INTISARI

Enhanced Recovery After Cesarean (ERAC) merupakan penatalaksanaan perioperatif yang bertujuan untuk mempercepat pemulihan pasien dan mengurangi kejadian komplikasi pasca operasi. Adopsi program ERAC terbilang lambat dibandingkan dengan bidang bedah lain. Hal ini disebabkan oleh bervariasinya persepsi dan sikap tenaga kesehatan terhadap metode ini. Tujuan penelitian ini adalah untuk mengetahui persepsi dan sikap tenaga kesehatan tentang metode ERAC, dan hubungannya dengan luaran pasien yang dilakukan seksio sesarea.

Desain penelitian menggunakan rancangan *multi method*. Penelitian kualitatif dengan menggunakan pendekatan *content analysis*, serta kuantitatif dengan *cross sectional*. Informan pada tahap penelitian kualitatif berjumlah 36 orang, sedangkan responden tahap penelitian kuantitatif adalah 69 orang dokter spesialis anestesi, 54 orang dokter spesialis obstetri dan ginekologi, 167 orang bidan, 18 orang perawat, serta 820 orang ibu pasca seksio sesarea. Tehnik pengambilan sampel dalam penelitian kualitatif menggunakan *snowball sampling*, sedangkan dalam penelitian kuantitatif menggunakan *purposive sampling*. Instrumen pengumpulan data untuk tahap kualitatif menggunakan pedoman *indepth interview*, sedangkan tahap kuantitatif menggunakan kuesioner yang telah valid dan reliabel serta lembar pengumpul data. Data kualitatif dianalisis dengan analisis tematik, sedangkan data kuantitatif menggunakan analisis univariat dengan tabel distribusi frekuensi, analisis bivariat dengan menggunakan uji chi square dan exact fisher, dan multivariat dengan menggunakan regresi logistik. Sikap tenaga kesehatan dikategorikan menjadi sikap positif dan sikap negatif, lama rawat inap dikategorikan menjadi ≤ 4 hari dan > 4 hari, sedangkan readmisi dikategorikan menjadi ya dan tidak.

Penelitian kualitatif menghasilkan 3 tema yaitu 1) Sinergi tindakan dan hati serta dinamika persepsi dalam implementasi ERAC, 2) tantangan implementasi ERAC menuju keberhasilan dalam pelayanan kesehatan, 3) mengoptimalkan perawatan pasien dengan pendekatan holistik untuk mengatasi nyeri dan mempercepat mobilisasi dini. Hasil analisis univariat menunjukkan sebanyak 57,97% dokter spesialis anestesi bersikap positif, sebanyak 57,41% dokter spesialis obstetri dan ginekologi bersikap positif, serta sebanyak 64,86% bidan/ perawat bersikap positif. Hasil analisis bivariat menunjukkan ada hubungan sikap dokter spesialis anestesi dengan lama rawat inap (*p value* < 0,001; RP=3,54; 95% CI=2,98 – 4,19), ada hubungan sikap dokter spesialis obstetri dan ginekologi dengan lama rawat inap (*p value* < 0,001; RP=3,39; 95% CI=2,73 – 4,22), ada hubungan sikap bidan/ perawat dengan lama rawat inap (*p value* < 0,001; RP=2,41; 95% CI=1,98 – 2,93), tidak terdapat hubungan sikap dokter spesialis anestesi dengan kejadian readmisi (*p value*=0,514; RP=1,66; 95% CI = 0,56 – 4,90), tidak terdapat hubungan sikap dokter spesialis obstetri dan ginekologi terhadap kejadian readmisi (*p value*= 0,085; RP=3,36; 95% CI=0,94 – 11,95), tidak terdapat hubungan sikap bidan/ perawat dengan readmisi pasca seksio sesarea (*p value* =0,154, RP=3,37, 95% CI=0,76 – 14,96). Hasil analisis multivariat menunjukkan sikap dokter spesialis anestesi, sikap dokter spesialis obstetri dan ginekologi, sikap bidan/ perawat, obesitas, dan penyakit bawaan ibu berhubungan

dengan lama rawat inap pasca seksio sesarea, sedangkan diabetes melitus berhubungan dengan kejadian readmisi.

