

## CHAPTER V. CONCLUSION AND RECOMMENDATION

### A. Conclusion

Conclusion of this research demonstrates that audiovisual education significantly reduces pain levels in post-Section Caesarea (SC) patients at RSUD Prof. Dr. Margono Soekarjo. Among 34 respondents divided into intervention (n=17) and control (n=17) groups, the intervention group experienced greater pain reduction. *Mann-Whitney* test demonstrated a significant difference in post-test pain scale scores between the intervention and control groups ( $U=83.000$ ,  $Z=-2.287$ ,  $p=0.022$ ), confirming the effectiveness of audiovisual education. Demographic factors such as age, education level, and occupation also influenced patient responses, with a higher education level linked to better comprehension of the intervention.

These findings suggest that audiovisual education is an effective method for enhancing patient understanding of early mobilization and managing post-SC pain. Normality and homogeneity tests showed normally distributed age data, but significant variability between groups (*Levene's Test*  $p\text{-value}<0.05$ ) indicated a wider age range in the intervention group. With lower post-intervention pain scores, this research supports integrating audiovisual education into post-SC pain management strategies. Further research is needed to explore additional factors, such as patient preferences for educational media and family involvement in recovery.

### B. Recommendation

#### 1. For the Field of Science

This research contributes to the expanding body of evidence on the effectiveness of audiovisual education in enhancing post SC recovery, particularly in pain management. Theories and methodologies on multimedia based health education can be further developed and applied to various clinical contexts.

## **2. For Healthcare Workers, Especially Nurses**

Audiovisual education should be integrated into nursing practices as part of pre SC and post SC education. Nurses are encouraged to adopt this method to enhance patient compliance, improve pain management, and support faster physical recovery.

## **3. For Hospital**

Hospitals should consider providing audiovisual education facilities to support patient recovery programs. Investing in multimedia infrastructure could improve service quality and increase patient satisfaction levels.

## **4. For Educational Institutions**

Nursing education institutions are encouraged to incorporate audiovisual education materials into their curriculum. This will equip students with the skills to design and implement multimedia-based educational interventions in their clinical practice.

## **5. For Future Researchers**

Further research is recommended to investigate the long term effects of audiovisual education and assess its applicability across a broader range of patient populations or different clinical conditions. Utilizing mixed methods (both quantitative and qualitative) could offer more comprehensive insights into patients experiences.