

HUBUNGAN *Discharge planning* DAN KUALITAS HIDUP PASIEN DENGAN *Ulkus diabetikum* DI RUMAH SAKIT BANJARMASIN

(The relationship between *discharge planning* and the quality of life of patients with *diabetic ulcer* in hospital of Banjarmasin)

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ABSTRAK

Latar Belakang: Ulkus diabetikum merupakan salah satu komplikasi kronik dari penyakit diabetes melitus. Beberapa penelitian di Indonesia melaporkan bahwa angka kematian ulkus ganggren pada penyandang DM berkisar antara 17-32%, dan Ulkus diabetik mempengaruhi kualitas hidup penderitanya. Semua pasien yang dihospitalisasi memerlukan discharge planning. Discharge planning merupakan proses mengidentifikasi kebutuhan pasien dan perencanaannya dituliskan untuk memfasilitasi keberlanjutan suatu pelayanan kesehatan dari suatu lingkungan ke lingkungan lain. Dari penjelasan diatas disimpulkan Diabetes militus merupakan penyakit degeneratif yang memang memerlukan perawatan hospitalisasi maka diperlukan adanya Program Dscharge Planning untuk pelayanan kesehatan lanjutan dan kualitas hidup yang optimal. Tujuan: dalam penelitian ini yaitu mengetahui apakah proses Discharge planning memiliki hubungan terhadap kualitas hidup pasien dengan Ulkus Diabetikum. Metode: Dengan desain penelitian Ex post facto, didapatkan 28 responden yang sesuai dengan kriteria inklusi kemudian dilakuka pengukuran proses discharge planning yang ada menggunakan matrisk wawancara dan pengukuran pada kualitas hidup menggunakan kuesioner WHOQOL-BREEF dengan metode analisi korelasi nonparametik sperman rank. Hasil: Di dapatkan hasil nilai: $\alpha=0,05$ dengan $=r_s$ tabel (0,643), R_{HO} hitung (0,949) $> r_s$ tabel kemudian dikatagorikan dalam tabel Hubungan Kekuatan korelasi didapatkan hasil hubungan ini masuk dalam katagori sangat kuat/ mendekati sempurna dengan nilai antara 0,76– 1,00. Kesimpulan: ini menunjukkan ada hubungan yang signifikan dengan kekuatan hubungan yang sangat kuat/mendekati sempurna menurut tabel culton. Artinya terdapat hubungan antara Discharge Planning terhadap kualitas hidup pasien Ulkus Diabetikum.

Kata Kunci : *Discharge Planning, Diabetes, Kualitas Hidup, Ulkus*

ABSTRACT

Background: Diabetic ulcer is one of the chronic complications of diabetes mellitus. Several studies in Indonesia reported that the mortality rate of gangrene ulcers in people with diabetes ranged from 17-32%, and diabetic ulcers affected the quality of life of sufferers. All patients hospitalized require discharge planning. Discharge planning is a process of identifying patient needs and planning is written to facilitate the sustainability of a health service from one environment to another. From the explanation above, it can be concluded that Diabetes Mellitus is a degenerative disease that indeed requires hospitalization, therefore the Discharge Planning Program is needed for advanced health services and optimal quality of life. Objective: in this study that is to find out whether the Discharge planning process has a relationship with the quality of life of patients with Diabetic Ulcers. Method: With the Ex post facto study design, 28 respondents who were in accordance with the inclusion criteria obtained measurements of discharge planning processes using interview methods and measurements on quality of life using the WHOQOL-BREEF questionnaire with spearman rank non parametric correlation analysis methods. Result: The results of the value are obtained: $\alpha = 0.05$ with $=r_s$ table (0.643), RHO count (0.949) $> r_s$ table then categorized in the table Relationship Strengths correlation results obtained in this category is very strong / near perfect with the value 0.76- 1.00. Conclusion: this shows that there is a significant relationship with the strength of a very strong / near-perfect relationship according to the culton table. This means that there is a relationship between Discharge Planning to the quality of life of patients with Diabetic Ulcers.

Keywords: *Discharge Planning, Diabetes, Quality of Life, Ulcer*

INTRODUCTION

Diabetic ulcer is one of the chronic complications of diabetes mellitus. The presence of open sores on the skin layer into the dermis that occurs due to blockages in the blood vessels in the legs and peripheral neuropathy due to high blood sugar levels so that patients are not aware of any wounds (Waspadji, 2006).

Nearly 14% -24% of patients with diabetic ulcers require amputation, which means that every 30 seconds a person's lower limb is lost due to diabetes. The Global Lower Extremity Change Study Group estimates that 25% -90% of all amputations are associated with diabetes. The American Diabetes Association estimates that amputation of the ulcer legs will continue to increase. 15% of people with DM will experience ulcers during their lifetime, and 24% of people with foot ulcers will need amputations (Funnel, Brown, Childs, & Haas, 2011).

If amputation is the management choice for diabetic foot, not only is the aesthetic lost, but self-confidence can also be lost as a consequence of the amputation (Norris.S.L, 2002). Quality of life is a conceptual or operational measure that is often used in situations of chronic illness as a way to assess the impact of therapy on patients (Asmadi, 2008).

Diabeticum ulkus as a complication of DM requires more conferehensive care. The healing rate of ulcer patients is not only from the hospital but also from the patient himself and his family, especially how to know discharge planning such as how to administer follow-up care at home to DM patients to speed up the healing process and reduce complications to a level more serious.

