ISGH 3 | Vol 3. No. 1 | Oktober 2019 | ISSN: **2715-1948**

THE EFFECT OF DISCHARGE PLANNING TOWARDS THE KNOWLEDGE OF THE FAMILY REGARDING THEIR READINESS IN PROVIDING CATARACT POST-SURGERY CARE AT BALAI KESEHATAN MATA MASYARAKAT CIKAMPEK

Setiawati*, Nisrina, Oyoh
setiawatimkep@gmail.com

Department of Nursing, School of Health Sciences Jenderal Achmad Yani Cimahi, Indonesia

ABSTRACT

Discharge planning is an important part in making the patient and family ready to return to their home. However, knowledge about their readiness needs to be addressed to prevent any adversary outcomes. From interviews conducted in this study, nine out of ten respondents admitted not having the proper knowledge on how to take care of post cataract surgery patients, and the same information was gained from the January 2019 interview with 3 people who underwent lens and iris reposition procedures. According to WHO, cataract is a 51% cause of all blindness. This study investigates the impact of discharge planning on the family's knowledge regarding providing healing assistance at Balai Kesehatan Masyarakat Cikampek.
The research method employed the pre-experimental design with pre- and post-test conducted on a single group. Twelve respondents were chosen as samples using the non-probability sampling technique and the purposive sampling method.
The results were analyzed using the median for the univariate and Wilcoxon test for the bi-variate variables. Results indicate that the median for the knowledge reading readiness before and after the discharge planning is 7 and 12 respectively. It also signals impact (p value = 0.002) brought by discharge plannings on knowledge. From it, it is recommended that Balai Kesehatan Mata Masyarakat Cikampek increases facilities and services supporting education efforts for patients and family members about post cataract surgery as well evaluations of discharge planning procedures to make them ready for the healing process at home.

Keywords: *discharge planning, knowledge on readiness.*

INTRODUCTION

The eye is part of the human senses designed to receive light stimulation in the retina. Generally, it is considered round resembling a ball, while in fact, it is egg-shaped. It also has several parts such as the eyebrow which protects the eye from the bright sun, the eyelid that shields it from dust and light, and the eyeball itself (Pearce E.C, 2013). The eyeball is covered with 3 tissue layers, namely sclera, uvea, and retina which transforms light or ray into stimulants in the optic nerves (Ilyas S, 2011).

In clinical term, refraction abnormality is caused by damage on the visual accommodation, either due to changes in the pupil or on the lens. Like hypertropia or far-sighted eye condition, myopia, and astigmatism, presbyopia is common in elderly or pre-elderly citizens who suffer from conjunctivitis, glaucoma, and cataract (Pearce E.C, 2013).

According to Corwin (2006, in Haryono, & Utami, 2019), cataract is a visual disorder that causes the vision to blur. It is a psychological condition in which the lens of the becomes opaque due to lens dehydration or protein denaturation, causing the person to see foggy images. The condition is due to the deterioration of the clarity of the lens which decreases the quality of the vision.

The World Health Organization estimates that there are 285 million people who are visually challenged, with 39 million people with blindness and 246 million people with low vision. The main causes of visual challenges are cataract (51%) glaukoma 8%, age-related macular degeneration or AMD (5%), pediatric corneal opaqueness (4%), uncorrected refractive errors (URE) and trachoma (3%), and retinopathy diabietes (1%), while unknown causes constitute 21% of the population (Kemenkes R1, 2014).

Cataract prevalence from the diagonisis from the enumerator official in the Riset Kesehatan Dasar (RISKESDAS) 2013 showed 1.8%. The highest prevalence was in North Sulawesi (3.7%), followed by the provinces of Jambi (2.8%) and Bali (2.7%). In West Java, the number reached 1.5% from the total population. The lowest prevalence number is found in DKI Jakarta (0.9%) and West Sulawesi

(1.1%). There are many people who are unaware that they suffer from cataract. This is proven from a survey by RISKERDAS 2013 regarding reasons for not having any treatment, with 51.6% of the respondents accounting for the patients who did not realize they had cataract, 11.6% or the respondents not having the financial means, and 8.1% of the respondents succumbing to fear (Kemenkes RI, 2014).

