

BAB 6

SIMPULAN DAN SARAN

Pada bab ini berisi simpulan hasil penelitian yang disesuaikan dengan tujuan penelitian, serta saran bagi praktik keperawatan, pendidikan keperawatan, penelitian keperawatan dan penderita penyakit jantung koroner.

6.1 Simpulan

Penelitian tentang pengaruh latihan rehabilitasi jantung fase I terhadap *self-care* dan kualitas hidup pasien penyakit jantung koroner dilaksanakan mulai awal Mei-Juni 2017. Responden berjumlah 81 orang yang masing-masing kelompok berjumlah 61 responden intervensi dan 20 responden kelompok kontrol, dengan simpulan sebagai berikut:

- 6.1.1 Karakteristik mayoritas responden : rentang usia 56-65 tahun 58 (71,6%), jenis kelamin laki-laki 48 (59,3%).
- 6.1.2 Mayoritas responden sebelum intervensi latihan rehabilitasi jantung fase I terhadap *self-care* 69 (85,2%) dan mayoritas terdistribusi pada kelompok kontrol dan kelompok intervensi latihan rehabilitasi jantung fase I. Sesudah intervensi peningkatan *self-care* ada 50 (61,7%). Mayoritas responden sebelum intervensi latihan rehabilitasi jantung fase I terhadap kualitas hidup 71 (87,7%) dan mayoritas terdistribusi pada kelompok kontrol dan kelompok intervensi latihan rehabilitasi jantung fase I. Sesudah intervensi peningkatan kualitas hidup ada 51 (63%).
- 6.1.3 Ada pengaruh yang signifikan intervensi latihan rehabilitasi jantung fase I terhadap *self-care* pasien jantung koroner dengan $p=0.000$ (<0.05). Ada signifikan intervensi latihan rehabilitasi jantung fase I terhadap kualitas hidup pasien jantung koroner dengan $p=0.000$ (<0.05).
- 6.1.4 Ada perbedaan yang signifikan pada *self-care* antara kelompok yang mendapatkan intervensi latihan rehabilitasi jantung fase I dengan

pasien penyakit jantung koroner yang tidak mendapatkan intervensi apapun, dengan $p=0.000$ (<0.05). Ada perbedaan yang signifikan pada kualitas hidup antara kelompok yang mendapatkan intervensi latihan rehabilitasi jantung fase I dengan pasien penyakit jantung koroner yang tidak mendapatkan intervensi apapun, dengan $p=0.000$ (<0.05).

- 6.1.5 Model dengan variabel independen (Intervensi latihan rehabilitasi jantung fase I, Usia, Jenis Kelamin) memberikan akurasi yang baik untuk memprediksi perubahan *self-care* pasien penyakit jantung koroner, yang diberikan intervensi latihan rehabilitasi jantung fase I, Signifikan <0.000 (<0.05). Model dengan variabel independen (Intervensi latihan rehabilitasi jantung fase I, Usia, Jenis Kelamin) memberikan akurasi yang baik untuk memprediksi perubahan kualitas hidup pasien penyakit jantung koroner, yang diberikan intervensi latihan rehabilitasi jantung fase I, Signifikan <0.000 (<0.05).
- 6.1.6 Nilai probabilitas untuk intervensi signifikan, *Chi-Square* >1.000 (0.05). Intervensi Latihan Rehabilitasi Jantung Fase I memiliki model penelitian yang layak digunakan untuk memprediksi *self-care* dan kualitas hidup pasien dengan penyakit jantung koroner.
- 6.1.7 Nilai *Cox and Snell* sebesar 0,818 yang secara statistik berarti bahwa variabel independen (latihan rehabilitasi jantung fase I, usia, jenis kelamin) memberikan kontribusi sebesar 81,8% sisanya 18,2% dijelaskan oleh variabel diluar model atau variabel yang tidak diteliti. Nilai *cox and snell* sebesar 0,829 yang secara statistik berarti bahwa variabel independen (latihan rehabilitasi jantung fase I, usia, jenis kelamin) memberikan kontribusi sebesar 82,9% sisanya 17,1% dijelaskan oleh variabel diluar model atau variabel yang tidak diteliti.
- 6.1.8 Hanya variabel intervensi latihan rehabilitasi jantung fase I yang memberikan pengaruh secara signifikan terhadap perubahan *self-care* pasien penyakit jantung koroner, sementara usia dan jenis kelamin tidak memberikan pengaruh secara signifikan terhadap perubahan *self-*

care pasien penyakit jantung koroner, nilai $p=0.000$ (<0.05). Hanya variabel intervensi latihan rehabilitasi jantung fase I yang memberikan pengaruh secara signifikan terhadap perubahan kualitas hidup pasien penyakit jantung koroner, sementara usia dan jenis kelamin tidak memberikan pengaruh secara signifikan terhadap perubahan *self-care* pasien penyakit jantung koroner, nilai $p=0.000$ (<0.05).

- 6.1.9 Variable intervensi latihan rehabilitasi jantung fase I, usia, jenis kelamin secara bersama-sama mempengaruhi *self-care* dan kualitas hidup pasien penyakit jantung koroner. Model secara keseluruhan dapat digunakan untuk estimasi dengan melihat penurunan $-2 \text{ Log Likelihood}$, dengan nilai $p=1.000$ (>0.05) model sesuai atau cocok.

6.2 Saran

6.2.1 Bagi Praktik Keperawatan

Latihan rehabilitasi jantung fase I secara statistik terbukti berpengaruh terhadap *self-care* dan kualitas hidup pada pasien penyakit jantung koroner sehingga institusi rumah sakit diharapkan dapat memproses "kebijakan" terkait hasil penelitian sebagai tindakan mandiri keperawatan dan membuat standar prosedur operasional (SPO) mengenai latihan rehabilitasi jantung fase I sebagai intervensi pada pasien penyakit jantung koroner. Kepada perawat juga perlu dilakukan program pelatihan agar perawat mampu untuk melaksanakan intervensi mandiri keperawatan dan dapat bekerjasama dengan tim multidisiplin untuk menangani pasien penyakit jantung koroner *stable*, yang berdampak terhadap *length of stay* (LOS) pasien. Pihak manajemen juga memberikan kelengkapan fasilitas prasarana di untuk kemudahan dalam pemberian pelayanan pada pasien penyakit jantung koroner.

6.2.2 Bagi Pendidikan Keperawatan

Hasil penelitian dapat menjadi masukan bahan mengajar pada kurikulum mahasiswa kedokteran, keperawatan, dan rehabilitasi

medik sehingga peserta didik dapat mengajarkan intervensi latihan rehabilitasi jantung fase I kepada pasien penyakit jantung koroner yang dalam perawatan di rumah sakit. Diharapkan melalui penelitian ini, asuhan keperawatan lebih variatif dan dapat memberikan peningkatan *self-care* dan kualitas hidup pada pasien penyakit jantung koroner.

6.2.3 Bagi Peneliti Keperawatan

Pengembangan kajian ilmiah berupa penelitian lanjut untuk mengembangkan dan memperdalam penelitian ini, seperti penelitian yang melibatkan faktor-faktor yang belum dikendalikan dalam penelitian ini, misalnya penyakit penyerta, psikologis, revaskularisasi jantung, merokok. Penelitian lebih lanjut dapat dilakukan pada pasien penyakit jantung koroner *unstable* dengan latihan rehabilitasi jantung fase I yang berbeda.

6.2.4 Bagi Penderita Penyakit Jantung Koroner

Latihan rehabilitasi jantung fase I diharapkan dilakukan sesuai dengan protokol di rumah sakit namun dapat dilanjutkan di rumah.

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