

ABSTRAK

Latar Belakang: Saat ini, pelaksanaan *discharge planning* di rumah sakit seringkali belum optimal dilakukan karena adanya beberapa hambatan, seperti belum tersedianya standar baku format pendukung *discharge planning* yang terstruktur dan terprogram, serta kompleksitas pekerjaan dan keterbatasan waktu profesional kesehatan yang terlibat. Padahal optimalisasi pelaksanaan *discharge planning* melalui *supportive educational system* ini diperlukan oleh profesional kesehatan sebagai salah satu upaya untuk mendukung *self-management* yang efektif pada pasien stroke.

Tujuan: Untuk mengetahui pengaruh penerapan *IDEAL discharge planning* terhadap *self-management* pada pasien stroke.

Metode: Jenis penelitian ini menggunakan *quasy experimental* dengan *pre-test and post-test non-equivalent control group design*. Teknik pengambilan sampel dengan *purposive sampling* terdiri dari 62 responden, meliputi 31 responden kelompok intervensi dan 31 responden kelompok kontrol. Responden pada kelompok intervensi diberikan perlakuan penerapan *IDEAL discharge planning*, sedangkan kelompok kontrol diberikan *discharge planning* sesuai standar rumah sakit. Data dikumpulkan dari April hingga Juni 2023 dengan menggunakan kuesioner serta dianalisis dengan menggunakan *paired t-test*.

Hasil: Terdapat peningkatan *self-management* pada pasien stroke setelah dilakukan intervensi *IDEAL discharge planning* ($p\text{-value} = 0,000$). Secara khusus, peningkatan nilai rata-rata *self-management* terjadi pada keseluruhan domain, yaitu kapasitas, kepercayaan diri, strategi, dan bimbingan profesional kesehatan.

Kesimpulan: Penerapan *IDEAL discharge planning* dapat meningkatkan *self-management* pada pasien stroke. Strategi ini dapat menjadi salah satu solusi sebagai upaya untuk mendukung *self-management* pada pasien stroke dalam menghadapi konsekuensi jangka panjang akibat stroke dan perawatan transisi.

Kata Kunci: *Discharge planning, self-management, stroke*

ABSTRACT

Introduction: Currently, the application of discharge planning in hospitals is often not optimally carried out because of several obstacles, such as unavailability of standard structured and programmed discharge planning support formats, complexity of work, and limited time of health professionals involved. In fact, optimization of the application discharge planning through a supportive educational system is needed by health professionals as an effort to support effective self-management in stroke patients.

Objective: This study aims to determine the effect of implementing IDEAL discharge planning on self-management in stroke patients.

Methods: This study used a quasy-experimental with pre-test and post-test non-equivalent control group design involving 62 respondents, allocating each group into the intervention group (n = 31) and the control group (n = 31). The sampling technique with purposive sampling. The intervention group was given treatment using IDEAL discharge planning, while the control group was given regular discharge planning following the hospital standards. Data were collected from April to June 2023 using questionnaires and analyzed using paired t-test.

Results: There was an increase in self-management in stroke patients after being given the IDEAL discharge planning intervention (p-value = 0,000). Specifically, the increase in the average value of self-management occurred in the entire domain, namely capacity, confidence, strategy, and guidance of health professionals.

Conclusion: The application of IDEAL discharge planning can improve self-management in stroke patients. This strategy can be a solution to support self-management in stroke patients in the face of long-term consequences of stroke and transitional care.

Keywords: Discharge planning, self-management, stroke