

Nuurhidayat Jafar



VIRTUAL HEALTH COACHING

PADA PASIEN DIABETES MELLITUS



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Buku "Virtual Health Coaching Pada Pasien Diabetes Mellitus" merupakan karya yang membahas secara komprehensif tentang penerapan aplikasi virtual health coaching berbasis android dalam manajemen Diabetes Mellitus tipe 2. Buku ini menyoroti pentingnya virtual health coaching dalam meningkatkan pemahaman, kualitas hidup, dan kontrol kadar HbA1C pada pasien Diabetes Mellitus. Selain itu, buku ini juga mengulas secara mendalam tentang teori *Integrative Nurse Coaching* (TINC) sebagai landasan bagi perawat dalam memberikan coaching, edukasi, dan perawatan yang holistik. Langkah-langkah *integrative nurse coaching* serta perspektif integral untuk perubahan juga turut dibahas untuk memberikan pemahaman yang lebih luas tentang peran perawat dalam mendukung pasien Diabetes Mellitus dalam mencapai kesehatan yang optimal. Dengan fokus pada efektivitas dan efisiensi dalam manajemen diabetes, buku ini memberikan wawasan yang berharga tentang bagaimana teknologi virtual dapat digunakan sebagai alat yang efektif dalam mendampingi pasien Diabetes Mellitus tipe 2. Diharapkan buku ini dapat memberikan kontribusi positif dalam pengembangan ilmu pengetahuan dan praktik keperawatan, khususnya dalam konteks manajemen penyakit kronis seperti Diabetes Mellitus.



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lainnya tanpa seizin tertulis dari penerbit.

KATA PENGANTAR

Puji syukur saya panjatkan kepada Tuhan Yang Maha Esa, karena atas berkat dan rahmat-Nya, saya dapat menyelesaikan buku ini. Penulisan buku merupakan buah karya dari pemikiran penulis yang diberi judul "*Virtual Health Coaching Pada Pasien Diabetus Mellitus*". Saya menyadari bahwa tanpa bantuan dan bimbingan dari berbagai pihak sangatlah sulit bagi saya untuk menyelesaikan karya ini. Oleh karena itu, saya mengucapkan banyak terima kasih pada semua pihak yang telah membantu penyusunan buku ini. Sehingga buku ini bisa hadir di hadapan pembaca.

Buku ini mencoba membahas aplikasi *virtual health coaching* berbasis *android* dan mengetahui pengaruhnya terhadap perubahan HbA1C, pengetahuan, dan kualitas hidup penyandang DMT-2, sehingga penyandang diabetes khususnya tipe 2 untuk mendapatkan edukasi dan pengarahan oleh profesional kesehatan dalam pengelolaan manajemen diabetes dengan lebih efektif dan efisien, lebih menghemat waktu dan biaya, serta dapat digunakan setiap saat dan di setiap tempat.

Pada umumnya, sastra melingkupi dua disiplin ilmu, yaitu karya sastra atau karya kreatif dan ilmu sastra yang saling berkorelasi. Korelasi tersebut dapat dilihat dari segi proses munculnya karya sastra dan ilmu sastra. Karya sastra lebih dulu muncul dibandingkan ilmu sastra. Akan tetapi, karya sastra dan ilmu sastra tidak dapat dipisahkan. Hal ini dikarenakan ilmu sastra muncul disebabkan oleh adanya karya sastra yang menarik untuk didalami dengan ilmu sastra.

Penulis menyadari bahwa buku ini masih jauh dari kesempurnaan. Oleh karena itu kritik dan saran yang membangun sangat dibutuhkan guna penyempurnaan buku ini. Akhir kata saya berharap Tuhan Yang Maha Esa berkenan membala segala kebaikan semua pihak yang telah membantu. Semoga buku ini akan membawa manfaat bagi pengembangan ilmu pengetahuan.

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BAB

1 | PENDAHULUAN

Diabetes mellitus (DM) adalah penyakit metabolism kronis yang ditandai dengan peningkatan kadar glukosa darah yang menyebabkan kerusakan serius pada jantung, pembuluh darah, mata, ginjal, dan saraf. DM ditemukan hampir di setiap negara di dunia termasuk negara dengan penghasilan rendah dan menengah (WHO, 2019b). Diabetes mellitus tipe 2 (DMT-2) paling umum terjadi dan bersifat *preventable* (Animaw & Seyoum, 2017). DMT-2 sering ditemukan pada orang dewasa, yaitu tubuh menjadi resisten terhadap insulin atau tidak menghasilkan cukup insulin. Prevalensi DMT-2 meningkat signifikan dalam tiga dekade terakhir (WHO, 2019b).

