is by the education standards in Indonesia, namely fulfilling the 12-year compulsory education according to the program of the Indonesian Ministry of Education and Culture (Kemendikbud). This is in line with Tuti's research (2019), where there is a relationship between education level and pain level with a value of $p = 0.001$ ($p < 0.05$). A higher level of education and an understanding of pain mechanism coping knowledge will increase the client's ability to mobilize. Clients with low levels of education need more extra education from health workers to understand pain-coping

The results of the study showed that the majority of post-ORIF surgery patients had fairly good self-efficacy. Self-efficacy is a belief in one's ability to succeed in something that is done (Bandura, 2014). Self-efficacy is one aspect of self-knowledge that can affect daily activities. Self-efficacy is a person's belief in being able to do something so that it gets positive results (Maryam, 2015).

According to research conducted by Ropyanto (2021), self-efficacy is based on individuals who can accept the disease and changes in capacity, focus on control, willingness to learn, take action, and alertness. Increased self-efficacy is shown in ORIF patients, who can increase self-efficacy to carry out activities independently, and post-ORIF surgery patients have quite good self-efficacy. Anindita et al. (2019) research explains that good self-efficacy tends to have compliant behavior in early mobilization. If a person's self-efficacy improves, the individual will be compliant in carrying out the indicated early mobilization.

The results of the study showed that most post-ORIF patients experienced moderate pain. This is because, based on the respondent's answers, the pain felt arose from

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the influence of analgesics that had worn off. According to Harnawatiaj (2018), postoperative patients often experience severe pain. Even though effective analgesic drugs are available, post-surgical pain cannot be treated properly; around 50% of patients still experience pain, so it can interfere with patient comfort. Almost all femoral fracture patients undergo surgery, often called Open Reduction Internal Fixation (ORIF). The recovery time for postoperative patients normally occurs in only one to two hours (Pooter & Perry, 2014). According to research by Olfah, Andisa, and Jitowiyono (2019), the recovery time for postoperative patients with anesthesia is less than 2 hours, and the average time to regain consciousness is less than 30 minutes.

Research conducted by Andri, Febriawati, Padila, Harsismanto, and Susmita (2020) showed that 82.9% of patients who carried out ambulation activities and 17.1% who did not carry out ambulation activities experienced moderate pain, 77.1% severe pain, and 22.9% severe pain. This shows that post-ORIF surgery patients experience moderate pain.

A person's age can influence the level of pain felt by respondents. All age groups said that pain was still felt in post-ORIF surgery. This is because the pain felt arises from the effects of analgesics that have worn off. According to Harnawatiaj (2018), postoperative patients often experience severe pain even though effective analgesic drugs are available. However, post-surgical pain cannot be treated properly. Around 50% of patients still experience pain, which can interfere with patient comfort.

Almost all fracture patients undergo Open Reduction Internal Fixation (ORIF) surgery. The recovery time for postoperative patients normally occurs in only one to two hours (Pooter & Perry, 2014). According to Mulyono (2018), postoperative patient recovery takes an average of 72.45 minutes, so patients will feel severe pain on average in the first two hours after surgery because the effects of the anesthetic have worn off and the patient has left the room conscious.

The results of a study by Andri, Febriawati, Padila, Harsismanto, and Susmita (2020) reported that the patients who carried out mobilization activities amounted to 82.9%. Patients who did not carry out mobilization activities amounted to 17.1%, patients who carried out ambulation activities amounted to 82.9%, and patients who did not carry out ambulation activities amounted to 17.1%, moderate pain amounted to 77.1%, and severe pain amounted to 22.9%. This differs from the research that will be conducted, which focuses on the ability of early mobilization in post-ORIF surgery patients. The ability to mobilize postoperative patients early tends to decrease. Post-ORIF surgery patients are reluctant to carry out early mobilization due to the symptoms of pain experienced when moving.

The study's results showed a significant relationship between self-efficacy and the early mobilization ability of post-ORIF surgery patients. A person who experiences pain will be disturbed in their daily activities, such as rest, sleep, fulfillment of individual needs, and social interactions, by avoiding contact, conversation, and even withdrawing. Therefore, it is necessary to provide nursing care for pain management through pain management strategies and increasing self-efficacy (Agung et al., 2013).

