

INTISARI

Latar Belakang: *Enhanced Recovery After Surgery* (ERAS) merupakan pendekatan perawatan perioperatif berbasis bukti yang bertujuan mempercepat pemulihan pasien, mengurangi komplikasi, dan mempersingkat lama rawat inap. Keberhasilan penerapan ERAS memerlukan keterlibatan berbagai profesi kesehatan, termasuk perawat yang berperan penting dalam memberikan asuhan selama fase perioperatif. Oleh karena itu, pengalaman dan persepsi perawat menjadi aspek penting untuk memahami penerapan ERAS dalam praktik klinis.

Tujuan Penelitian: Penelitian ini bertujuan untuk mengeksplorasi pengalaman dan persepsi perawat dalam penerapan protokol ERAS di RSA UGM.

Metode: Penelitian ini merupakan penelitian kualitatif dengan pendekatan deskriptif eksploratif. Penelitian ini melibatkan 12 perawat di bangsal bedah dan kamar operasi RSA UGM yang dipilih menggunakan teknik *purposive sampling*. Pengumpulan data dilakukan melalui wawancara mendalam semiterstruktur. Hasil wawancara dianalisis menggunakan metode *content analysis*.

Hasil: Penelitian ini mengidentifikasi enam tema, yaitu ERAS berpengaruh terhadap pasien dan perawat, variasi penerapan elemen ERAS, perlunya kesiapan sistem dalam mendukung ERAS, tantangan dan hambatan dari pasien, penguatan keterlibatan pasien dan keluarga, dan perawat menjalankan tugas dan tanggung jawab.

Kesimpulan: Pengalaman dan persepsi perawat menunjukkan bahwa terdapat elemen ERAS yang sudah diterapkan dan ada yang belum diterapkan di RSA UGM, tetapi dalam penerapannya masih bervariasi dan belum terstandarisasi. Oleh karena itu, penerapan ERAS di RSA UGM memerlukan standarisasi, dukungan organisasi dan sumber daya, kolaborasi multidisiplin, serta keterlibatan aktif pasien dan keluarga.

Kata Kunci: Protokol ERAS, pengalaman perawat, persepsi perawat, perawatan perioperatif, kualitatif.

ABSTRACT

Background: Enhanced Recovery After Surgery (ERAS) is an evidence-based perioperative care approach that aims to accelerate patient recovery, reduce postoperative complications, and shorten length of hospital stay. Successful implementation of ERAS requires the involvement of multidisciplinary healthcare professionals, including nurses, who play a crucial role in perioperative care. Therefore, nurses' experiences and perceptions are essential for understanding the implementation of ERAS in clinical practice.

Objective: This study aims to explore nurses' experiences and perceptions regarding ERAS implementation at RSA UGM.

Methods: This study is a qualitative study using a descriptive-exploratory approach. The study involved 12 nurses from the surgical ward and operating room at RSA UGM, who were selected using purposive sampling. Data were collected through semi-structured in-depth interviews. The interview findings were analysed using content analysis.

Results: This study identified six themes: the impact of ERAS on patients and nurses, variations in the implementation of ERAS elements, the need for the system to be prepared to support ERAS, the challenges and barriers faced by patients, strengthening the involvement of patients and their families, and nurses carrying out their duties and responsibilities.

Conclusion: The experiences and perceptions of nurses indicate that some ERAS elements have been implemented at RSA UGM, while others have not yet been implemented, but their implementation still varies and has not yet been standardised. Therefore, the implementation of ERAS requires standardisation, organisational support and resources, multidisciplinary collaboration, and the active involvement of patients and their families.

Keywords: Nurses' experiences, nurses' perceptions, ERAS protocol, perioperative care, qualitative.