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Monograf

**PEMENUHAN PERAWATAN KELUARGA DALAM
MASA PANDEMI COVID-19**

**Pendekatan Pemenuhan Kebutuhan Fisik, Psikologis, Sosial, Ekonomi, Budaya,
dan Spritual Secara Komprehensif dan Holistik**

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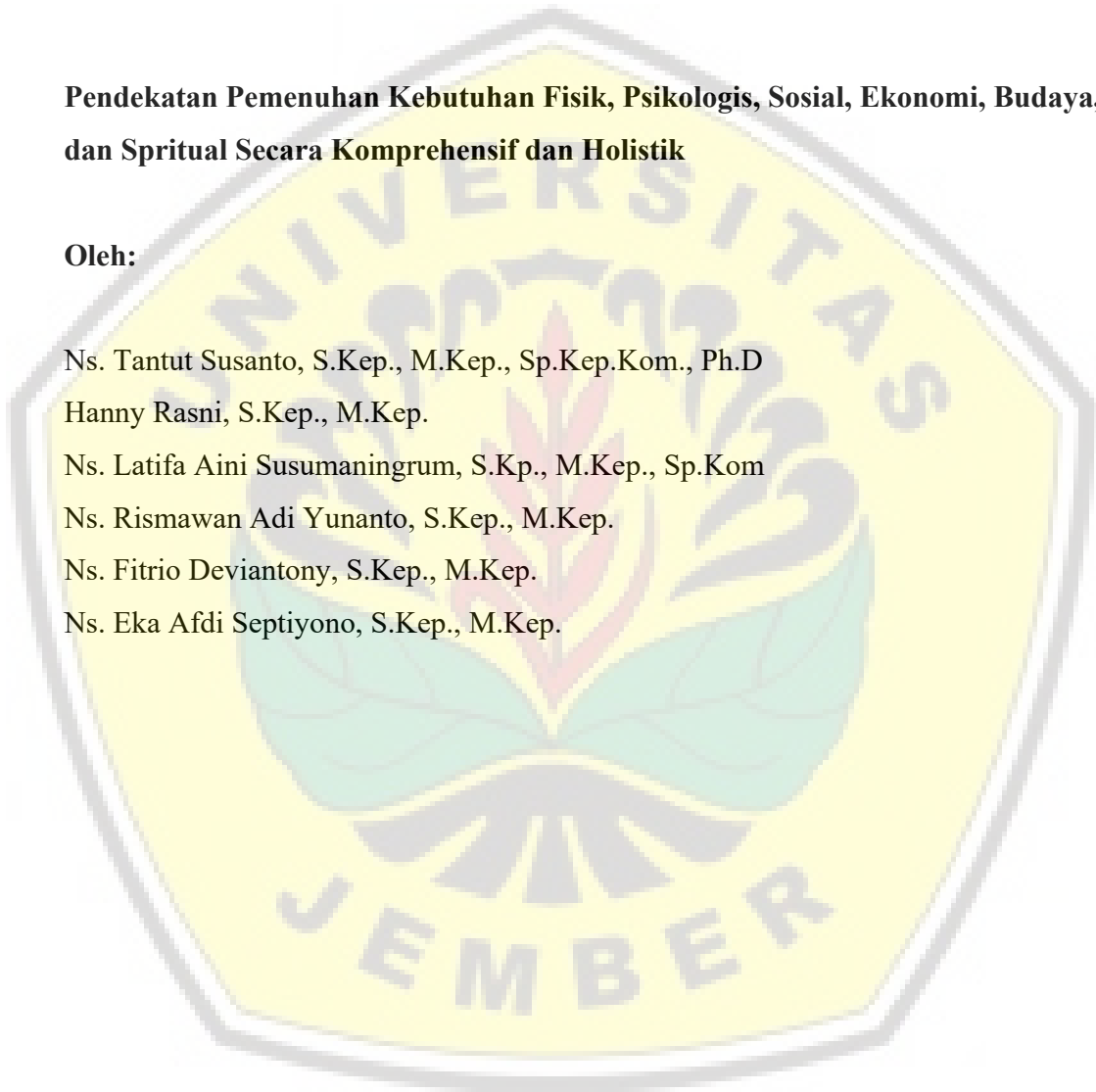
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Monograf ini merupakan hasil Penelitian Terapan Unggulan Perguruan Tinggi (PTUPT) Refocusing COVID-19 Bersumber Dana dari DRPM Kementerian Riset Teknologi dan Badan Riset Nasional (RISTEK/BIRN) tahun 2020

