

# PROFIL KELOMPOK RISET

## KEPERAWATAN KOMUNITAS, KELUARGA, DAN GERONTIK



FAKULTAS KEPERAWATAN  
UNIVERSITAS AIRLANGGA  
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# **KELOMPOK RISET KEPERAWATAN KOMUNITAS, KELUARGA, DAN GERONTIK**

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# VISI DAN MISI

## ♦ VISI

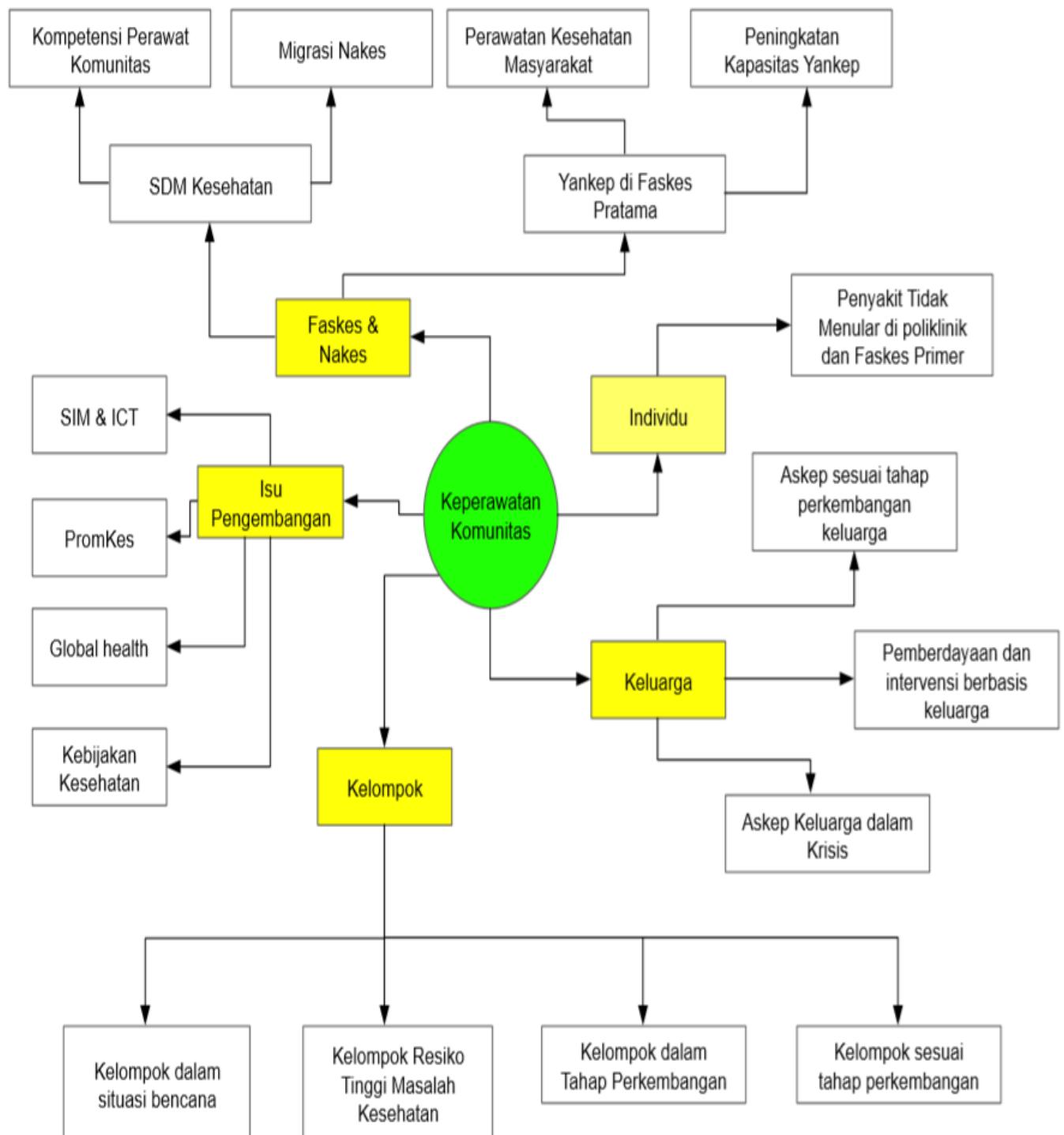
Menjadi kelompok riset berkelas dunia dalam penelitian, pengembangan dan pemanfaatan ilmu keperawatan komunitas, keluarga dan gerontik untuk meningkatkan daya saing perawat berlandaskan nilai kebangsaan, etik dan moral agama.