METHODS

This research uses ex post facto method with Cross Sectional approach, population of 54 people with a sample of 28 people, analysis of data using sperman rank, and sampling using purposive sampling. With the Ex post facto study design, obtained measurements of discharge planning processes using interview methods and measurements on quality of life using the WHOQOL-BREEF questionnaire with spearman rank non parametric correlation analysis methods.

Inclusion criteria:

1. All patients suffering from Diabetes with Diabetic Ulcer in the internal medicine room.
2. Willing to be a respondent Can communicate well.

Exclusion criteria

1. Diabetes Militus patients not with Diabetic Ulcers
2. Patients who have health problems other than Diabetes.

HASIL DAN PEMBAHASAN

Table 1. Distribution Of Respondent According To Demographic

Characteristics	Frequency (n)	Percentage (%)
Gender		
1. Male	13	46.4
2. Female	15	53.6
Total	28	100
Age		
1. 30-40 years	9	32.1
2. 41-50 years	11	39.3
3. >51 years	8	28.6
Total	28	100
level of education		
1. SD	2	7.1
2. SLTP	9	31.1
3. SLTA	15	51.6
4. S1	3	10.1
Total	28	100
type of work		
1. IRT	10	35.1
2. SWASTA	15	53.2
3. PNS	3	11.7
Total	28	100

Table 2. Bivariate analysis

Discharge planing	Quality Of Life				Total	%
	Good		Bad			
	F	%	F	%		
Good	16	80	5	25	21	75
Bad	4	20	3	15	7	25
Total	20	71	8	29	28	100
R-tabel=0.643					Rho_{xy}=0.949	

The statistical test results about the relationship between release planning and quality of life in Dr.Moch.Anshari Saleh Hospital, with the Rank Spearman test obtained results $h_{\text{rank}} = 0.949 >$ from R table (0.643) H_0 results in Reject H_a Accepted, and cultural results to determine inner strength Obtained from the results of $h_{\text{rank}} = 0.949$ the relationship with sperman entered in the category of very strong / perfect between the independent variables, namely planning discharge to the dependent variable, namely the quality of life in Dr.Moch.Anshari Saleh Hospital Banjarmasin.

DISCUSSION

The results showed that most of the 28 people with Discharge Palnning who had good quality of life were 20 people (71%) and 8 people (29%) who had poor quality of life. It was found that out of 28 people who had good quality of life with discharge planning 16 people (80%) and 5 people (25%) had poor discharges. The results of this study are in line with the results of the research conducted by (Rahmi, 2011) the same examine the relationship of discharge planning to quality of life but have differences in the characteristics of the dependent variable, the results of the study show there is a relationship between Structured Discharge Planning on Quality of Life in ischemic stroke patients.

The results of this study indicate that respondents Discharge Planning who have a dominant good category have a good Quality of Life status, meaning Discharge Planning is one that can affect the quality of life and has a significant relationship. And there are several other factors that can influence and have a dominant role that can affect quality of life such as age, gender, type of work, duration of hypertension, marital status, education, regular treatment and, blood pressure, social relations.

All patients hospitalized require a Discharge Planning Association (Lisser, 2005). Patients and all family members must get information about all repatriation plans. The Royal Marsden Hospital (2004) in (Fiman, Endah, & Dadang, 2012) states that discharge planning is a process of identifying patient needs and plans written to facilitate sustainability a health service from one environment to another. From the explanation above regarding Diabetes Mellitus which is a degenerative disease that does require hospitalization, it is necessary to

have a Discharge Planning Program for advanced health services.

The dominant factors that affect quality of life are such as marital status, education level, economic status, family support, and regularity of treatment which causes the quality of life to be optimal or vice versa. Because the quality of life is a range between the objective and subjective perceptions of the individual.

Limitation of study

This study uses a cross sectional design in which measurements or observations are carried out only at the same point and take a momentary measurement. In this study, it is also very prone to information bias when filling out questionnaires by respondents, where data collection using a questionnaire allows respondents to answer questions that are not honest or do not understand the intended question.

At the time of the study, the research explained in advance about how to fill in the questionnaire, after which the respondents filled out the questionnaire or could also be accompanied by explaining each meaning of the questions in the questionnaire. In this study researchers experienced a little difficulty when sampling the available population because in this study using a proportional sampling technique that had inclusion and exclusion criteria that made the determination of respondents' requirements.

CONCLUSION

Statistical test results on the Relationship of Discharge Planning to the quality of life of patients with Diabetic Ulcers in Dr.Moch.Anshari Saleh Hospital Banjarmasin, with the Spearman Rank test the results obtained $\alpha (0.05) r_s = 0.949 >$. R_s table = 0.707 So that H_0 in Reject H_a is Accepted. Thus it can be concluded that in this study there was a significant relationship between Discharge Planning on the quality of life of patients with Diabetic Ulcers with the categories of relationships that were determined using the culton table which is included in the category of relations of strong / near perfect correlation with a value of 0.76 - 1.00 available in Dr.Moch.Anshari Saleh Hospital.

SUGGESTION

Educational Instincts: Related institutions are expected to be able to become references for further research by expanding from all other materials and sciences.

Hospital: Need for concessions towards Discharge Planning that is implemented and hopefully it can be developed again so that the quality of existing Discharge planning can be better as a process to support the quality of life of patients who are treated, and applied equally to all parts of the health services in Dr.Moch.Anshari Saleh Hospital Banjarmasin.

Respondents: For Respondents to maintain the matter concerning Discharge Planning received because it includes a part that can improve the quality of your life.

Other researchers: The results of this study can be used as basic data to conduct further research. Because there are still many things that have not been observed about the Relationship of Discharge Planning to Quality of Life, hopefully this research can be useful and become a useful science for future researchers.

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