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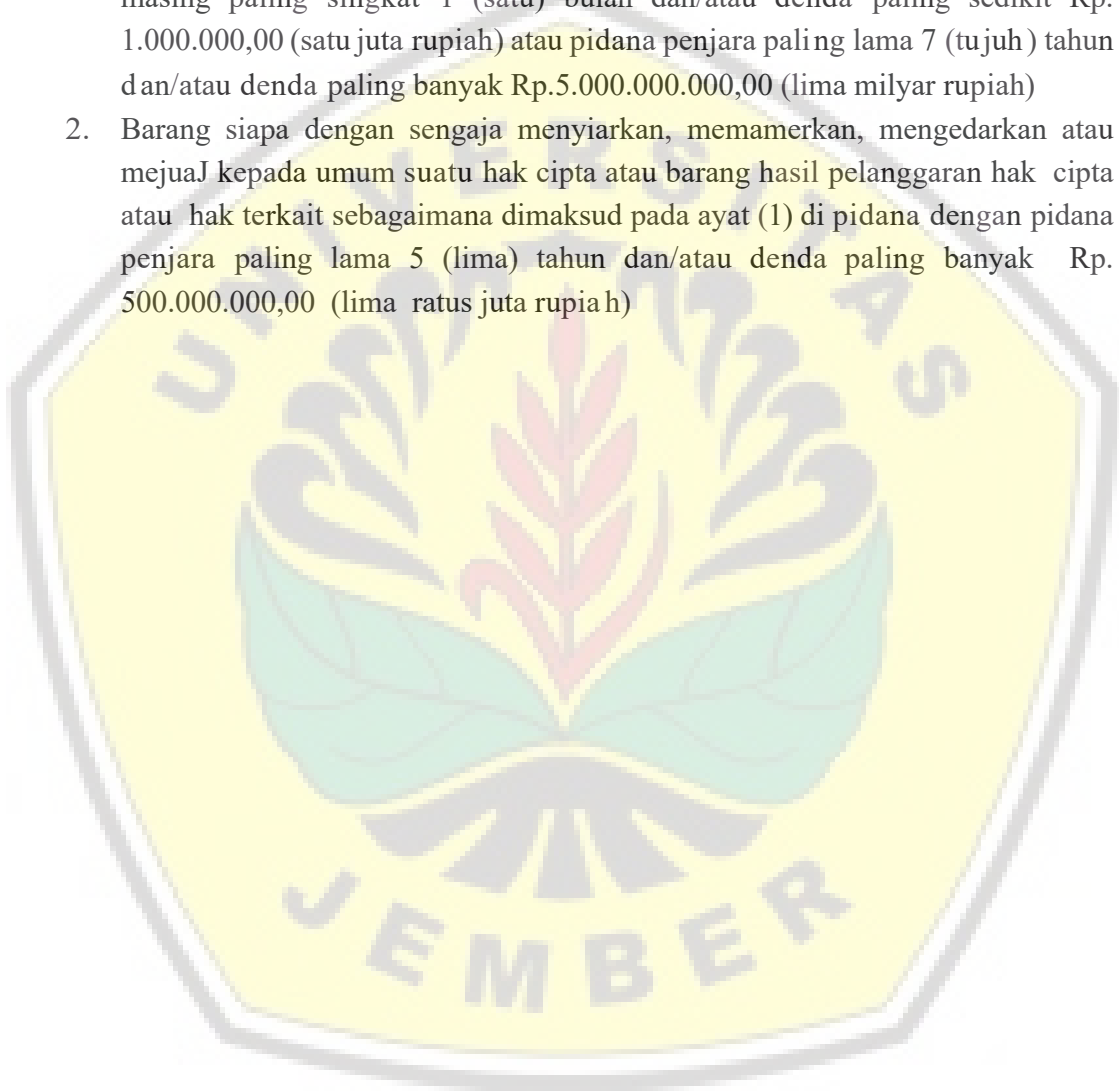
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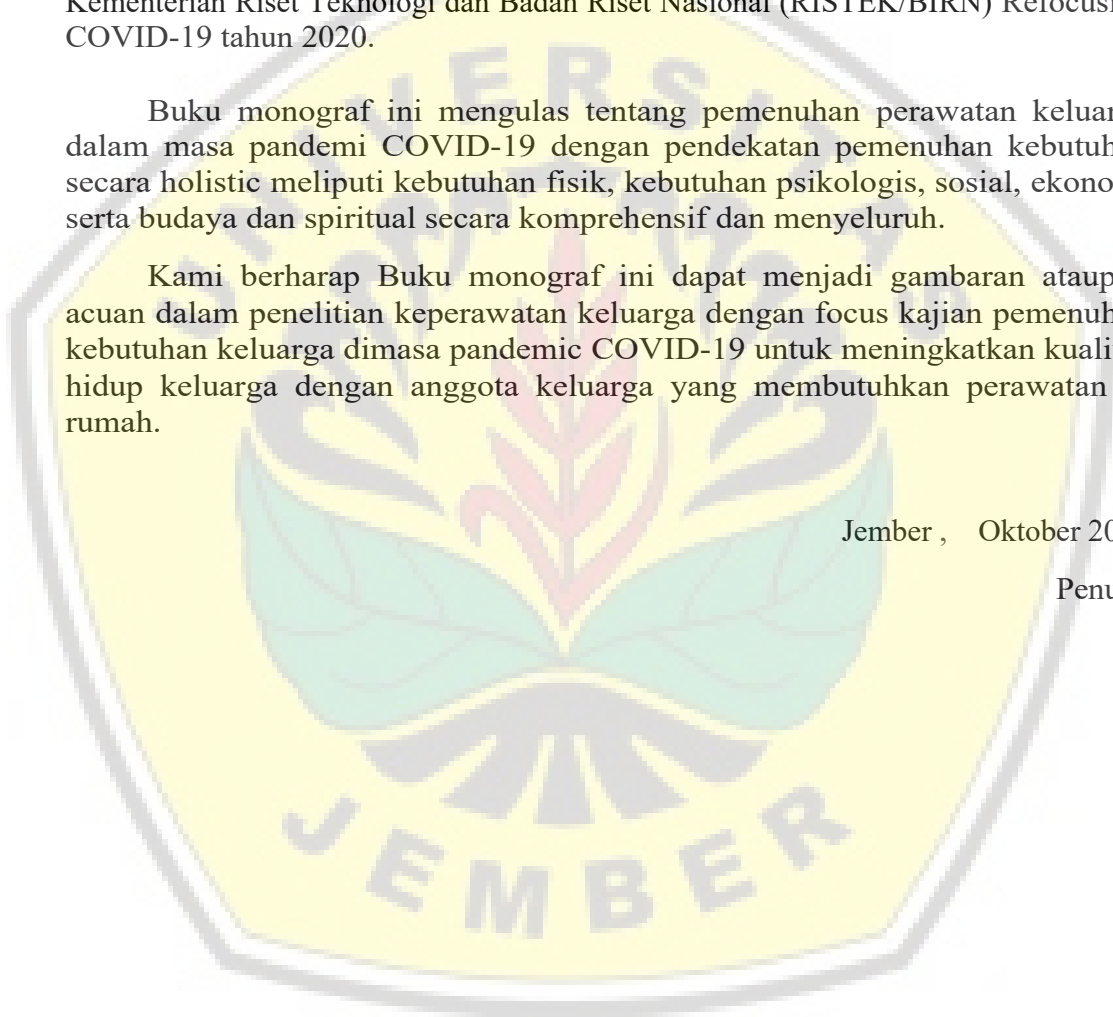
Monograf pemenuhan perawatan keluarga dalam masa pandemic covid-19 : pendekatan pemenuhan kebutuhan fisik, psikologis, sosial, ekonomi, budaya dan spiritual secara komprehensif dan holistik ini merupakan buku hasil penelitian riset dasar kami dengan judul "penanganan multilevel intervensi untuk penanganan permasalahan covid-19 di komunitas". Penelitian ini merupakan Penelitian Terapan Unggulan Perguruan Tinggi (PTUPT) bersumber pendanaan dari DRPM Kementerian Riset Teknologi dan Badan Riset Nasional (RISTEK/BIRN) Refocusing COVID-19 tahun 2020.