Cataract is preventable except for its blinding stage, and the only therapy is surgery or corrective procedures on visus or visual sharpness. The treatments are unique for each patient, even though medical professionals consider them as minor operations; however, the patients and their families tend to consider them major. Post surgery is a phase after the surgery and it starts from the transfer of the patient from the recovery ward and ends at the next evaluation stage. (Uliyah & Hidayat, 2015). Patients who underwent cataract surgery need assistance from their family in their healing process at home since they are outpatients not required to be admitted in a hospital ward.

Family is considered as a service unit since health issues of the family are intertwined dan mutually and influential among the members (Effendy, 1998 in Wawan, 2010). Knowledge about the readiness of the family in conducting post-operation care is crucial for the patient's healing process. Most family members are not ready to engage in such activity due to their lack of knowledge of the treatment.

Knowledge on the readiness of the family in taking care of post-surgery patients may prevent adverse effects or complications on the patient or family member. One of the effects is chronic inflammation from infection which requires frequent cover lens change or repositioning (Kurniawan C, 2019).

The correct way to increase such knowledge to a functional level is through the discharge planning. It is an essential part from patient care which takes place immediately after the hospital treatment initiation. It is a process that builds a cooperation between the healthcare team, patients, and the closely related people of the patients (Nursalam,2014).

Discharge planning aims at preparing the patient physically, psychologically, and socially, as well as aiding the patient in obtaining information regarding the procedure in the surgery room (Nursalam, 2012). This research aims to identify the extent of the effects of discharge planning on the knowledge regarding the readiness of the family of the patients of post cataract surgery at Balai Kesehatan Mata Masyarakat Cikampek

METHODS

This research employs the pre-experimental and the one group pretest-posttest designs. There were twelve respondents the sampling was that of non-probability while implementing the purposive sampling method. Data collection took place by using the SOP for patient discharge planning, while its analysis employed the median and Wilcoxon test for the univariate and bivariate respectively.

RESULTS

The results of the research show the following

Table 1. The Mean of the Knowledge Regarding the Readiness of the family in Taking Care of the Post Cataract Surgery Patients Before the Discharge Planning

	Median	**N**	**Std. Deviation**	**Min**	**Max**
Knowledge Regarding Readiness Before Discharge Planning	7	12	2.045	4	10

Before the discharge planning information conveyed to the family, the scores for the median, minimum, and maximum are 7, 4, and 10 respectively.

Table 2. The Mean of the Knowledge Regarding the Readiness of the family in Taking Care of the Post Cataract Surgery Patients After the Discharge Planning

	Median	**N**	**Std. Deviation**	**Min**	**Max**
Knowledge Regarding Readiness After Discharge Planning	12	12	0,996	10	13

After the discharge planning information were conveyed to the family, the scores for the median, minimum, and maximum are 12, 10, and 13 respectively.

Table 1. The Difference of Means of the Knowledge Regarding the Readiness of the Family in Caring for Post Cataract Surgery Patient Assistance Before and After Given the Discharge Planning

Variable	*Median*	Std. Deviation	p-value
Before the Discharge Planning	7	2,045	0,002
After the Discharge Planning	12	0,996	

It is notable from the table that there is a significant difference in the median before and after the discharge planning. The statistic calculation yielded a p-value of 0,002. With p-*value* ≤ (α) (α 0,05), it is evident that H_0 is rejected. It translates to a significant impact of discharge planning to the knowledge on the readiness at Balai Kesehatan Mata Masyarakat Cikampek

DISCUSSION

1. The means of knowledge about the family readiness in treating post cataract surgery patents was not given before given the discharge planning.

Knowledge regarding the readiness is a result from awareness instigated by senses, mostly from sight and audio organs (Fitriani S, 2011 and Slameto, 2010). According to Mubarak (2011), there are factors that affect such knowledge, for instance education, profession, age, interest, experience, surrounding customs, and information.

