BAB VI
KESIMPULAN DAN SARAN

A. Kesimpulan.

Setelah melakukan penelitian pengaruh mobilisasi dini progresif terhadap pemulihan dan lama hari rawat terhadap 136 pasien postoperasi dengan anestesi umum tanggal 4 Juni hingga 30 Juli 2018, di RSUD Raja Ahmad Tabib dan Rumkital dr. Midiyato Suratani Tanjungpinang, maka peneliti menyimpulkan sebagai berikut:

1. Karakteristik demografi responden: kelompok usia terbanyak adalah kurang dari 65 tahun (91,91%) dan jenis kelamin laki-laki (60,29%).
2. Karakteristik klinik responden: 72,79% jenis operasi mayor, 84,56% sifat operasi elektif, durasi operasi 35 menit – 4 jam, intensitas nyeri 3 – 8, tidak memiliki penyakit penyerta 88,24%, tidak mendapat terapi analgetik opioid 57,35%. Waktu pertama kali timbul bising usus 0,5 – 7,25 jam, waktu pertama kali flatus 1,58 – 23,33 jam, waktu pertama kali defekasi 3,58 jam – 5,44 hari, komplikasi postoperasi grade I (100%), dan lama hari rawat 1 – 14 hari.
3. Mobilisasi dini progresif memiliki pengaruh yang signifikan terhadap waktu pertama kali timbul bising usus (p= 0,000), flatus (p= 0,000), dan defekasi (p= 0,000), namun tidak berpengaruh terhadap komplikasi postoperasi (p= 1,000).
4. Ada hubungan yang signifikan antara waktu pertama kali timbul bising usus (p= 0,013), waktu pertama kali flatus (p= 0,043), waktu pertama kali timbul defekasi (p= 0,000) dan lama hari rawat.
5. Mobilisasi dini progresif dan jenis operasi secara simultan memiliki pengaruh yang signifikan terhadap waktu pertama kali timbul bising usus (p= 0,001). Secara parsial, mobilisasi dini progresif memiliki pengaruh yang paling bermakna terhadap penurunan waktu pertama kali timbul bising usus dengan (p= 0,001) dan OR 3,393.
6. Mobilisasi dini progresif memiliki pengaruh yang signifikan terhadap waktu pertama kali flatus (p= 0,000) dan OR 5,800.

7. Mobilisasi dini progresif, intensitas nyeri, dan durasi operasi secara simultan memiliki pengaruh yang signifikan terhadap waktu pertama kali defekasi (p= 0,000). Secara parsial, mobilisasi dini progresif memiliki pengaruh yang paling bermakna terhadap penurunan waktu pertama kali defekasi (p= 0,001) dan OR 4,742.

B. Saran.

Setelah mengolah, menganalisa dan menarik kesimpulan dari hasil penelitian ini maka peneliti dapat memberikan rekomendasi dalam bentuk saran yang ditujukan bagi:

1. Pasien Postoperasi.

   Mengikuti atau terlibat secara aktif dalam intervensi mobilisasi dini progresif yang diberikan oleh perawat sesuai tingkat toleransi sebagai upaya untuk mempercepat masa pemulihan dan mempersingkat lama hari rawat setelah menjalani operasi dengan anestesi umum.

2. Rumah Sakit.

   Menjadikan hasil dan rancangan mobilisasi dini progresif dalam penelitian ini sebagai dasar untuk membuat kebijakan atau penyusunan standar prosedur operasional mobilisasi dini sebagai upaya untuk meningkatkan waktu pemulihan dan mempersingkat lama hari rawat pada pasien postoperasi dengan anestesi umum.

3. Pelayanan Keperawatan.

   Menjadikan hasil dan rancangan mobilisasi dini progresif dalam penelitian ini sebagai tindakan keperawatan yang bersifat nonfarmakologik dan berbasis bukti untuk meningkatkan waktu pemulihan dan mempersingkat lama hari rawat pada pasien postoperasi dengan anestesi umum.

4. Institusi Pendidikan.

   Menjadikan hasil dan rancangan mobilisasi dini progresif dalam penelitian ini sebagai bahan pembelajaran yang berbasis bukti dalam upaya meningkatkan pemulihan dan mempersingkat lama hari pada pasien postoperasi dengan anestesi umum.

5. Peneliti.

   Menjadikan hasil dan rancangan mobilisasi dini progresif dalam penelitian ini sebagai informasi awal untuk melakukan penelitian serupa dengan metodologi yang lebih baik dan menggunakan responden postoperasi yang homogen.

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