

INTISARI

Latar belakang: Dalam menghadapi penyakit terminal, pasien merasakan ketakutan dan kekhawatiran karena akhir hidup yang mendekat. Keluarga yang merawat pasien pun mengalami stres, baik disebabkan oleh beban finansial maupun sosial. Berhadapan dengan situasi kecilnya kemungkinan untuk sembuh dalam kondisi penyakit terminal, *pastoral care* dapat memberikan sumbangan pelayanannya. Spiritualitas yang merupakan salah satu ranah pelayanan *pastoral care*, menjadi unsur penting menurut *World Health Organization* (WHO) dalam menjaga kualitas hidup pasien.

Tujuan: Penelitian ini bertujuan menggali pengalaman pasien penyakit terminal dan keluarganya dalam menerima pelayanan *pastoral care*.

Metode: Metode penelitian ini adalah kualitatif dengan rancangan fenomenologi deskriptif. Aspek fenomenologis dilihat dari pengalaman pasien dan keluarganya dalam menerima pelayanan *pastoral care*. Subyek penelitian ini adalah para keluarga pasien terminal serta pasien itu sendiri. Pemilihan lokasi menggunakan metode purposif serta pengambilan sampel menerapkan syarat inklusi dan eksklusif.

Hasil: Pasien dan keluarga pasien mendapat layanan *pastoral care* dalam 2 bentuk, yakni pelayanan rohani dan pelayanan pendampingan. Pelayanan diberikan dengan baik dan bagus. Beberapa keluarga dan pasien merasa puas dan terpenuhi kebutuhannya. Beberapa merasa pelayanan diberikan dengan tidak peka dan tidak sensitif. Pelayanan *pastoral care* yang paling sering disebut oleh para partisipan adalah pelayanan doa. Selain doa, mereka menerima kunjungan, pemberian nasehat, kehadiran, sapaan, senyuman, penggunaan bahasa yang lembut, pendampingan, serta pemanggilan pemuka agama. Manfaat pelayanan *pastoral care* menurut pasien dan keluarganya adalah memberikan bantuan serta kekuatan dalam menghadapi penyakit, membuat pasien mampu menerima keadaan dan mengadakan rekonsiliasi. Ada keluarga yang berpendapat pelayanan diperuntukkan bagi pasien saja, serta yang lain berpendapat bahwa *pastoral care* tidak perlu dilakukan oleh pihak rumah sakit.

Kesimpulan: Dalam memberikan layanan *pastoral care*, pihak rumah sakit hendaknya menganalisis kebutuhan akan pendampingan rohani pemuka agama, efektivitas pelayanan pendampingan, kebutuhan keluarga pasien, pelayanan *pastoral care* tenaga kesehatan, serta menawarkan layanan sejak awal kepada pasien dan keluarga.

Kata Kunci: *pastoral care*, perawatan akhir hidup, fenomenologi

ABSTRACT

Background: In dealing with terminal illness, patients feel fearful and anxious due to the end of life. Families who care for patients also experience stress because of financial and social burdens. Pastoral care can contribute to the service due to the small possibility of recovery. Spirituality, which is one of the areas of pastoral care services, has become an important element according to the World Health Organization (WHO) in maintaining the quality of life of patients.

Objective: This study aims to explore the experience of terminally ill patients and their families in receiving pastoral care services.

Method: The research method was a qualitative with descriptive phenomenological design. The phenomenological aspect were observed from the experience of patients and their families in receiving pastoral care services. The subjects of this study were the families of the terminal patients as well as the patients themselves. A site selection used a purposive method and a sampling selection used the inclusion and exclusion criteria.

Results: Patients and their families received pastoral care services in two forms, namely spiritual services and mentoring services. The services were well provided. Some families and patients felt satisfied. Their needs were fulfilled. Some felt that service was rendered insensitive. The prayer service was the most frequently mentioned. In addition to prayer, visits, advices, attendance, greetings, smiles, kind languages, accompaniment, and calling of religious leaders were mentioned. The benefits of pastoral care services were to provide assistance and strength in dealing with illness, and to enable patients to accept the situation and do reconciliation. There were families who think the service was intended only for patients, and others argued that pastoral care did not need to be done by the hospital.

Conclusion: In providing pastoral care services, the hospital should analyze the needs for religious leaders 'spiritual assistance, the effectiveness of mentoring services, the needs of patients' families, the pastoral care services of health workers, and should offer services from the beginning to patients and families.

Keywords: pastoral care, end-of-life care, phenomenology