

BAB 6

SIMPULAN DAN SARAN

Pada bab ini berisi simpulan hasil penelitian yang disesuaikan dengan tujuan penelitian, serta saran bagi pelayanan keperawatan, pendidikan keperawatan, penelitian keperawatan, penderita PPOK Stabil dan peneliti selanjutnya.

6.1 Simpulan

Penelitian ini tentang efektivitas *arm up endurance* dan 6-MWT terhadap peningkatan nilai FEV1 dan FFM pada pasien PPOK Stabil dilaksanakan pada bulan Maret sampai Juli 2018. Responden berjumlah 90 responden yang masing-masing kelompok berjumlah 68 responden intervensi dan 22 responden kelompok kontrol, dengan simpulan sebagai berikut:

1. Karakteristik mayoritas responden; rentang usia (40-59 tahun) 65 (72.2%), jenis kelamin laki-laki 46 (51.1%)
2. Ada perbedaan nilai mean responden sebelum intervensi *arm up endurance* dan 6-MWT pada kelompok intervensi 63,35 dan kelompok kontrol 73.00 dengan nilai sig 0.08 (>0.05). Sesudah intervensi terdapat peningkatan pada kelompok kontrol dengan nilai mean 89.19 dengan nilai sig 0.000 (>0.05).
3. Ada pengaruh yang signifikan intervensi *arm up endurance* dan 6-MWT terhadap peningkatan nilai FEV1 $p=0.000$ (<0.05). Ada pengaruh yang signifikan intervensi *arm up endurance* dan 6-MWT terhadap peningkatan nilai FFM $p=0.000$ (<0.05).
4. Ada perbedaan signifikan peningkatan nilai FEV1 antara kelompok yang mendapatkan intervensi *arm up endurance* dan 6-MWT dengan pasien PPOK yang tidak mendapatkan intervensi apapun $p= (0.05)$. Ada perbedaan signifikan peningkatan nilai FFM antara kelompok yang mendapatkan intervensi *arm up endurance* dan 6-MWT dengan pasien PPOK yang tidak mendapatkan intervensi apapun $p= (0.05)$.

5. Model dengan variable independen (Intervensi *arm up endurance* dan 6-MWT, Usia, Jenis Kelamin dan IMT) memberikan akurasi yang baik untuk memprediksi peningkatan FEV1 penderita PPOK Stabil, yang diberikan intervensi *arm up endurance* dan 6-MWT, signifikan $p=0.000$ (<0.05). Model dengan variable independen (Intervensi *arm up endurance* dan 6-MWT, Usia, Jenis Kelamin dan IMT) memberikan akurasi yang baik untuk memprediksi peningkatan FFM penderita PPOK Stabil, yang diberikan intervensi *arm up endurance* dan 6-MWT, signifikan $p=0.000$ (<0.05).
6. Nilai koefisien determinasi *R square* FEV1 sebesar 0,528 yang statistic berarti variable independen (Intervensi *arm up endurance* dan 6-MWT, Usia, Jenis Kelamin dan IMT) memberikan kontribusi sebesar 52,8% sisanya 47,2% dijelaskan oleh variable diluar model atau variable yang tidak diteliti. Nilai koefisien determinasi *R square* FFM sebesar 0,521 yang statistic berarti variable independen (Intervensi *arm up endurance* dan 6-MWT, Usia, Jenis Kelamin dan IMT) memberikan kontribusi sebesar 52.1% sisanya 47,8% dijelaskan oleh variable diluar model atau variable yang tidak diteliti.
7. Nilai *fitting model adjusted R square*, model regresi yang paling baik pada peningkatan nilai FEV1 adalah intervensi *Arm Up Endurance* dan 6-MWT yaitu sebesar 50.6 %.
8. Hanya dua variable intervensi *Arm Up Endurance* dan 6-MWT dan usia yang memberikan pengaruh secara signifikan terhadap peningkatan nilai FEV1 p value (<0.05), sementara jenis kelamin dan IMT tidak memberikan pengaruh secara signifikan terhadap peningkatan nilai FEV1. Ada tiga variable intervensi *Arm Up Endurance* dan 6-MWT, usia dan IMT yang memberikan pengaruh secara signifikan terhadap peningkatan nilai FEV1 nilai $p= 0.000$ (<0.05), sementara jenis kelamin tidak memberikan pengaruh secara signifikan terhadap peningkatan nilai FEV1.
9. Variable intervensi *arm up endurance* dan 6-MWT, Usia, Jenis Kelamin dan IMT secara bersama- sama memperngaruhi peningkatan nilai FEV1 dan FFM penderita PPOK Stabil dengan nilai signifikan $p=0.000$ (<0.05).

6.2 Saran

1. Bagi Pelayanan Keperawatan

Intervensi *arm up endurance* dan 6-MWT secara statistic terbukti efektif terhadap peningkatan nilai FEV1 dan FFM pada penderita PPOK Stabil sehingga institusi rumah sakit diharapkan dapat memproses “kebijakan” terkait hasil penelitian ini sebagai tindakan mandiri keperawatan dan membuat standar operasional prosedur (SOP) mengenai *arm up endurance* dan 6-MWT sebagai intervensi pada penderita PPOK Stabil. Adapun hal yang perlu diperhatikan dalam program rehabilitasi paru yaitu kerja sama multidipliner ilmu seperti diberikan edukasi, konseling nutrisi, fisioterapi sehingga terjadi kesinambungan dalam perbaikan status pemeliharaan kesehatan penderita PPOK Stabil. Membuat seminar atau workshop sebagai tindak lanjut penelitian ini, dengan disiplin ilmu yang lain seperti; ilmu keperawatan membahas intervensi *arm up endurance* dan 6- MWT dalam meningkatkan FEV1 dan FFM dan ilmu kedokteran paru membahas patogenesis penyakit dan penatalaksanaan paru sehingga penelitian ini dapat memberikan dampak positif bagi RS.

2. Bagi Pendidikan Keperawatan

Hasil penelitian ini dapat menjadi masukan bahan mengajar pada kurikulum mahasiswa keperawatan, kedokteran dan rehabilitasi medic sehingga peserta didik dapat mengajarkan intervensi latihan *arm up endurance* dan 6-MWT kepada pasien PPOK Stabil dalam perawatan di rumah sakit atau di pusat pelayanan kesehatan. Diharapkan melalui penelitian ini, asuhan keperawatan lebih variatif dan dapat memberikan peningkatan nilai FEV1 dan FFM pada pasien PPOK.

3. Bagi Penderita dan Keluarga PPOK

Latihan *Arm up endurance* dan 6-MWT diharapkan dilakukan oleh penderita sesuai dengan protocol dirumah. Keluarga juga di libatkan untuk dapat memotivasi dan mendukung, sehingga dapat meningkatkan dan menjaga nilai FEV 1 dan FFM yang berdampak pada peningkatan kualitas hidup penderita PPOK.

4. Bagi Penelitian Selanjutnya

Pengembangan kajian ilmiah bea penelitian lanjut untuk mengembangkan dan memperdalam penelitian ini, seperti penelitian yang melibatkan factor- factor yang belum terdapat dalam penelitian ini, misalnya riwayat merokok, derajat PPOK, nutrisi, penyakit penyerta, VO₂max, MVV.

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