



## **PELAYANAN PALIATIF PADA PASIEN KANKER**

### **DI RSUP Dr. SARDJITO YOGYAKARTA**

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#### **INTISARI**

**Latar belakang:** RSUP Dr. Sardjito sebagai pusat rujukan kasus kanker paliatif mendapatkan prevalensi kejadian kanker paliatif yang mengalami peningkatan setiap tahunnya. Hal ini memberikan peluang bagi dokter-perawat untuk memberikan perawatan yang optimal terutama untuk meningkatkan kualitas hidup bagi pasien kanker paliatif.

**Tujuan:** Memberikan gambaran pelayanan paliatif dan hambatan yang dirasakan oleh dokter-perawat.

**Metode:** Metode penelitian kualitatif dengan pendekatan fenomenologi dengan analisis deskriptif eksploratori. Partisipan adalah dokter-perawat yang memenuhi kriteria inklusi yang diambil dengan teknik *purposive sampling*. Penelitian ini dilakukan di IRNA I RSUP Dr. Sardjito Yogyakarta di ruangan Bougenvil 1, 3 dan Cendana 1, 2 pada bulan Oktober-Desember 2015. Data didapatkan dengan wawancara mendalam dan observasi. Analisa data menggunakan metode Colaizzi dibantu dengan *software Open Code* versi 3.6.2.0.

**Hasil:** Wawancara dilakukan pada 14 partisipan dan didapatkan 6 tema. Pelayanan paliatif digambarkan dengan 5 tema yaitu: 1) variasi pengertian pasien paliatif oleh dokter-perawat; 2) pelayanan paliatif berdasarkan perspektif dokter-perawat; 3) beragam masalah dan kebutuhan pasien paliatif; 4) asuhan medis dan keperawatan pasien paliatif dan 5) *support* sistem. Mengenai hambatan dalam pelayanan paliatif digambarkan pada tema ke-6 yaitu realita pelayanan dan harapan sistem pelayanan paliatif.

**Kesimpulan:** Pelayanan pada pasien kanker paliatif di IRNA I RSUP Dr. Sardjito Yogyakarta belum didasarkan pada standar pelayanan paliatif akan tetapi upaya untuk mengarah pada pelayanan tersebut telah ada. Hambatan dalam pelayanan ini didasari oleh kebijakan standar pelayanan operasional yang belum ada dan sumber daya pendukung pelayanan.

**Kata kunci:** pelayanan paliatif, hambatan pelayanan, dokter-perawat

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## **PALLIATIF SERVICES OF CANCER PATIENT IN Dr. SARDJITO GENERAL HOSPITAL**

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### **ABSTRACT**

**Background:** Dr. Sardjito Hospital is a one of the referral hospital that perform palliative cancer services have a prevalence of cancer incidence in the higher increasingly. Prevalence of cases make some opportunities for physician-nurse to provide palliative care optimally to improve the quality of life for the palliative cancer patients.

**Objective:** provide an overview of palliative service is given and also the barriers perceived by physician-nurse.

**Methods:** The qualitative research method with a fenomenology design in descriptive exploratory approach. Participants are doctor-nurse who have met the inclusion criteria with a purposive sampling approach. This study was conducted at IRNA I Sardjito Hospital at room Bougenvil 1, 3 and Cendana 1, 2 in October-December 2015. Data obtained by in-depth interviews and observations by the researchers themselves as an instrument of research, field notes and voice recorder. Analysis of data using Colaizzi's method with *Open Code* 3.6.2.0.

**Results:** The interviews were conducted on 14 participant and obtained 6 themes. Palliative care is consist of 5 themes: 1) variation in definition of palliative patients by physician-nurse; 2) palliative services according to physician's and nurses's perspective; 3) various problems and needs of palliative patients, perception of this themes will be a basic for palliative care and their definition; 4) medical and nursing care of palliative patients and 5) support systems, care given with regard family as a support system in support of the care provided. Constraints in palliative service in last theme (6) for realities in services and expectations of the service palliative care system.

**Conclusion:** the palliative care in IRNA I RSUP Dr. Sardjito Yogyakarta given by physician-nurses are not based on a standard of palliative care but efforts to lead to the treatments already exist. The problem for barriers in the palliative care are causes by policy and care support resources.

**Keywords:** palliative services, service constraints, physician-nurse

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