## ♦ MISI

1. Peningkatan temuan, terobosan dan pembaharuan ilmu keperawatan komunitas, keluarga dan gerontik serta pemanfaatannya di setiap bidang.
2. Peningkatan nilai tambah dan kebaharuan hasil riset yang bermanfaat bagi masyarakat.
3. Peningkatan posisi dan citra perawat komunitas, keluarga dan gerontik dalam pembangunan kesehatan.
4. Peningkatan hilirisasi hasil riset guna mewujudkan masyarakat Indonesia yang sehat dan berkualitas

# ROADMAP PENELITIAN

## KEPERAWATAN KOMUNITAS DAN KELUARGA





### **a. Individu**

Individu merupakan bagian dari keluarga sebagai kesatuan utuh dari aspek biologi, psikologi, sosial dan spiritual. Penelitian pada sasaran individu dalam keperawatan komunitas berfokus pada penyakit tidak menular di poliklinik dan fasilitas kesehatan primer.

### **b. Keluarga**

Keluarga merupakan sekelompok individu yang berhubungan serat secara terus menerus dan terjadi interaksi satu sama lain secara perorangan maupun secara bersama-sama. Penelitian pada sasaran keluarga dalam keperawatan komunitas berfokus pada tiga tema, yaitu: askep keluarga sesuai tahap perkembangan, askep keluarga dalam krisis, serta pemberdayaan dan intervensi berbasis keluarga.

### **c. Kelompok**

Penelitian pada sasaran kelompok dalam keperawatan komunitas difokuskan pada agregat. Kajian pada agregat dapat dilakukan pada empat tema utama, yaitu: kelompok dalam situasi bencana, kelompok resiko tinggi masalah kesehatan, kelompok dalam tahap perkembangan, dan kelompok sesuai tahap perkembangan.

### **d. Isu pengembangan**

Penelitian pada topik isu pengembangan merupakan bagian dari respon perawat terhadap tren dan isu dalam keperawatan. Kajian pada topik tersebut terbagi menjadi empat sub topik, yaitu: SIM dan ICT, promosi kesehatan, kebijakan kesehatan, dan *global health*.