Jumlah penyandang DM secara global terus mengalami peningkatan. Prevalensi DM pada tahun 2019 diperkirakan sebesar 9,3% (463 juta orang) dan angka ini diprediksi akan bertambah menjadi 10,2% (578 juta) pada tahun 2030, dan 10,9% (700 juta) pada tahun 2045 (Saeedi *et al.*, 2019). Tiga dari empat penyandang DM berada pada level *working age* (20-64 tahun) sebanyak 352 juta orang (72%) atau masih berada pada masa yang produktif, sementara *older people* (≥ 65 tahun) 27,8%, *children and adolescent* (0-19 tahun) 0,2% (International Diabetes Federation, 2019a).

Prevalensi DM di Indonesia berdasarkan diagnosis dokter pada umur >15 tahun mengalami peningkatan dalam lima tahun terakhir (2013-2018), yaitu dari 1,5% menjadi 2%. Daerah Istimewa Yogyakarta (DIY) mengalami peningkatan kasus dari 2,6% (tahun 2013) menjadi 3,11% (tahun 2018) (Kementerian Kesehatan Republik

BAB 2 | DIABETES MELLITUS (DM)

A. Definisi *Diabetes Mellitus*

Diabetes mellitus (DM) merupakan penyakit metabolism yang diakibatkan oleh adanya kelainan sekresi insulin, kerja insulin, atau kedua duanya (Kemenkes RI, 2015). DM banyak terjadi pada usia lanjut. Prevalensi DM terdiagnosis di seluruh dunia meningkat hingga 82%, dengan penyebab terbanyak obesitas dan menurunnya sensitivitas insulin pada jaringan perifer (Kauffman et al., 2014). Proporsi epidemik DM akan terus meningkat, jika tidak dilakukan tata laksana dengan tepat (Imam, 2015).

Prevalensi DM di Indonesia itu sendiri sebesar 6,2% dan DM ini merupakan penyebab mayor kematian di Indonesia (International Diabetes Federation, 2017; WHO, 2016b). Indonesia merupakan salah satu dari sepuluh negara yang menempati urutan teratas prevalensi penduduk penderita DM sejak tahun 2013 dan hal ini diprediksi akan terus berlanjut hingga 2035 kecuali manajemen pencegahan dan tatalaksana DM diimplementasikan dengan tepat (Guariguata et al., 2014).

B. Klasifikasi *Diabetes mellitus*

Diabetes mellitus dibagi atas diabetes mellitus tipe 1 (DMT-1), diabetes mellitus tipe 2 (DMT-2), DM gestasional, dan diabetes khusus.

BAB

3

HEALTH COACHING (HC)

A. *Health Coaching (HC)*

Coaching merupakan bentuk kemitraan yang diarahkan untuk pencapaian tujuan atau proses kreatif yang mengajak individu untuk berpikir, menemukan ide-ide, dan membuat strategi. *Coaching* menjadikan seseorang sadar terhadap potensi dan kekuatannya serta memiliki keinginan yang kuat dalam memaksimalkan semuanya. *Coaching* bisa dilakukan empat mata atau secara berkelompok. Percakapan *coaching* membantu menjembatani dialog antara *coach* dan *coachee* untuk mencapai tujuan bersama (Arsendatama, 2016). *Health coaching* memfasilitasi individu untuk lebih paham, lebih terampil, serta membantu lebih aktif dan percaya diri dalam melaksanakan *self care*. *Health coaching* membantu pasien menetapkan tujuan kesehatan mereka sendiri dan kemudian mendukung upaya mereka untuk mencapai tujuan tersebut. Pasien dengan kondisi kronis harus dengan sendirinya membuat keputusan penting pada hal-hal seperti diet, olahraga, dan konsumsi obat-obatan. Perawat, apoteker, pendidik kesehatan, asisten medis terlatih, atau bahkan pasien lain disebut *peer coaches* karena dapat menjadi pelatih kesehatan terbaik (Ghorob, 2013).

Percakapan *coaching* diawali dengan memperjelas kepada klien tentang agenda dan tujuan yang ingin dicapai. Proses percakapan selanjutnya dengan memetakan, menggali, dan membangun ide. Percakapan *coaching* diakhiri dengan

BAB

4

VIRTUAL HEALTH COACHING PASIEN DM TIPE 2

Pasien DMT-2 memerlukan adaptasi dalam memodifikasi gaya hidup yang merupakan manajemen diabetes. Edukasi sangat dibutuhkan dalam meningkatkan kepatuhan dan *health coaching* menjadi salah satu intervensi yang paling direkomendasikan. *Health coaching* adalah konsep multidimensi pada semua profesi perawatan kesehatan dan memiliki banyak makna tergantung dari disiplin ilmu yang digunakan. *Theory of Integrative Nurse Coaching* (TINC) menjadi pilihan yang tepat karena berisi tentang *healing*, metaparadigma dalam teori keperawatan, pola pengetahuan dalam keperawatan, dan terdiri dari lima komponen *integrative nurse coaching*. TINC penting dalam keberlanjutan peran *nurse coach* (Dossey *et al.*, 2015). TINC adalah *middle range nursing theory* untuk memandu perawat dalam melakukan *coaching*, pendidikan, kajian serta kebijakan dalam perawatan (Smith & Parker, 2014). Interaksi antar tiap komponen dalam TINC ini akan memengaruhi delapan komponen, yaitu (1) *Life balance and satisfaction*, (2) *Relationships*, (3) *Spiritual*, (4) *Mental*, (5) *Emotional*, (6) *Physical (nutrition, exercise, weight management)*, (7) *Environmental*, and (8) *Health responsibility* (Dossey *et al.*, 2015).

