

## BAB 6

### SIMPULAN DAN SARAN

Bab ini berisi simpulan hasil penelitian yang disesuaikan dengan tujuan penelitian, serta saran bagi praktik keperawatan, pendidikan keperawatan, dan penelitian keperawatan.

#### 6.1. Simpulan

Penelitian tentang pengaruh latihan 6-MWT dan PLB terhadap kualitas hidup pasien PPOK dilaksanakan mulai minggu ketiga Maret 2015 sampai minggu keempat Mei 2015. Responden berjumlah 100 orang yang terdiri atas 90 orang (90%) kelompok intervensi dan 10 orang (10%) kelompok kontrol, dengan simpulan sebagai berikut:

- 1) Karakteristik responden mayoritas: (1) 52 (52%) responden berusia 60 – 74 tahun; (2) 72 (72%) responden laki-laki; (3) 50 (50%) responden dengan IMT *underweight*; (4) 42 (42%) responden berpendidikan SMA sederajat; (5) 50 (50%) responden tingkat sosial ekonomi rendah; (6) 63 (63%) responden bekas/mantan perokok; (7) 92 (92%) responden tidak mempunyai penyakit paru lain; dan (8) 49 (49%) responden menderita PPOK dalam waktu 1 sampai 5 tahun.
- 2) Derajat PPOK responden berdasarkan klasifikasi GOLD yaitu 36 (36%) responden derajat sedang, 46 (46%) responden derajat berat, dan 18 (18%) responden derajat sangat berat.
- 3) Kualitas hidup responden sebelum intervensi mayoritas rendah sebanyak 49 (49%) responden, sedangkan sesudah intervensi mayoritas tinggi sebanyak 49 (49%) responden dan terbanyak pada kelompok gabungan 6-MWT dengan PLB.
- 4) Berdasarkan uji statistik diketahui bahwa ada perbedaan yang bermakna kualitas hidup sebelum dan sesudah intervensi 6-MWT ( $p=0.000$ ); intervensi PLB (0.001); dan gabungan intervensi 6-MWT dengan PLB ( $p=0.000$ ).
- 5) Berdasarkan uji statistik diketahui bahwa ada perbedaan yang bermakna kualitas hidup antara kelompok intervensi 6-MWT dengan gabungan

intervensi ( $p=0.022$ ); antara intervensi 6-MWT dengan kontrol ( $p=0.005$ ); antara intervensi PLB dengan gabungan intervensi ( $p=0.007$ ); dan antara gabungan intervensi dengan kontrol ( $p=0.000$ ). Tidak ada perbedaan yang bermakna kualitas hidup antara intervensi 6-MWT dengan intervensi PLB ( $p=0.342$ ); dan antara intervensi PLB dengan kontrol ( $p=0.085$ ).

- 6) Berdasarkan uji statistik diketahui bahwa ketiga perlakuan (6-MWT, PLB, dan gabungan 6-MWT dengan PLB) berpengaruh secara signifikan untuk mengubah atau meningkatkan kualitas hidup dengan urutan: intervensi gabungan 6-MWT dengan PLB adalah yang paling kuat ( $p=0.000$ ), intervensi 6-MWT adalah yang terbaik kedua ( $p=0.012$ ) dan intervensi PLB adalah yang terbaik ketiga ( $p=0.022$ ).
- 7) Berdasarkan uji statistik diketahui bahwa kualitas hidup dipengaruhi oleh riwayat merokok ( $p=0.046$ ; OR: 11,376; RR: 2,821) dan lama PPOK ( $p=0.000$ ; OR: 49,75; RR: 1,20), serta tidak ada pengaruh usia ( $p>0.005$ ; OR: 35,714; RR: 1,008), jenis kelamin ( $p>0.005$ ; OR: 20,41; RR: 3,028), IMT ( $p>0.005$ ; OR: 33,33; RR: 1,1032), tingkat pendidikan ( $p>0.005$ ; OR: 55,56; RR: 1,156), dan kondisi sosial ekonomi ( $p>0.005$ ; OR: 10,10; RR: 1,755) terhadap kualitas hidup.
- 8) Berdasarkan uji statistik diketahui bahwa variabel independen dengan intervensi 6-MWT secara simultan memberikan pengaruh terhadap kualitas hidup dengan kontribusi sebesar 33,1%; intervensi PLB secara simultan memberikan pengaruh terhadap kualitas hidup dengan kontribusi sebesar 35,8%; dan gabungan 6-MWT dengan PLB secara simultan memberikan pengaruh terhadap kualitas hidup dengan kontribusi sebesar 47,1%.

## 6.2. Saran

### 6.2.1. Bagi Praktik Keperawatan

Gabungan intervensi 6-MWT dengan PLB secara statistik terbukti paling berpengaruh terhadap peningkatan kualitas hidup pasien PPOK, sehingga institusi rumah sakit diharapkan dapat memproses “kebijakan”

terkait hasil penelitian sebelum pelaksanaan implementasi. Kepada perawat juga perlu dilakukan sosialisasi dan *coaching* agar perawat mampu untuk melakukan intervensi mandiri keperawatan pada pasien PPOK.

#### **6.2.2. Bagi Pendidikan Keperawatan**

Pengembangan muatan kurikulum program rehabilitasi pada sistim respirasi khususnya intervensi 6-MWT dan PLB.

#### **6.2.3. Bagi Penelitian Keperawatan**

Pengembangan kajian ilmiah berupa penelitian lanjut untuk mengembangkan dan memperdalam penelitian ini, seperti penelitian yang melibatkan faktor-faktor yang belum dikendalikan dalam penelitian ini, misalnya derajat PPOK, derajat sesak nafas menurut *Medical Research Council* (MRC); penelitian mengenai pengaruh intervensi rehabilitasi: edukasi dan pendampingan psikososial terhadap kualitas hidup pasien PPOK; latihan 6-MWT dengan pendamping; dan atau pemberian intervensi dalam rentang waktu lebih dari enam minggu.

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