Penelitian ini menyimpulkan pentingnya dukungan, persepsi, tantangan yang dihadapi, serta perlunya pendekatan holistik dalam perawatan pasien. Sikap positif tenaga kesehatan terhadap metode ERAC dapat mengurangi lama rawat inap, namun tidak mengurangi kejadian readmisi pasca seksio sesarea. Pendekatan pasien harus dilakukan secara holistik, dan ERAC dapat diterapkan untuk mengurangi lama rawat inap.

Kata kunci: Persepsi, sikap, *Enhanced Recovery After Cesarean*, seksio sesarea

ABSTRACT

Enhanced Recovery After Cesarean (ERAC) is a perioperative management that aims to accelerate patient recovery and reduce the incidence of postoperative complications. Adoption of the ERAC program has been slow compared to other surgical fields. This is due to the varied perceptions and attitudes of health workers towards this method. The purpose of this study was to determine the perceptions and attitudes of health workers about the ERAC method, and its relationship with the outcomes of patients undergoing cesarean section.

The research design used a multi-method design. Qualitative research using a content analysis approach, and quantitative with cross-sectional. The informants in the qualitative research stage were 36 people, while the respondents in the quantitative research stage were 69 anesthesiologists, 54 obstetricians, 167 midwives, 18 nurses, and 820 mothers after cesarean section. The sampling technique in qualitative research used snowball sampling, while in quantitative research used purposive sampling. Data collection instruments for the qualitative stage used in depth interview guidelines, while the quantitative stage used valid and reliable questionnaires and data collection sheets. Qualitative data were analyzed by thematic analysis, while quantitative data used univariate analysis with frequency distribution tables, bivariate analysis using the chi-square and exact fisher test, and multivariate using logistic regression. Health workers' attitudes were categorized into positive and negative attitudes, length of stay was categorized into ≤ 4 days and > 4 days, while readmissions were categorized into yes and no.

Qualitative research resulted in three themes: 1) synergy of action and heart and dynamics of perception in ERAC implementation, 2) challenges of ERAC implementation for success in health services, and 3) optimizing patient care with a holistic approach to overcome pain and accelerate early mobilization. The results of the univariate analysis showed that 57,97% of anesthesiologists were positive, 57,41% of obstetricians were positive, and 64,86% of midwives/nurses were positive. The results of the bivariate analysis indicated that there was a relationship between the attitude of anesthesiologists and the length of hospital stay (p-value <0,001; RP=3,54; 95% CI=2,98 – 4,19), a relationship existed between the attitude of obstetricians and the length of hospital stay (p-value < 0,001; RP = 3.39; 95% CI = 2,73 – 4,22), and a relationship was found between the attitude of midwives/nurses and the length of hospitalization (p-value < 0,001; RP = 2,41; 95% CI = 1,98 – 2,93). There was no relationship between the attitude of anesthesiologists and the incidence of readmission (p-value = 0,514; RP = 1,66; 95% CI = 0,56 – 4,90), no relationship between the attitude of obstetricians and the incidence of readmission (p-value = 0,085; RP=3,36; 95% CI=0,94 – 11,95), and no relationship was found between the attitude of midwives/nurses and readmission after cesarean section (p-value =0,154, RP=3,37, 95% CI=0,76 – 14,96). The results of multivariate analysis showed that the attitudes of anesthesiologists, obstetricians, and midwives/nurses, along with obesity and maternal

congenital diseases, were associated with the length of hospitalization after cesarean section, while diabetes mellitus was associated with the incidence of readmission.

The study concluded the importance of support, perceptions, challenges faced, as well as the need for a holistic approach in patient care. Positive attitudes of health workers towards the ERAC method can reduce the length of hospitalization but does not reduce the incidence of readmissions after cesarean section. The patient approach must be carried out holistically, and ERAC can be applied to reduce the length of hospitalization.

Keywords: Perception, attitude, Enhanced Recovery After Cesarean, cesarean section