

BAB 6

KESIMPULAN DAN SARAN

6.1 KESIMPULAN

Berdasarkan hasil dan pembahasan, diambil kesimpulan penelitian sebagai berikut:

- 6.1.1** Penderita gagal jantung yang menjadi responden rata-rata berumur 62 tahun, mayoritas jenis kelamin laki-laki (64%), nilai rata-rata IMT 25,093 Kg/m² (overweight), dan mayoritas klasifikasi gagal jantung 2 (76%).
- 6.1.2** Sebelum intervensi *Home Heart Walk*, mayoritas merasakan derajat kelelahan 5 / kelelahan berat (52%), nilai rata-rata tekanan darah sistolik 124 mmHg, nilai rata-rata tekanan darah diastolik 77,8 mmHg, nilai rata-rata denyut nadi 69,7x/menit, dan nilai rata-rata *respiratory rate* 22,18 x/menit.
- 6.1.3** Sesudah intervensi *Home Heart Walk*, mayoritas merasakan derajat kelelahan 3 / kelelahan sedang (50%), nilai rata-rata tekanan darah sistolik 118,8 mmHg, nilai rata-rata tekanan darah diastolik 74,76 mmHg, nilai rata-rata denyut nadi 74,12x/menit, dan nilai rata-rata *respiratory rate* 18,76 x/menit.
- 6.1.4** Terdapat perbedaan derajat kelelahan sebelum dan sesudah intervensi *Home Heart Walk* dengan p-value 0,000 (<0,05).
- 6.1.5** Tidak terdapat hubungan antara usia terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan p-value 0,301 (>0,05).
- 6.1.6** Tidak terdapat hubungan antara jenis kelamin terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan p-value 0,808 (>0,05).
- 6.1.7** Tidak terdapat hubungan antara IMT terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan p-value 0,559 (>0,05).
- 6.1.8** Tidak terdapat hubungan antara klasifikasi gagal jantung terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan p-value 0,318 (<0,05).

- 6.1.9** Tidak terdapat hubungan antara tekanan darah sistolik terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan *p-value* 0,450 ($>0,05$).
- 6.1.10** Tidak terdapat hubungan antara tekanan darah diastolik terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan *p-value* 0,407 ($>0,05$).
- 6.1.11** Tidak terdapat hubungan antara denyut nadi terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan *p-value* 0,399 ($>0,05$).
- 6.1.12** Terdapat hubungan antara *respiratory rate* terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan *p-value* 0,043 ($<0,05$).
- 6.1.13** Tidak terdapat hubungan antara jarak tempuh terhadap derajat kelelahan sesudah intervensi *Home Heart Walk* dengan *p-value* 0,127 ($>0,05$).
- 6.1.14** Terdapat pengaruh antara *Home Heart Walk* terhadap derajat kelelahan dengan *p-value* 0,000 ($<0,05$).
- 6.1.15** Permaknaan *Home Heart Walk* signifikan menurunkan derajat kelelahan pada hari ke 15 atau minggu ke 3 dengan dinilai dari data subjektif (derajat kelelahan) dan data objektif (*respiratory rate*). Data subjektif yaitu *Home Heart Walk* menurunkan derajat kelelahan dengan *p-value* 0,024 ($<0,05$). Data objektif yaitu *Home Heart Walk* menurunkan *respiratory rate* dengan *p-value* 0,029 ($<0,05$).

6.2 SARAN

Berdasarkan kesimpulan diatas, disarankan :

6.2.1 Untuk Perkembangan Pelayanan Perawat Seluruh Rumah Sakit

Dari hasil penelitian ini diharapkan perawat seluruh rumah sakit dapat memperoleh pengetahuan tentang terapi aktivitas fisik yaitu *Home Heart Walk*. Perawat mengajarkan *Home Heart Walk* ke penderita gagal jantung dan memotivasi penderita gagal jantung untuk tetap melakukan *Home Heart Walk* di rumah secara rutin dan mandiri.

6.2.2 Untuk Instansi Pendidikan

Hasil penelitian dapat menjadi masukan bahan mengajar ke mahasiswa kedokteran, perawat dan rehab medik sehingga peserta didik dapat mengajarkan intervensi *Home Heart Walk* kepada penderita gagal jantung di rumah sakit dan rumah penderita. Diharapkan melalui penelitian ini, asuhan keperawatan lebih variatif dan dengan adanya terapi aktivitas fisik yaitu *Home Heart Walk* dapat menangani terjadi kelelahan pada penderita gagal jantung.

6.2.3 Untuk Penelitian Selanjutnya

Perlu penelitian lebih lanjut mengenai :

6.2.3.1 Berdasarkan kerangka teori penelitian ini, ada variabel yang tidak diteliti. Untuk penelitian selanjutnya direkomendasikan untuk meneliti variabel kadar saturasi, *ejection fraction*, pengkonsumsian obat beta blocker, gejala distress, depresi, kecemasan dan anemia terhadap derajat kelelahan.

6.2.3.2 Membandingkan efektifitas *Home Heart Walk* yang dilakukan setiap hari, dua hari sekali dan seminggu sekali terhadap derajat kelelahan pada penderita gagal jantung dengan kelompok kontrol.

6.2.3.3 Membandingkan efektifitas *Home Heart Walk* dan *Deep Breathing Exercise* terhadap derajat kelelahan pada penderita gagal jantung dengan kelompok kontrol.

6.2.4 Untuk Penderita Gagal Jantung

Berdasarkan hasil penelitian, responden yang sudah diajarkan *Home Heart Walk* disarankan untuk meneruskan dan menerapkan latihan *Home Heart Walk* dua hari sekali di rumah secara mandiri dan rutin. Untuk penderita yang mempunyai IMT *overweight* ataupun *obese*, disarankan untuk mengurangi makanan tinggi lemak, banyak makan makanan yang mengandung tinggi serat dan mendukung rajin melakukan *Home Heart Walk* secara rutin dan mandiri dirumah agar berat badan menurun. Untuk penderita gagal jantung yang mengalami gangguan katub atau denyut nadi bradikardi diberikan pendidikan kesehatan agar rajin melakukan latihan *Home Heart walk* sehingga curah jantung dan denyut nadi meningkat.

Untuk penderita yang tekanan darah hipotensi, peneliti memberikan pendidikan kesehatan dan suportif agar rajin melakukan *Home Heart Walk* yang dapat meningkatkan curah jantung dan meningkatkan tekanan darah. Untuk penderita gagal jantung yang mengalami pre-hipertensi, hipertensi *stage* 1& 2 diberikan pendidikan kesehatan untuk lebih sering makan makanan yang tinggi serat (buah & sayur), membatasi garam 2-3 gram per-hari dan mendukung rajin melakukan latihan *Home Heart Walk*.

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