

DISERTASI

MODEL EMIL (*EDUCATION FOR MYOCARDIAL INFARCTION LITERACY*) DALAM UPAYA PENINGKATAN KESEHATAN JANTUNG PADA PASIEN *ST ELEVATION MYOCARDIAL INFARCTION*



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MODEL EMIL (*EDUCATION FOR MYOCARDIAL INFARCTION LITERACY*) DALAM UPAYA PENINGKATAN KESEHATAN JANTUNG PADA PASIEN *ST ELEVATION MYOCARDIAL INFARCTION*

ABSTRAK

Latar Belakang: Tingginya angka perawatan ulang dan angka kematian setelah pemulangan pada pasien STEMI menuntut adanya perubahan gaya hidup secara paripurna sejak fase akut sampai pemulihan. Perawat memiliki peran penting sebagai pendidik/*educator* bagi pasien dalam melakukan upaya perubahan perilaku kesehatan. Namun intervensi yang tersedia belum bersifat memberikan dukungan dan belum disusun sesuai dengan kebutuhan pasien. Untuk itu, penting bagi pasien melakukan upaya peningkatan kesehatan jantung yang diajarkan melalui pendidikan kesehatan.

Tujuan: Tujuan penelitian ini adalah terbentuknya model *Education for Myocardial Infarction Literacy* (EMIL) untuk pendidikan kesehatan pada pasien infark miokard akut dengan ST elevasi (STEMI) yang berpengaruh dalam peningkatan kesehatan jantung.

Metode: Penelitian ini adalah penelitian *multi phases* yang terdiri dari 4 tahap penelitian. Penelitian tahap I terdiri atas 2 bagian yaitu penelitian kuantitatif dan penelitian kualitatif. Penelitian kuantitatif menggunakan survey deskriptif dilakukan untuk mengidentifikasi substansi pendidikan kesehatan pasien infark miokard pada saat rawat inap dan pasca rawat inap. Penelitian kualitatif menggunakan pendekatan fenomenologi untuk mengidentifikasi harapan pasien terhadap konstruksi pendidikan kesehatan khususnya metode dan media pendidikan kesehatan. Penelitian tahap II dilakukan untuk penyusunan *blue print* Model EMIL dan penelitian tahap III adalah pengembangan model EMIL. Penelitian tahap IV menggunakan desain *non-equivalent control group, time series design*. Intervensi yang diberikan berupa pendidikan kesehatan perorangan sebanyak 2 sesi yang diikuti dengan pemberian video edukasi. Pengukuran variabel dilakukan pada awal rawat inap, 1 bulan dan 3 bulan setelah pengukuran pertama. Variabel penelitian meliputi pengetahuan, sikap, perilaku kesehatan jantung, status emosional, perawatan ulang dan kematian. Analisis statistik yang digunakan adalah *t-test* dan *General Linear Model-repeated measures* (GLM-RM).

Hasil: Hasil penelitian tahap I menunjukkan kebutuhan belajar yang tinggi dari pasien infark miokard pada saat di ruang rawat inap (Mean \pm SD = 4,19 \pm 0,39) dan pasca rawat inap (Mean \pm SD = 4,15 \pm 0,35). Harapan pasien tentang media pendidikan kesehatan adalah media cetak dan audiovisual sedangkan metode pendidikan kesehatan adalah ceramah individual. Pada tahap II dan III terbentuk Model EMIL yang terdiri dari pemberian dua sesi pendidikan kesehatan tatap muka perorangan dengan media berupa modul pendidikan kesehatan dan video edukasi. Hasil penelitian tahap IV menunjukkan bahwa terdapat perbedaan peningkatan pengetahuan, peningkatan sikap, peningkatan perilaku, dan penurunan status emosional antara kelompok kontrol dan kelompok intervensi ($p < 0,05$), serta tidak ditemukan adanya perawatan ulang dan kematian.

Kesimpulan: Model *Education for Myocardial Infarction Literacy* (EMIL) yang dibentuk sesuai dengan substansi kebutuhan belajar pasien dan harapan pasien tentang konstruksi pendidikan kesehatan dapat meningkatkan pengetahuan, sikap, perilaku kesehatan jantung dan menurunkan status emosional pasien yang dapat berpengaruh terhadap penerapan perubahan gaya hidup.

Kata Kunci: kebutuhan belajar, pendidikan kesehatan, pengetahuan, perilaku kesehatan jantung, sikap, status emosional

EMIL MODEL (EDUCATION FOR MYOCARDIAL INFARCTION LITERACY) TO IMPROVE CARDIAC HEALTH IN ST-ELEVATION MYOCARDIAL INFARCTION PATIENTS

ABSTRACT

Background: The high rate of re-hospitalisation and mortality after discharge in STEMI patients requires a complete lifestyle change from the acute to recovery phases. Nurses have an important role as educators for their patients in performing efforts to change health behavior. However, the available interventions are not yet supportive and are structured according to the patient's needs. For this reason, it is important for patients to make efforts to improve cardiac health which is taught through health education.

Objective: The purpose of this study was to establish an Education for Myocardial Infarction Literacy (EMIL) Model for health education in acute myocardial infarction patients with ST elevation (STEMI) which has an effect on improving cardiac health.

Methods: This study was a multi-phase research consisting of 4 stages of study. Phase I research consists of 2 parts, they were quantitative research and qualitative research. Quantitative research using a descriptive survey was conducted to identify the substance of health education for myocardial infarction patients during hospitalization and post-hospitalization. The qualitative research employed a phenomenological approach to identify patients' expectations of the construction of health education, especially methods and media of the health education. Phase II research was carried out to construct the EMIL model blue print whereas the phase III research was development of EMIL. Phase IV research applied a non-equivalent control group design, time series design. The intervention provided was in the form of 2 sessions of individual health education followed by the provision of educational videos. Variable measurements were carried out at the beginning of patient recruitment, 1 month after the first measurement and 3 months after the first measurement. Research variables include knowledge, attitudes, cardiac health behavior, emotional status, re-hospitalisation and mortality. Statistical analysis used were t-test and General Linear Model-repeated measures (GLM-RM).

Results: The results of the Phase I study showed a high learning need for patients with myocardial infarction at the time of hospitalisation (Mean \pm SD = 4.19 \pm 0.39) and post-hospitalization (Mean \pm SD = 4.15 \pm 0.35). Patients' expectations about health education media were printed materials and audiovisual media, while the health education method was individual lectures. In phases II and III, the EMIL Model was formed which consisted of provision of two individual face-to-face health education sessions with media in the form of a health education module and educational videos. The results of the fourth stage of the study showed that there are differences in the increase in knowledge, increase in attitude, increase in behavior, and decrease in emotional status between the control group and the intervention group ($p < 0.05$), and there was no re-hospitalisation and mortality.

Conclusion: The Education for Myocardial Infarction Literacy (EMIL) model which was constructed according to the substance of the patient's learning needs and patient's expectations about the construction of health education can increase knowledge, attitudes, cardiac health behavior and decrease the patient's emotional status which can affect the implementation of lifestyle changes.

Keywords: attitudes, cardiac health behavior, emotional status, health education, knowledge, learning needs