Slameto (2010) advocated that one of the functions of family is to care and provide treatment for their members. At Balai Kesehatan Mata Masyarakat Cikampek, every patient who underwent cataract procedures are accompanied and cared for by their family. They conduct post operation treatment at home instead of the medical staff. Therefore, it is crucial to have insight on how well they are prepared for the task.

In line with a study by Wijaya, A.A (2015) about the relationship between the level of knowledge with the ability of the kin in providing care for post cataract surgery patients in the Jelebuk public medical center, the results of this study show that the relationship exists, with p-value = 0,002.

Based on field observations, factors that are influential on the knowledge are experience and information. Most of the respondents are less informed about how to treat post cataract surgery patients due to the lack of experience and information.

2.The means of knowledge about the family readiness in treating post cataract surgery patents was not given before given the discharge planning.

As mentioned previously, the calculation shows the results of conveying information to the family during the discharge planning, which were the scores for the median, minimum, and maximum are 12, 10, and 13 respectively.

Swanberg (2000) in Wandarti (2016) stated that such planning is a mechanism for sustainable treatment, information on the needs of the patient after discharge, commitment evaluation, and self-care instructions.

According to Nursalam (2014), the planning aims at preparing a patient and the family physically, psychologically, and socially; it also focuses on the patient's and family's self-reliance and the right knowledge, skill, and attitude about correcting and maintaining the status of the patient's health.

One of the principles of the planning, Nursalam added, is the need for collaboration since it is a multidiscipline service and the family members need to work collectively. Therefore, there is a need for a nurse to provide a discharge planning for the family and an increase in knowledge on the part of the family about post cataract surgery treatment after the discharge planning.

The statement is also true for a study from Damawiyah & Ainiyah (2017) about the effect of discharge planning implementation with a structured method for family readiness in providing early mobility stage for cerebrovascular patients at RS. Islam Surabaya. It showed that the readiness of the treatment provider increased after given the planning, proven by a Mann Whitney calculation yielding p-value of 0.001 (p < 0,05).

The prove derived from interviews with the respondents who admitted that prior to the research they lacked knowledge on post cataract surgery, especially the need to avoid straining the eye and pressuring its corners after applying eyedrops. The interview process was repeated, and it showed that the family members had such knowledge after conveyed during the provision of discharge planning for the family readiness in providing post-surgery care.

Survey also proved the following about the respondents: 75% did not know the duration in which the wound should not be in contact with

water, 87% did not know the actions prohibited during the recovery, 66% had no knowledge in instigating self-treatment, and 83% did not know the duration for pressuring the corner of the operated eye after applying eyedrops. After intervention, the results showed that only 25% of the respondents lack knowledge on the duration of prohibition on wound contact with water, 25% did not know the activities disallowed during recovery, 42% did not know where to start self-treatment, and 33% did not know the duration of pressuring the corner of the operated eye.

3**. The Difference of Means of the Knowledge Regarding the Readiness of the Family in Caring for Post Cataract Surgery Patient Assistance Before and After Given the Discharge Planning**

Based on Table 3, the median of the knowledge regarding the readiness before and after the discharge planning is 7 with the standard deviation of 2.045. The median after the planning is 12 with a standard deviation of 0.996. Therefore, the difference is evidence. Statistic calculations yielded p-value of 0.002 (p-value ≤ (α) (α 0,05), which means that there is a significant impact on such knowledge at Balai Kesehatan Mata Masyarakat Cikampek.

According to Muttaqin (2010) in Merdawati (2018), post-surgery patients need maximal treatment to allow fast recovery of the bodily functions. It is implemented immediately after the procedure. Post-operation treatment is a form of treatment provided for a patient after they underwent surgery. The aim of the treatment is to reduce complications and pain, accelerate recovery, regain their bodily function close to before the operation, maintain their self-concept, and prepare for discharge. It is implemented as soon as they are transferred to a recovery room since cataract patients are not admitted but instead receive treatment at home. Knowledge on the readiness of the family in providing such treatment is required for the recovery of the patient.

