

Manajemen asuhan keperawatan spesialis pada klien dengan diagnosis ansietas dan gangguan citra tubuh di unit umum dengan menggunakan pendekatan model perilaku johnson dan adaptasi roy = Delivery of care nursing specialist to clients with anxiety and disturbed body image using nursing theorist model johnson's behavior and adaptation's roy

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Abstrak

Kondisi menderita penyakit fisik menimbulkan permasalahan psikososial ansietas dan gangguan citra tubuh. Permasalahan psikososial ini menjadi faktor comorbid yang menambah berat kondisi fisik klien.

Pelaksanaan tindakan ners spesialis didasarkan pada perilaku dan adaptasi sebagai mahluk yang holistik yang meliputi: Cognitive Behavioral Therapy CBT, Thought Stopping TS, Progressive Muscle Relaxation PMR dengan mempertimbangkan toleransi fisik klien. Tindakan ners spesialis Family PsychoEducation FPE pada keluarga dan Supportive Therapy ST pada kelompok pelaku rawat care giver diberikan untuk memperkuat dukungan dari luar klien demi mempertahankan kelangsungan proses perawatan klien. Hasil: Pelaksanaan tindakan ners spesialis menunjukkan penurunan tanda dan gejala pada klien di semua aspek respons terhadap stresor. Penurunan yang paling besar terjadi pada kombinasi terapi CBT PMR FPE yang dilakukan pada klien dengan diagnosis ansietas pada aspek afektif sebesar 79.2 dan klien dengan diagnosis gangguan citra tubuh pada aspek perilaku sebesar 86.3 . Kesimpulan: Tindakan ners spesialis Cognitive Behavioral Therapy CBT, Thought Stopping TS, Progressive Muscle Relaxation PMR dengan mempertimbangkan toleransi fisik klien dan Family PsychoEducation FPE pada keluarga serta Supportive Therapy ST pada kelompok pelaku rawat care giver dapat membantu penurunan respons klien terhadap stressor.

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Physical illness could contribute to psychosocial problems such as anxiety and disturbed body image. This psychosocial problems became a comorbid factor which could make the clients health problems more serious. The implementation Cognitive Behavioral Therapy CBT, Thought Stopping TS, Progressive Muscle Relaxation PMR holistically applied by taking into consideration the physical tolerance of clients. The provision of Family PsychoEducation FPE for patient's family and Supportive Therapy ST for patient's care giver by mental health psychiatric nurse specialist could empower client continuity of care sustainability. Result The combination CBT PMR FPE nurse specialist implementation have decreased the sign and symptoms up to 79.2 of efective aspect for clients with anxiety, and 86.3 of behavioral aspect for client who has disturbed body image. Conclusion It was conclude that the implementation of Cognitive Behavioral Therapy CBT, Thought Stopping TS, Progressive Muscle Relaxation PMR by taking into consideration the client's physical tolerance and Family PsychoEducation FPE for client's family and Supportive Therapy ST for client's care giver can decrease patient's responses to stressors.