

**INTENSIVE CARE UNIT RAMAH KELUARGA BERORIENTASI KUALITAS
PELAYANAN DENGAN MODEL EMIL (*ENJOY*, MUTU, INFORMATIF DAN
LAYANAN SPIRITAL): STUDI DI RSUP DR. M. DJAMIL PADANG**

Disertasi



PROGRAM PASCASARJANA

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**EMILZON TASLIM¹, AFRIZAL², TINNI TRIHARTINI MASKOEN³, YUSIRWAN YUSUF⁴
DAN IKE SRI REDJEKI⁵**

¹Doctoral Program, Faculty of Medicine, Andalas University, Padang, Indonesia

²Faculty of Social Science and Political Science, Andalas University, Padang, Indonesia

³Faculty of Medicine, Padjajaran University, Bandung, Indonesia

⁴Padang National Hospital, M. Djamil Padang, Indonesia

⁵Faculty of Medicine, Padjajaran University, Bandung, Indonesia

ABSTRAK

Pendahuluan: *Intensive Care Unit* (ICU) adalah area kegiatan medis untuk merawat dan menanggulangi kondisi yang mengancam jiwa pasien dan kritis. Indonesia memiliki model ICU terstandar yaitu ICU primer, sekunder dan tersier. Ketiga model ICU ini memiliki kelemahan, dimana keluarga terbatas kontak dengan pasien sehingga tidak terbina komunikasi “psikis” antara keluarga dengan pasien dan keluhan ketidakpuasaan keluarga terhadap pelayanan masih ditemukan.

Metode: Penelitian ini bertujuan mengetahui pengaruh model ICU ramah keluarga berbasis kultural kompeten terhadap kepuasan pelayanan ICU. Penelitian dilakukan bulan April-Desember tahun 2021 di RSUP Dr. M. Djamil Padang. Rancangan penelitian menggunakan mix metode (kuantitatif dan kualitatif) serta metode ADDIE. Sampel penelitian kuantitatif 72 orang dan responden kualitatif dengan wawancara mendalam 9 orang. Analisis menggunakan *cross sectional*.

Hasil: Hasil penelitian terdapat keluarga yang merasa belum puas terhadap pelayanan di ICU dan ditemukan variabel yang mempengaruhinya yaitu rasa nyaman, informasi dan layanan spiritual dan kualitas pelayanan. Peneliti menuangkan dalam model EMIL (*Enjoy, Mutu, Informasi, dan Layanan spiritual*). Hasil penelitian kuantitatif menunjukkan terdapat hubungan antara kualitas pelayanan dengan kepuasan terhadap rasa nyaman, informasi dan layanan spiritual.

Diskusi: Model ICU ramah keluarga berbasis kultural kompeten tidak mempengaruhi/ memperburuk SOFA skor pasien dan kondisi pasien, dimana SOFA sebelum keluarga dimasukkan sama dengan SOFA setelah keluarga dimasukkan ke dalam ICU, bahkan dengan memasukkan keluarga ke dalam ICU lebih meningkatkan kepuasan keluarga pasien yang berdampak meningkatnya kualitas pelayanan di ICU secara komprehensif, sehingga model EMIL layak diterapkan pada rumah sakit.

Kata kunci: ICU, kepuasan, kualitas pelayanan, model EMIL

FAMILY-FRIENDLY INTENSIVE CARE UNIT QUALITY ORIENTED SERVICE WITH EMIL'S MODEL: A STUDY AT RSUP DR. M. DJAMIL PADANG

EMILZON TASLIM¹, AFRIZAL², TINNI TRIHARTINI MASKOEN³, YUSIRWAN YUSUF⁴, IKE SRI REDJEKI⁵

¹Doctoral Program, Faculty of Medicine, Andalas University, Padang, Indonesia

²Faculty of Social Science and Political Science, Andalas University, Padang, Indonesia

³Faculty of Medicine, Padjajaran University, Bandung, Indonesia

⁴Padang National Hospital, M. Djamil Padang, Indonesia

⁵Faculty of Medicine, Padjajaran University, Bandung, Indonesia

UNIVERSITAS ANDALAS

ABSTRACT

Introduction : Intensive Care Unit (ICU) is an area of medical activity to treat and cope with life-threatening and critical conditions of patients. Indonesia has a standardized ICU model, namely primary, secondary and tertiary ICU. These three ICU models have weaknesses, where families have limited contact with patients so that "psychic" communication between families and patients is not fostered and complaints of family dissatisfaction with services are still found.

Method : This study aims to determine the effect of a culturally competent family-friendly ICU model on ICU service satisfaction. A cross sectional research was conducted in April-December 2021 at Dr. M. Djamil Padang Hospital. Mix of methods (quantitative and qualitative) and the ADDIE method were used in this research. Quantitative research samples were 72 people and qualitative respondents with in-depth interviews were nine people.

Results : The results showed that there were families who were not satisfied with the services in the ICU and found variables that influenced it, namely comfort, information, spiritual services, and quality in service. Researchers put it in the EMIL model (Enjoy, Quality, Information, and Spiritual Service). The results of quantitative research show that there is a relationship between service quality and satisfaction with comfort, information and spiritual services.

Discussion : Culturally competent family-friendly ICU model did not affect/worsen the SOFA score and the condition of the patient, where the SOFA before the family was included was the same as the SOFA after the family was admitted to the ICU, even if the family was included in the ICU further increased the patient's family satisfaction which had an impact on increasing the quality of service in the ICU comprehensively, so the EMIL model is feasible to be applied to hospitals.

Keywords: ICU, satisfaction, services quality, EMIL's model