

Konsep model dan pengukuran pemberdayaan keluarga pada anak balita penderita pneumonia dalam penanganan keperawatan di rumah sakit = A model concept and family empowerment measurement of nursing care for children who suffer from pneumonia in the hospital

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Abstrak

Pneumonia pada masa kanak-kanak masih menjadi penyebab utama kematian dunia bagi anak balita. Sejumlah 7-13% kasus pneumonia yang terjadi di masyarakat cukup berat dan memerlukan hospitalisasi. Hospitalisasi menyebabkan anak cemas, takut, dan stres. Pentingnya peran, keterlibatan, dan pemberdayaan keluarga dalam memberikan asuhan keperawatan adalah hal yang utama dan perlu diukur efektivitasnya. Tujuan studi ini adalah untuk mendapatkan model dan alat ukur pemberdayaan keluarga yang valid dan reliabel. Desain yang digunakan adalah campuran kualitatif dan kuantitatif. Studi kualitatif (tahap 1) untuk menggali fenomena aplikasi pemberdayaan keluarga di rumah sakit sebagai dasar pengembangan instrumen dan studi kuantitatif survey (tahap 2) untuk menguji validitas dan reliabilitas instrumen serta mendapatkan model akhir pemberdayaan keluarga. Responden dalam studi tahap 1 ada 6 keluarga-anak di satu rumah sakit dan studi tahap 2 berjumlah 221 keluarga-anak tersebar di 8 rumah sakit di Jakarta (4 RSUP dan 4 RSUD). Hasil studi tahap 1 menggunakan analisis Colaizi menemukan 7 tema yaitu: persepsi pneumonia, penatalaksanaan pneumonia, peran keluarga, keinginan merawat dari keluarga, partisipasi keluarga, kerjasama keluarga, dan dukungan informasi pelayanan kesehatan dan dana (rumah sakit). Pada tahap dua analisis yang digunakan univariat, bivariat, dan multivariat (CFA dan SEM). Hasil penelitian menunjukkan ada 5 konstruk instrumen meliputi motivasi, caring, dukungan sosial, efikasi diri dan pemberdayaan. Berdasarkan hasil uji instrumen ditemukan bahwa semua konstruk valid dan reliabel. Ada perbedaan rerata pemberdayaan keluarga yang bermakna antara responden RSUP dengan RSUD. Dari hasil uji model persamaan struktural, ditemukan bahwa ada pengaruh motivasi, caring, dan dukungan sosial terhadap pemberdayaan keluarga baik secara langsung maupun melalui efikasi diri. Berdasarkan hasil yang didapat, instrumen yang telah dikembangkan dapat menjadi alat ukur dan acuan dalam pengembangan/ uji model intervensi pemberdayaan keluarga sebagai upaya peningkatan kemampuan keluarga untuk merawat anak yang sakit khususnya pneumonia.

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Pneumonia has been a major cause of children death in the world. Around 7-13% of pneumonia cases occur in the community and need hospitalization. Hospitalization creates anxiety, fear, and stress in children. Therefore, it is important to involve and empower the family in nursing care during hospitalization, and it needs to be measured. This study aimed to develop a model and a valid and reliable instrument to measure family empowerment. Method: Qualitative and quantitative designs were used in this study. A qualitative design (phase 1) was employed to explore the usage of family empowerment phenomena in the hospital as a baseline in developing an instrument, and a quantitative survey (phase 2) was used to test the validity and reliability of the instrument as well as to developed a final model of family empowerment. There were six families in a hospital involved in first phase and in second phase , 221 families in eight hospitals in Jakarta were involved. Data collected from phase 1 were analysed using Colaizzi's method. Whereas, quantitative

data from phase 2 were analysed using univariate, bivariate, and multivariate analysis (CFA and SEM). Seven themes arose from qualitative data were the perception of pneumonia, pneumonia treatment, family role, family intention to care for their child, family participation, family collaboration, and health and financial information support. From quantitative data, it was found that there were five construct instruments which were motivation, caring, social support, self-efficacy, and empowerment. Based on instrument test, all the construct was valid and reliable. There were significant difference in empowerment mean between RSUP and RSUD. It was found that motivation, caring, and social support significantly influence family empowerment either directly or through improvement self efficacy. Based on the results, the instrument developed can be a tool and guideline in developing/testing a model of family empowerment intervention in order to increase family abilities to take care of their sick children, particularly who suffer from pneumonia.