

BAB 6

SIMPULAN DAN SARAN

6.1. Kesimpulan

1. Jumlah responden kelompok intervensi 53 pasien dan kelompok kontrol 17 pasien. Karakteristik responden pada kelompok intervensi responden terbanyak usia 60-69 tahun yaitu 23 pasien (32.9%), berjenis kelamin perempuan 42 pasien (79.2%), memiliki lama pengalaman nyeri pada mean 1,695 tahun dengan standar deviasi 2,412 tahun, merasa cemas 28 pasien (52.8%), mendapat *support* penuh 32 pasien (60.4%) dan tidak melakukan aktivitas lain 32 pasien (60.4%).
 Pada kelompok kontrol responden terbanyak pada usia 50-59 tahun yaitu 6 pasien (8.6%), berjenis kelamin perempuan 15 pasien (88.2%), memiliki lama pengalaman nyeri pada mean 1,081 tahun dengan standar deviasi 0,696 tahun, merasa cemas 11 pasien (64.7%) pasien, mendapat *support* penuh 13 pasien (76.5%) dan tidak melakukan aktivitas lain 13 pasien (76.5%).
2. Intensitas nyeri pada kelompok intervensi sebelum *FELS exercise* nyeri ringan 14 pasien, nyeri sedang 35 pasien dan nyeri berat 4 pasien. Setelah dilakukan *FELS exercise* ternyata secara statistik berpengaruh signifikan pada level alpha 5% ($p=0.000$), dengan intensitas nyeri berubah menjadi tidak nyeri 15 pasien, nyeri ringan 33 pasien dan nyeri sedang 5 pasien. *FELS exercise* terbukti meningkatkan *comfort* secara fisik pada level *relief*.
3. Intensitas nyeri pada kelompok intervensi secara statistik pada alpha 5% ($p=0.004$) juga berbeda dengan kelompok kontrol dengan intensitas nyeri ringan 12 pasien dan nyeri sedang 5 pasien.
4. Satu diantara enam *counfounding factor* yaitu aktivitas lain secara statistik pada alpha 5% ($p=0.042$) berpengaruh terhadap penurunan intensitas nyeri pasien OA lutut; sedangkan lima *counfounding* lain yaitu usia, jenis

kelamin, pengalaman nyeri sebelumnya, rasa cemas dan *support system* secara statistik tidak berpengaruh.

5. Secara simultan intensitas nyeri dijelaskan oleh variabel independen utama (FELS *exercise*) dan variabel *counfounding* sebesar 23%, dan sisanya 77% dijelaskan oleh faktor yang tidak diteliti. Secara statistik berpengaruh signifikan pada alpha 5%.

6.2. Saran

1. Manajemen RS Panti Rapih

Berdasarkan hasil penelitian ini diharapkan pihak manajemen RS dapat membuat kebijakan dalam penyusunan standar operasional prosedur FELS *exercise* dan melakukan sosialisasi kepada perawat RS Panti Rapih, sehingga semua perawat dapat memberikan FELS *exercise* kepada pasien OA lutut yang periksa ke RS Panti Rapih. Membuat dan menyediakan leaflet FELS *exercise* untuk diberikan kepada pasien OA lutut.

2. Dokter orthopaedi

Memberikan dukungan pelaksanaan FELS *exercise* oleh perawat, dan turut memotivasi pasien untuk rutin dan teratur melakukan *exercise* tersebut.

3. Pasien OA lutut dan keluarga

Pasien OA lutut hendaknya melakukan FELS *exercise* secara rutin dan teratur, tidak melakukan aktivitas seperti melompat, berlari, naik turun tangga secara berlebihan dan menurunkan berat badan bagi yang kegemukan karena faktor-faktor tersebut mempercepat progresifitas penipisan tulang rawan sendi lutut sehingga meningkatkan intensitas nyeri. Keluarga pasien OA lutut untuk selalu memberikan *support* dengan cara memberi perhatian, mengingatkan waktu kontrol, waktu minum obat maupun jenis aktivitas yang tidak boleh dilakukan pasien serta memberikan *support* untuk selalu melakukan FELS *exercise* secara rutin dan teratur.

4. Institusi pendidikan

Diharapkan dapat memberikan materi mengenai *FELS exercise* pada mata kuliah keperawatan medical bedah khususnya sistem muskuloskeletal dan menetapkan *FELS exercise* sebagai salah satu kompetensi yang wajib dicapai mahasiswa saat praktik klinik keperawatan baik di rumah sakit ataupun di masyarakat.

5. Peneliti selanjutnya

Peneliti selanjutnya dapat melakukan penelitian pada *counfounding factor* lain khususnya peningkatan berat badan dalam menurunkan nyeri pasien OA lutut.

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