Buku monograf ini mengulas tentang pemenuhan perawatan keluarga dalam masa pandemi COVID-19 dengan pendekatan pemenuhan kebutuhan secara holistic meliputi kebutuhan fisik, kebutuhan psikologis, sosial, ekonomi serta budaya dan spiritual secara komprehensif dan menyeluruh.

Kami berharap Buku monograf ini dapat menjadi gambaran ataupun acuan dalam penelitian keperawatan keluarga dengan focus kajian pemenuhan kebutuhan keluarga dimasa pandemic COVID-19 untuk meningkatkan kualitas hidup keluarga dengan anggota keluarga yang membutuhkan perawatan di rumah.

Jember , Oktober 2020

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BAB 9. PENUTUP

1. Simpulan

Penelitian kami menemukan bahwa kebutuhan fisik keluarga terpenuhi lebih meningkat selama masa physical distancing melalui majemen kunjungan rumah dengan pemberian asuhan keperawatan keluarga. Faktor risiko paparan dan faktor risiko pribadi COVID-19 sebagai stressor keluarga mejadi berkurang setelah satu bulan diberikan asuhan keperawatan keluarga.

Dilain pihak, hasil penelitian menunjukkan bahwa kebutuhan tidur dan aktivitas fisik setelah dilakukan asuhan keperawatan keluarga selama satu bulan selama masa physical distancing didapatkan hasil lebih meningkat dari sebelumnya. Selanjutnya, efikasi diri, fungsi sosial keluarga, dan kualitas hidup keluarga meningkat selama satu bulan mellalui program kunjunga rumah dengan pemberian asuhan keperawatan keluarga. Oleh karena itu, program kunjungan rumah selama physical distancing dapat memfasilitasi keluarga untuk mengadopsi kehidupan baru untuk pemenuhan kebutuhan dasar sehari-hari keluarga.

Dalam penelitian ini kami dapat mengidentifikasi kualitas kebutuhan dasar keluarga terkait pemenuhan-pemenuhan hal mendasar seperti nutrisi, aktivitas fisik, istirahat dan tidur, manajemen stress serta spiritual selama masa pandemic COVID-19. Oleh karena itu, perawatan Kesehatan keluarga merupakan treatment yang bisa dilakukan untuk dapat meningkatkan kualitas hidup masyarakat di masa pandemic COVID-19.

2. Rekomendasi

Akhirnya, kami menyimpulkan bahwa kebutuhan fisik anggota keluarga (meliputi monitoring tekanan darah, denyut nadi, suhu, faktor risiko pajanan dan faktor risiko pribadi COVID-19, kebutuhan tidur, dan

aktivitas fisik) dapat dipertahankan selama masa physical distancing melalui program kunjungan rumah dengan pemberian asuhan keperawatan keluarga. Selanjutnya, efikasi diri, fungsi sosial keluarga, dan kualitas hidup keluarga meningkat selama satu bulan program kunjungan rumah dengan pemberian asuhan keperawatan keluarga. Program kunjungan rumah dengan pemberian asuhan keperawatan keluarga selama masa physical distancing mampu memfasilitasi keluarga untuk mengadopsi kebutuhan dasar sehari-hari keluarga. Oleh karena itu, pembinaan dan pembinaan keluarga melalui program kunjungan rumah dengan pemberian asuhan keperawatan keluarga harus dikembangkan untuk membantu keluarga dalam melanjutkan era normal baru COVID-19.

Di masa depan perawatan melalui elemen dasar keluarga menjadi garda terdepan untuk meningkatkan kualitas hidup Kesehatan keluarga. Program intervensi yang berbasis homecare bisa dipilih tentunya dengan arahan dan pengawasan dari puskesmas dan perawat komunitas terpadu sebagai penyedia layanan Kesehatan. Untuk itu kami menawarkan program pengembangan teori yang diadaptasi dari model friedman family assessment model. Model yang kami kembangkan sangat komprehensif dan holistic karena melibatkan setiap level yang ada yaitu, puskesmas, masyarakat hingga keluarga, sehingga diharapkan pada masa pandemic COVID-19 ini keluarga sebagai sub masyarakat terkecil mampu mengubah perilaku keluarga dan memenuhi kebutuhan dasarnya selama masa physical distancing COVID-19. Dengan adanya standar sistem asuhan keperawatan keluarga dan model promosi kesehatan keluarga, maka layanan kesehatan primer keluarga akan menjadi lebih optimal, menyeluruh, dan berkelanjutan dalam memasuki masa new normal COVID-19.

Selain itu, model manajemen kunjungan rumah yang kami kembangkan dan tawarkan ini mencakup beberapa intervensi terkait dengan layanan asuhan keperawatan keluarga dengan pendekatan model

promosi Kesehatan keluarga dimana intervensi ini melibatkan berbagai sektor baik pemberi layanan Kesehatan yaitu puskesmas, perawat puskesmas, masyarakat dan keluarga.

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