

INTISARI

Latar Belakang: Pasien stroke belum mampu memenuhi kebutuhannya secara mandiri saat pulang dari rumah sakit. Hal tersebut karena gejala sisa stroke, seperti kelumpuhan sebagian ekstremitas, kesulitan menelan, kelemahan anggota gerak, gangguan penglihatan dan gangguan bicara. Pemenuhan kebutuhan sehari-hari pasien pascastroke memerlukan persiapan peran dari keluarga. Persiapan keluarga dilakukan dengan memberikan *discharge planning*. *Discharge planning* adalah suatu proses yang digunakan untuk memutuskan apa yang perlu pasien lakukan untuk dapat meningkatkan kesehatannya

Tujuan Penelitian: Mengetahui gambaran pelaksanaan *discharge planning*, kesiapan keluarga merawat pasien pascastroke di rumah, dan hubungan antara pelaksanaan *discharge planning* dengan kesiapan keluarga dalam perawatan pasien pascastroke di rumah.

Metode: Penelitian deskriptif kuantitatif dengan menggunakan desain *cross sectional*. Partisipan adalah keluarga pasien stroke sebagai pengasuh utama berusia > 18 tahun pada pasien dengan kondisi ketergantungan sedang hingga ketergantungan total. Tinggal di rumah yang sama dengan pasien atau tinggal lebih dari 7 jam di rumah pasien setiap harinya yang berjumlah sampel 38 responden. Teknik pengambilan sampel menggunakan *purposive sampling*. Penelitian ini menggunakan instrumen kuesioner penilaian pelaksanaan *discharge planning* dan kuesioner kesiapan keluarga dalam perawatan pasien pascastroke di rumah. Analisis data menggunakan uji *Spearman*.

Hasil: Pelaksanaan *discharge planning* sangat baik sebanyak 28 responden (73,68%) dan responden siap untuk merawat pasien pascastroke di rumah (50 %). Hasil penelitian diperoleh dengan koefisien korelasi *spearman's rho* 0,359 dan nilai signifikan *p value* 0,027.

Kesimpulan: Ada hubungan pelaksanaan *discharge planning* dengan kesiapan keluarga dalam perawatan pasien pascastroke di rumah.

Kata Kunci: *Discharge planning*, Kesiapan keluarga, Stroke

ABSTRACT

Background: Stroke patients are not able to fulfill their needs independently when they are discharged from the hospital. This occurs because there are still sequelae of stroke, such as partial paralysis of the extremities, difficulty swallowing, limb weakness, visual impairment, and speech impairment. The preparation of the family's role is necessary for meeting the daily needs of post-stroke patients. Discharge planning is a part of family preparation. To determine what patients must do to improve their health, discharge planning is a process.

Research Objectives: Were to understand the definition of discharge planning implementation, the level of family readiness for post-stroke patient care at home, and the relationship between discharge planning implementation and family readiness.

Methods: Cross-sectional quantitative descriptive research was used as the methodology. Participants were families of stroke patients who were the patients' primary caregivers and were over 18 for patients with moderate to total dependence conditions, living with the patient or spending more than 7 hours per day in the patient's home. Purposive sampling was used as the sampling method with 38 respondents. This study used a questionnaire instrument to evaluate the implementation of discharge planning and family readiness in the home care of post-stroke patients. The *Spearman* test was used to analyze data.

Results: Twenty-eight (28) respondents (73.68%) reported that discharge planning is being implemented very well, and 50% of respondents are prepared to care for post-stroke patients at home. The study's findings were attained with a *Spearman's rho* correlation coefficient of 0.359 and a significant *p value* of 0.027.

Conclusion: The implementation of discharge planning and family readiness in the care of post-stroke patients at home are related.

Keywords: Discharge planning, Family readiness, Stroke