A Discharge planning aims to increase the knowledge of the family so that they will be able to provide care for a member who underwent surgery. According to Swanberg (2000) in Wandarti (2016), the planning is a mechanism to provide at-home sustainable care, information on the needs of the patient's health, evaluation, and self-care instructions. Nursalam (2014) stated that it has the objective of assisting a patient and their family to comprehend the issue at hand and take efforts in necessary preventions to avoid relapse, and to share information among patients as service recipient and nurses during their treatment in a hospital.

The study agrees with that of Wandrati and Trikajanti (2016) about discharge readiness for lochia patients at RS Panti Wilasa Citarum Semarang. It showed a significant difference between before and after the planning were given with a p-value of 0.046 from a Wilcoxon test. Another similar research is that of Ernita et al (2015) with the focus on the effect of discharge planning from nurses on the readiness of TB patients in self-caring at home. The study showed a p-value of 0.000 after the discharge planning was given to the patients.

CONCLUSION

There is an effect of the discharge planning on knowledge of the readiness of the family for post cataract surgery treatment, shown by the p-value of 0.002 (p value ≤ (α) (α 0,05)).

The study recommends that Balai Kesehatan Mata Masyarakat Cikampek should increase the facilities and services to support the education processes regarding the post cataract surgery treatment, as well as evaluations on the part of the nurses regarding the discharging planning in preparing the patients and the family for the treatment after they return to their homes.

REFERENCE

Ernita, dkk. (2015). Pengaruh Perencanaan Pulang Yang Dilakukan Oleh Perawat Terhadap Kesiapan Pasien TB Paru Menghadapi Pemulangan.

Kemenkes RI. (2014). Infodatin Situasi Gangguan Pengelihatan Dan Kebutaan. Jakarta: Pusat Data Dan Informasi Kemntrian Kesehatan Republik Indonesia.

Kozier et al. (2011). Buku Ajar Fundamental Keperawtan: Konsep Proses & Praktik, Edisi 7, Volume 1. Jakarta: EGC.

Kurniawan, C. (2019). Buta Katarak: Kebutaan Karena Katarak. Yogakarta: ANDI.

Merdawati L. (2018). Satuan Acara Penyuluhan, Mobilisasi dini Pasca Operasi Di Ruang Irna Bedah Pria. Universitas Andalasc.

Mubarak, W.I. (2011). Promosi Kesehatan: Sebuah Pengantar Proses Belajar Mengajar dalam Pendidikan. Jakarta: Salemba Medika

Pearce, E,C. (2013). Anatomi Dan Fisiologi Untuk Paramedis. Jakarta: PT Gramedia Pustaka Utama.

Prieharti & Mumpuni, Y. (2016). 45 Penyakit Mata Berbagai Jenis Penyakit & Kelainan Pada Mata. Yogyakarta: Rapha Publishing.

Siswoyo, dkk. (2016). Hubungan Pelaksaan Discharge Planning Terhadap Kepatuhan Perawat Pada Klien Pasca Operasi Katarak di RSD Dr.Soebandi Kabupaten Jember. Universitas Jember.

Slameto. (2010). Belajar Dan Faktor-Faktor yang Mempengaruhi. Jakarta : Rineka Cipta.

Suprapti, E. (2017). Pengaruh Discharge Planning Terstruktur Untuk Meningkatkan Kesiapan Pasien TB Paru Menghadapi Pemulangan (Studi Eksperimental di RSUD Tugurejo dan RSUD Kota Semarang). 3(1).

Wandrati, M dan Trikajanti, S. (2016). Pengaruh Perencanaan Pulang terhadap Kesiapan Pasien Pulang pada Pasien Ibu Nifas di RS Panti Wilasta Citarum Semarang

Wawan, A dan Dewi, M. (2010). Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia. Yogyakarta: Nuha Medika.

Wijaya, A.A. (2015). Hubungan Tingkat Pengetahuan Dengan Kemampuan Keluarga Merawat Pasien Post Operasi Katarak Di Wilayah Kerja Puskesmas Jelbuk. Universitas Jember.

Wijaya, dkk. (2017). Hubungan Pengetahuan Pasien Tentang Perawatan Pasca Operasi Katarak Dengan Motivasi Kontrol. 1(1)