CHAPTER VII
CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

Based on the results of research, statistical analysis, and discussion of the effectiveness of Foot Reflexology using a Foot Reflection Board and Buerger Allen Exercise on the sensitivity of the feet of people with DM, it can be concluded that:

1. The average age of participants in the Foot Reflexology using a Foot Reflection Board group was 57.57 years and 53.43 years in the Buerger Allen Exercise group, almost all participants (88.3%) in both groups were female, with an average duration of DM ranging from 10 to 11 years, and the average blood sugar levels of participants in the Foot Reflexology using a Foot Reflection Board group 259.63 mg/dL while in the Buerger Allen Exercise group it was 244.50 mg/dL.
2. The average foot sensitivity score (right and left) in the Foot Reflexology using a Foot Reflection Board group before the intervention was 5.07 and 4.77 and after the intervention was 7.27 and 6.90. Meanwhile, in the Buerger Allen Exercise group , the foot sensitivity scores (right and left) before the intervention were 5.27 and 4.90 and after the intervention were 6.70 and 6.37.
3. There was a significant difference between the administration of Foot Reflexology using a Foot Reflection Board compared to Buerger Allen Exercise on the improvement of the sensitivity of the right leg (p = 0.006) and left leg (p = 0.032) in people with DM.

B. Recommendations

Based on the conclusions of the research results that have been described, the researcher provides several suggestions that are expected to provide benefits to various parties, namely:

1. For Researchers

   The results of this study are expected to add insights, skills, and empirical experience for researchers in applying complementary nursing interventions. Researchers can use this experience as a basis for continuing to innovate in providing medical-surgical nursing care, especially related to the management of peripheral neuropathy in people with DM.

2. For Institutions

   For educational institutions, especially Poltekkes Kemenkes Bengkulu, the results of this research can be used as an addition to library literature and academic study materials. These results are very relevant to be integrated into the Medical Surgical Nursing practicum module as an evidence-based practice regarding the non-pharmacological management of endocrine system disorders.

3. For the Next Researcher

   The researchers are further advised to improve this research by controlling confounding variables more strictly through diet or medication control sheets, adding long-term follow-up one to three months post-therapy, and involving a companion examiner (multi-examiner) to maintain the objectivity of the results of the 10-gram monofilament test. In addition, future research can be developed using a Randomized Controlled Trial (RCT) design with a wider range of participant demographics, longer intervention durations, and the addition of clinical variables such as the Ankle Brachial Index (ABI) value to make the results more comprehensive.

4. For Nurses

   Nurses in clinical healthcare settings can integrate Foot Reflexology therapy using a Foot Reflection Board as one of the nursing independent interventions. This method is very applicable, cost-effective, and has proven to be significantly more effective as a routine program in an effort to maintain the sensitivity of DM patients' feet in the treatment room and polyclinic.

5. For People with DM and Family

   People with DM and their families are advised to practice Foot Reflexology therapy using a Foot Reflection Board regularly and independently at home. The family can play an active role as a companion to ensure that this therapy is carried out consistently as a safe and easy preventive measure to prevent complications of wounds on the feet (diabetic ulcers).