### **e. Fasilitas kesehatan dan tenaga kesehatan**

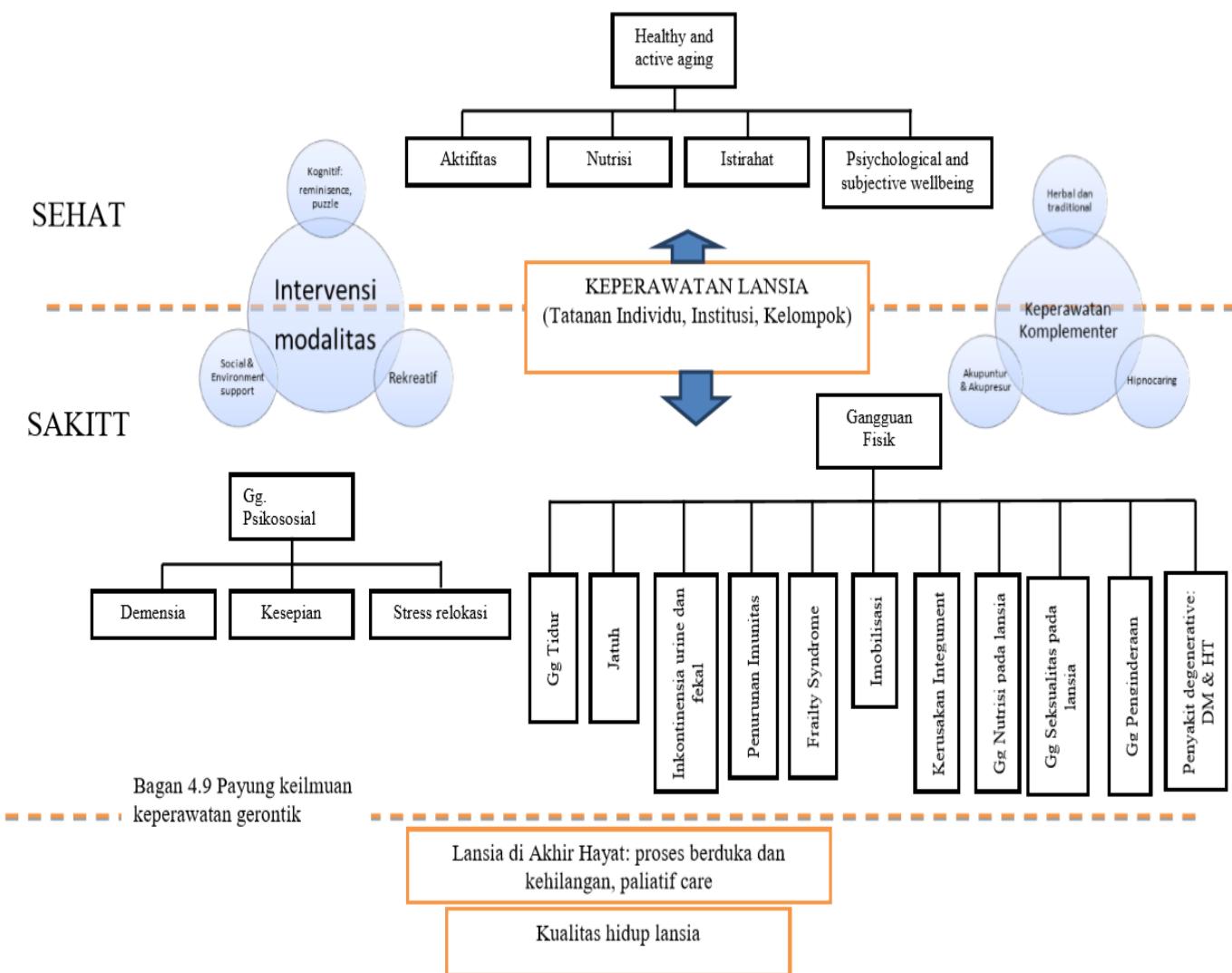
Fasilitas kesehatan dan tenaga kesehatan merupakan elemen yang penting dalam pencapaian derajat kesehatan masyarakat. Oleh karena itu, penelitian pada elemen tersebut penting dilakukan. Penelitian keperawatan komunitas pada sasaran faskes dan nakes difokuskan pada dua hal, yaitu: Suber Daya Manusia (SDM) Kesehatan dan pelayanan keperawatan di fasilitas kesehatan primer.

Bidang garap penelitian pada kelompok keilmuan keperawatan komunitas dan keluarga

NO	TOPIK	SUB TOPIK	OUTPUT	WAKTU
1	Individu	Penyakit tidak menular di poliklinik faskes primer.	1. Model 2. Modul 3. ISBN 4. HKI	2019 2019 2019 2020 2020
2	Keluarga	1. Askep sesuai tahap perkembangan keluarga. 2. Pemberdayaan dan intervensi berbasis keluarga. 3. Askep keluarga dalam krisis.	1. Modul 2. Publikasi 3. ISBN 4. HKI 5. Model	2019 2019 2019 2020 2020
3	Kelompok	Agregat 1. Kelompok khusus bencana. 2. Kelompok dengan penyakit menular. 3. Kelompok sesuai tahap perkembangan. 4. Kelompok resiko tinggi masalah kesehatan.	1. Publikasi 2. Modul 3. Model 4. HKI 5. ISBN	2019 2020 2020 2021 2020
4	Isu pengembangan	1. SIM dan ICT 2. Promkes 3. Kebijakan kesehatan 4. <i>Global health</i>	1. Teknologi informasi dalam askep keluarga dan komunitas. 2. Modul 3. Publikasi 4. HKI 5. ISBN	2019     
5	Faskes dan Nakes	1. SDM kesehatan a. kompetensi perawat komunitas. b. Migrasi perawat global. 2. Yankep di faskes primer: a. Perkesmas b. Peningkatan kapasitas yankep.	1. Publikasi 2. Model 3. Rekomendasi kebijakan.	2019 2020 2020

# ROADMAP PENELITIAN

## KEPERAWATAN GERONTIK



Pengembangan penelitian Keperawatan Gerontik diarahkan pada rentang respon sehat sakit pada lansia dalam 3 tatanan keperawatan keluarga individu, kelompok dan Institusi yang meliputi *healthy and active aging*, keperawatan komplementer, intervensi modalitas, gangguan psikososial, gangguan fisik dan perawatan akhir hayat pada lansia.

