

Efek Health Coaching terhadap Peningkatan Kualitas Hidup Pasien Diabetes = Effects of Health Coaching on Improving Quality of Life for Diabetes Patients

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Abstrak

Peningkatan prevalensi diabetes menjadi tantangan bagi tenaga profesional kesehatan dalam meningkatkan kualitas hidupnya. Tujuan penelitian ini adalah mengembangkan model coaching dan menilai efikasinya terhadap kualitas hidup pasien diabetes. Desain penelitian ini adalah penelitian dan pengembangan. Tahapan penelitian terdiri dari pengembangan model coaching dilakukan dengan studi literatur, validitas konten dan ujicoba, sedangkan menilai efikasi dengan randomized control trial pada 134 pasien diabetes yang dibagi ke dalam dua kelompok, yaitu kelompok yang mendapat coaching dan edukasi. Intervensi diberikan empat kali, satu kali face to face dan tiga melalui telepon yang dilakukan selama 12 minggu. Outcome yang diukur adalah perubahan rerata skor kualitas hidup, literasi kesehatan, HbA1c dan kepatuhan. Analisis yang dilakukan adalah differences in differences. Dihasilkan model coaching ICARE yaitu introduksi, cek outcome, asesmen faktor yang berpengaruh, rencanakan tindakan dan eksplorasi tanggungjawab. Hasil uji efikasi menunjukkan adanya perbedaan perubahan rerata skor antara kelompok intervensi dan kontrol, perbedaan perubahan skor literasi kesehatan 2,52 (1,18 – 3,65), kepatuhan 7,02 (5,58 – 8,85), HbA1c - 0,34 (-0,47 -- 0,18) dan kualitas hidup 2,9 (2,01-3,72). Coaching menjadi perubah signifikan pada dimensi kemampuan menerapkan informasi kesehatan yang diterima. Coaching model ICARE dapat meningkatkan kualitas hidup pada pasien diabetes melalui perubahan dimensi literasi kesehatan dan kepatuhan.

.....The increasing prevalence of diabetes was a challenge for health professionals to improving quality of life. The purpose of this study was to develop a coaching model and assess its efficacy on the quality of life of diabetic patients. The design of this research is research and development. The research stages consist of developing a coaching model with literature studies, content validity and testing. While assessing efficacy with a randomized controlled trial on 134 diabetic patients who were divided into two groups, namely the group that received coaching as intervention and standard care as a control. The intervention was given four times, once time face to face and three times by telephone which was carried out for 12 weeks. The outcomes measured were changes in the mean quality of life scores, health literacy, HbA1c and adherence scores. The analysis carried out is differences in differences. ICARE's coaching model was generated, namely introduction, check for outcome, assessment of influencing factors, rearrange the action plan and exploration of responsibilities. The results of the efficacy test showed that there were differences in changes in the mean scores between the intervention and control groups, differences in changes in health literacy scores 2.52 (1.18 – 3.65), adherence 7.02 (5.58 – 8.85), HbA1c -0.34 (-0.47 - -0.18) and quality of life 2.9 (2.01 – 3.72). Coaching is a significant change in the dimension of the ability to apply health information received. Coaching ICARE application model can improve the quality of life in diabetic patients through changes in the dimensions of health literacy and compliance.