

BAB 7

SIMPULAN DAN SARAN

7.1 Simpulan

CRF pada pasien kanker yang menjalani kemoterapi sebelum diberikan terapi *foot massage* dan *acupressure* pada titik ST36 (*Zusanli*) dengan rata-rata skor BFI sebesar $5,916 \pm 0,8459$. Setelah diberikan intervensi, rata-rata skor BFI menurun menjadi $3,344 \pm 0,5672$, yang menunjukkan adanya penurunan tingkat CRF pada responden. Seluruh responden (100%) mengalami penurunan skor BFI setelah diberikan terapi *foot massage* dan *acupressure* pada titik ST36 (*Zusanli*). Rata-rata selisih skor BFI sebelum dan sesudah intervensi sebesar $2,572 \pm 0,2787$. Hasil uji *Paired Sample T-Test* menunjukkan nilai $p = 0,000$ ($p < 0,05$) sehingga terdapat pengaruh yang signifikan dari terapi *foot massage* dan *acupressure* pada titik ST36 (*Zusanli*) terhadap penurunan CRF pada pasien kanker yang sedang menjalani kemoterapi.

7.2 Saran

7.2.1 Bagi Pasien

Pasien dan keluarga dapat memanfaatkan terapi *foot massage* dan *acupressure* pada titik ST36 (*Zusanli*) sebagai terapi komplementer yang aman dan mudah dilakukan untuk membantu mengurangi kelelahan selama menjalani kemoterapi, dengan tetap memperhatikan petunjuk dan arahan tenaga kesehatan.

7.2.2 Bagi Keluarga

Terapi *foot massage* dan *acupressure* pada titik ST36 (*Zusanli*) dapat dipertimbangkan sebagai salah satu intervensi keperawatan nonfarmakologis untuk

membantu menurunkan CRF pada pasien kanker yang menjalani kemoterapi. Intervensi ini dapat diterapkan sebagai bagian dari pelayanan keperawatan paliatif dan suportif untuk meningkatkan kenyamanan serta kualitas hidup pasien.

7.2.3 Bagi Perawat

Hasil penelitian ini diharapkan dapat menjadi dasar bagi perawat dalam mengembangkan intervensi keperawatan nonfarmakologis untuk mengatasi *Cancer Related Fatigue* (CRF) pada pasien kanker yang menjalani kemoterapi. Perawat dapat mempertimbangkan penggunaan kombinasi terapi *foot massage* dan *acupressure* titik ST36 (*Zusanli*) sebagai bagian dari asuhan keperawatan komprehensif guna membantu menurunkan tingkat kelelahan pasien. Selain itu, perawat diharapkan meningkatkan edukasi dan pendampingan kepada pasien serta keluarga terkait pelaksanaan terapi tersebut sehingga manfaat intervensi dapat dipertahankan secara optimal.

7.2.4 Bagi Peneliti Selanjutnya

Penelitian selanjutnya disarankan menggunakan jumlah sampel yang lebih besar dan melibatkan kelompok kontrol agar efektivitas intervensi dapat dibandingkan secara lebih objektif. Selain itu, penelitian dapat dilakukan dengan desain *quasi-experimental* atau *randomized controlled trial* serta mempertimbangkan faktor-faktor lain yang memengaruhi CRF, seperti usia, stadium kanker, jenis kemoterapi, kadar hemoglobin, kualitas tidur, dan status nutrisi, sehingga diperoleh hasil yang lebih kuat dan dapat digeneralisasikan.

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