**a. *Healthy and active aging***

Proses penuaan sehat yang meliputi upaya dalam mengoptimalkan semua peluang meliputi aktifitas, nutrisi, istirahat yang dilakukan lansia untuk mengambil bagian aktif dalam masyarakat, meningkatkan *psychological* dan *subjective well-being* dan menikmati kebebasan dan kualitas hidup yang baik

**b. Keperawatan komplementer**

Penggunaan terapi tradisional ke dalam intervensi keperawatan. Kepada klien yang actual atau risiko mengalami gangguan kesehatan maupun potensial peningkatan kesehatan ditinjau dari aspek bio-psiko-sosio-spiritual pada lansia.

**c. Intervensi Modalitas**

Intervensi yang dilakukan yang bertujuan untuk mengisi waktu luang, meningkatkan kesehatan lansia, meningkatkan produktivitas lansia dan meningkatkan interaksi social pada lansia. Intervensi diterapkan secara individu maupun berkelompok.

**d. Gangguan psikososial**

Perubahan afektif, perilaku, kognitif pada lansia yang berdampak pada kondisi social lansia

**e. Gangguan fisik**

Perubahan fisik yang terjadi pada lansia yang menimbulkan masalah kesehatan meliputi: gg. Tidur, jatuh, inkontinensia urine dan fekal, frailty syndrome, immobilisasi, kerusakan integument, gg. Nutrisi pada lansia, gg penginderaan, gg seksualitas, dan penyakit degenerative.

**f. Akhir hayat**

Akhir hidup adalah bagian dari kehidupan yang merupakan proses menuju akhir atau kematian. Akhir kehidupan dapat dianggap sebagai periode sebelum kematian alami seseorang dari proses yang tidak mungkin ditangkap oleh perawatan medis. Akhir hidup memiliki 2 perspektif yang berpusat pada penyakit dan waktu. Perspektif penyakit meliputi periode kemunduran yang tidak dapat dipulihkan sebelum kematian. Perspektif waktu meliputi kriteria penerimaan rumah perawatan selama kurang dari enam bulan.

Bidang garap penelitian pada kelompok keilmuan keperawatan komunitas dan keluarga

NO	TOPIK	SUB TOPIK	OUTPUT	WAKTU
1.	Healty and active aging: aktifitas	Efek pengasuhan cucu pada lansia (stress, psikological well being, kesehatan dan kualitas hidup)	1. Instrumen deteksi stress grandparent 2. Publikasi 3. Modul	2020 2021 2022
		Determinan Kebugaran pada lansia	Publikasi	2019
		Upaya promotif untuk meningkatkan Kebugaran pada lansia	Publikasi	2020
2.	Healty and active aging: nutrisi	Determinant resiko mallnutrisi pada lansia	Publikasi	2020
		Suvey nutrisi unuk lansia	Publikasi	2021
		Pemngembangan jenis nutrisi ramah lansia	1. Publikasi 2. Paten	2022 2023
3.	Gangguan psikologis pada lansia di Panti	Stress relokasi pada lansia	1. Instrumen deteksi stress relokasi lansia 2. Publikasi	2019 2020
		Peer support untuk menurunkan stress relokasi	1. Publikasi 2. Modul	2021 2022
		Pengembangan model askep stress relokasi lansia di panti	Publikasi	2023
4	Perawatan akhir hidup pada lansia	Ekplorasi Pengetahuan, Sikap dan Praktik dalam Perawatan Akhir Hayat Lansia diantara Perawat di RS dan Panti	Publikasi	2019
		Model askep akhir hayat pada lansia di Panti	1. Modul 2. Model	2020 2021
5	Intervensi modalitas: Kognitif	Demensia prevention: TTS lansia	1. Publikasi 2. Modul	2022
6	Keperawatan komplementer	Keperawatan komplementer pada lansia dengan hipertensi	1. Publikasi 2. Paten	2019 2020

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