Research conducted by Albertina Butu (2018) showed that 66.70% of respondents had good pain management strategies, and 33.3% had adequate pain management strategies. This is because the provision of pain management at RSUP H. Adam Malik Medan is good. This shows a relationship between self-efficacy and pain management strategies in postoperative ORIF fracture patients at RSUP H. Adam Malik Medan with a p-value of 0.000 <α 0.05. Other research by Nurhafizah and Erniyati (2017) proved a significant relationship between coping strategies and self-efficacy with the intensity of pain in postoperative patients with a significance value (p) = 0.018 (<0.05).

Self-efficacy can affect early mobilization, whereas good self-efficacy tends to have compliant behavior in carrying out early mobilization. If self-efficacy improves, the

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individual will comply with the indicated early mobilization. Self-efficacy is based on individuals who can accept the disease and changes in capacity, focus on control, are willing to learn, take action, and be alert. Increased self-efficacy is shown in ORIF patients who can increase self-efficacy to independently carry out activities (Anindita et al, 2019)

The study showed a significant relationship between pain intensity and the early mobilization ability of post-ORIF patients. In patients with post-ORIF, the problem that usually often arises is pain (Irianto, 2019). The pain mechanism occurs through four processes: transduction, transmission, modulation, and perception. The role of nociceptors is to receive pain impulses, which are transmitted from the periphery to the central nervous system (CNS). Pain is a form of discomfort felt by the body from various perspectives (Blu, 2020). A psychology pioneer named Maslow said that comfort is a basic need after human physiological needs that must be met. A person who experiences pain will be disturbed in their daily activities, such as sleeping, fulfilling individual needs, and mobilizing their activities (Agung et al., 2018).

In patients with post-ORIF, the problem that usually often arises is pain (Irianto, 2019). The impact of untreated mobilization can cause impaired body function, blocked blood flow, and increased pain intensity. Early mobilization plays an important role in reducing pain. Therefore, nurses must inform patients and their families about the importance of early mobilization in post-fracture surgery patients (Prasetyanti, 2019).

Research conducted by Andri, Febriawati, Padila, Harsismanto, and Susmita (2020) on Pain in Post-Op Lower Extremity Fracture Patients with Early Mobilization and Ambulation showed that patients who carried out mobilization activities amounted to 82.9%. Patients who did not carry out mobilization activities amounted to 17.1%, patients who carried out ambulation activities amounted to 82.9%, and patients who did not carry out ambulation activities amounted to 17.1%, moderate pain amounted to 77.1%, and severe pain amounted to 22.9%. In the chi-square test results, the p-value = 0.000, which means there is a relationship between the implementation of early mobilization and ambulation with pain in post-op lower extremity fracture patients at Dr. M. Yunus Hospital. This is different from the research that will be carried out, which focuses on the ability of early mobilization in postoperative ORIF patients.

Another study by Rustianawati, Karyati, and Himawan (2018) on the Effectiveness of Early Ambulation in Reducing Pain Intensity in Post-Laparotomy Surgery Patients at Kudus Hospital showed that there was a difference in the average pain intensity on days I, II, and III between the experimental group that performed early ambulation and the control group that did not perform early ambulation. Independent Samples T Test, on day 1, obtained a p-value = 0.009; on day 2, a p-value of 0.000; and on day 3, a p-value of 0.000. These results indicate a difference in average pain intensity on days 1, 2, and 3 between the experimental and control groups. This is different from the research that will be conducted, which focuses on assessing pain intensity with early mobilization ability in post-ORIF surgery patients.

Based on several previous research results, pain intensity is related to early mobilization ability due to sufficient pain management strategies obtained or carried out by respondents so that respondents experience moderate pain. This is proven by 25 people who have moderate pain intensity. There are 18 people whose early mobilization ability in post-ORIF surgery patients was sufficient, and 5 people had good early mobilization ability in post-ORIF surgery patients.

The weakness of this study is that the researcher did not control for confounding variables, such as stress factors and different coping mechanisms in post-ORIF operative fracture patients.

IV. CONCLUSION

A relationship exists between self-efficacy and pain intensity with early mobilization

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ability in post-ORIF surgery patients at PKU Muhammadiyah Pamotan Hospital. The results of the study are recommended for PKU Muhammadiyah Pamotan Hospital to be used as a plan to carry out pain management nursing care in post-ORIF surgery fracture patients and early mobilization to reduce pain intensity in conducting pain assessment and control and increase self-efficacy. Further research results can identify other variables related to early mobilization ability in post-CS surgery patients.Further research can also be done to develop interventions that can improve early mobilization abilities by considering self-efficacy and pain intensity that affect the early mobilization abilities of post-CS surgery patients.

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