Life balance and satisfaction adalah mengenali dan merayakan kegembiraan dan hal positif dalam hidup menambah keseimbangan hidup dan kepuasan. Hal tersebut akan menyelaraskan penyandang DMT-2 dengan penyembuhan dalam mencapai tingkat kesadaran. *Healing* adalah mengenali perasaan,

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TENTANG PENULIS

Dr. Nuurhidayat Jafar, S.Kep., Ns., M.Kep. lahir di Soppeng pada 18 September 1984 adalah dosen tetap di Fakultas Keperawatan Universitas Hasanuddin, Makassar. Riwayat Pendidikan formal penulis adalah dimulai dari SD Inpres Jatia Kab Gowa, SLTP Negeri 1 Bajeng Kab Gowa, SMAN 1 Bajeng Kab. Gowa. Penulis memulai Pendidikan keperawatan dan profesi Ners di PSIK FK Unhas lulus tahun 2007. Pada tahun 2008 penulis melanjutkan program Magister Keperawatan (S2) peminatan Keperawatan Komunitas di Universitas Indonesia, serta gelar S3 yang didapatkan dari Universitas Gadjah Mada dalam bidang Ilmu Kedokteran dan Kesehatan lulus tahun 2023.

Penulis aktif melakukan penelitian dengan berbagai judul penelitian dengan topik Sebagian besar berfokus pada Diabetes Mellitus (DM). Salah satunya dengan mengembangkan intervensi health coaching secara virtual pada penyandang DM. Penulis juga mempunyai pengalaman kerja diantaranya menjadi enumerator Riset Kesehatan Dasar pada tahun 2007, mengikuti *The Knowledge Co-Creation Program for Young Leaders JFY 2015* dari JICA, menjadi pelatih nasional Riset Kesehatan Dasar tahun 2018.

Dengan dedikasi dan komitmennya dalam dunia keperawatan, penulis terus berkontribusi dalam pengembangan ilmu keperawatan terutama dalam bidang keperawatan komunitas. Melalui pengalaman, pengetahuan, dan keterampilannya, beliau menjadi sosok yang inspiratif bagi generasi keperawatan masa depan.

REPUBLIK INDONESIA
KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA

SURAT PENCATATAN CIPTAAN

Dalam rangka perlindungan ciptaan di bidang ilmu pengetahuan, seni dan sastra berdasarkan Undang-Undang Nomor 28 Tahun 2014 tentang Hak Cipta, dengan ini menerangkan:

Nomor dan tanggal permohonan

: ECO0202424748, 18 Maret 2024

Pencipta

Nama

: Dr. Naurhidayat Jafar, S.Kep.Ns., M.Kep.

Alamat

: Jl. Dr. Wahidin Sudirohusodo, Nindya 2 Residence Blok C No. 5 Sungguminasa, Gowa, SulSel Kode Pos 92117, Somba Opu (upu), Gowa, Sulawesi Selatan; 92117

Kewarganegaraan

: Indonesia

Pemegang Hak Cipta

Nama

: Dr. Naurhidayat Jafar, S.Kep.Ns., M.Kep.

Alamat

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Kewarganegaraan

: Indonesia

Jenis Ciptaan

: Buku

Judul Ciptaan

: Virtual Health Coaching Pada Pasien Diabetes Mellitus

Tanggal dan tempat diumumkan untuk pertama kali di wilayah Indonesia atau di luar wilayah Indonesia

: 16 Maret 2024, di Purbalingga

Jangka waktu pelindungan

: Berlaku selama hidup Pencipta dan terus berlangsung selama 70 (tujuh puluh) tahun setelah Pencipta meninggal dunia, terhitung mulai tanggal 1 Januari tahun berikutnya.

Nomor pencatatan

: 000600102

adalah benar berdasarkan keterangan yang diberikan oleh Pemohon. Surat Pencatatan Hak Cipta atau produk Hak terkait ini sesuai dengan Pasal 72 Undang-Undang Nomor 28 Tahun 2014 tentang Hak Cipta.

a.n. MENTERI HUKUM DAN HAK ASASI MANUSIA
DIREKTUR JENDERAL KEKAYAAN INTELEKTUAL

u.b

Direktur Hak Cipta dan Desain Industri

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