

BAB 6

KESIMPULAN DAN SARAN

Bab ini berisi tentang kesimpulan dan saran dari keseluruhan penelitian.

6.1.Kesimpulan

Berdasarkan penelitian yang dilakukan terhadap 112 responden (Intervensi=56, Kontrol=56) selama bulan April sampai dengan Juni 2016 di Puskesmas Wilayah Kecamatan Matraman dapat disimpulkan bahwa:

- 6.1.1. Karakteristik mayoritas responden: perempuan 74,1%, usia pralansia 52,7%, pendidikan lanjut 54,5%, kadar GDS hiperglikemia 66,1%, lama menderita DM 1 – 5 tahun 59,8%, kunjungan ke posyandu lansia Selalu (3x/3bulan) 42%, dan tanpa dukungan 76,8%.
- 6.1.2. Responden yang memiliki tingkat pengetahuan baik 81,25%, sikap baik 92,8%, perilaku perawatan kaki baik 0%, kondisi kaki baik 39,3%.
- 6.1.3. Pemberian *DSME/S* dapat meningkatkan pengetahuan secara signifikan ($p=0,000$, RR: 41,57).
- 6.1.4. Pemberian *DSME/S* dapat meningkatkan sikap secara signifikan ($p=0,000$, RR: 15,76).
- 6.1.5. Peningkatan pengetahuan ($p=0,007$, RR: 4,7) dan peningkatan sikap ($p=0,002$, RR: 6,25) dapat meningkatkan perilaku perawatan kaki.
- 6.1.6. Peningkatan sikap dapat meningkatkan kondisi kaki secara signifikan ($p=0,034$, RR: 3,4) namun peningkatan pengetahuan tidak dapat meningkatkan kondisi kaki secara signifikan ($p= 0,064$).

6.2.Saran

Berdasarkan kesimpulan dari keseluruhan penelitian ini, maka diberikan beberapa saran kepada:

6.2.1. Puskesmas Kecamatan Matraman

Metode *DSME/S* dapat diterapkan pada program posyandu lansia untuk meningkatkan pengetahuan, sikap, perilaku perawatan kaki, dan kondisi kaki pada penderita DM. Berdasarkan tabel 5.2 disarankan edukasi pada pengetahuan difokuskan pada penggunaan pelembab dan pengeringan sela jari kaki yang terlihat masih kurang. Berdasarkan tabel 5.6 disarankan meningkatkan perilaku perawatan kaki secara keseluruhan berdasarkan lima pernyataan. Berdasarkan tabel 5.8 disarankan untuk melakukan penatalaksanaan pada kondisi tumit pecah – pecah yang belum mengalami perubahan pada *possttest*.

6.2.2. Pendidikan keperawatan

Topik perawatan kaki (teori dan praktik) dimasukkan dalam materi ajar keperawatan medikal bedah khususnya dalam penatalaksanaan DM.

6.2.3. Penelitian keperawatan

Pengembangkan tema perawatan kaki melalui pengkajian yang menyeluruh pada kondisi kaki yaitu observasi, pemeriksaan neurologis menggunakan *monofilament* 10g, dan pemeriksaan sirkulasi vaskular kaki menggunakan *Ankle Brakhial Index (ABI)*.

6.2.4. Praktik keperawatan

Memberikan edukasi dan dukungan terkait perawatan kaki terhadap pasien DM di puskesmas dan poliklinik rumah sakit. Melakukan pelatihan terhadap kader dan keluarga pasien tentang perawatan kaki.

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