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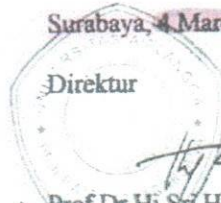
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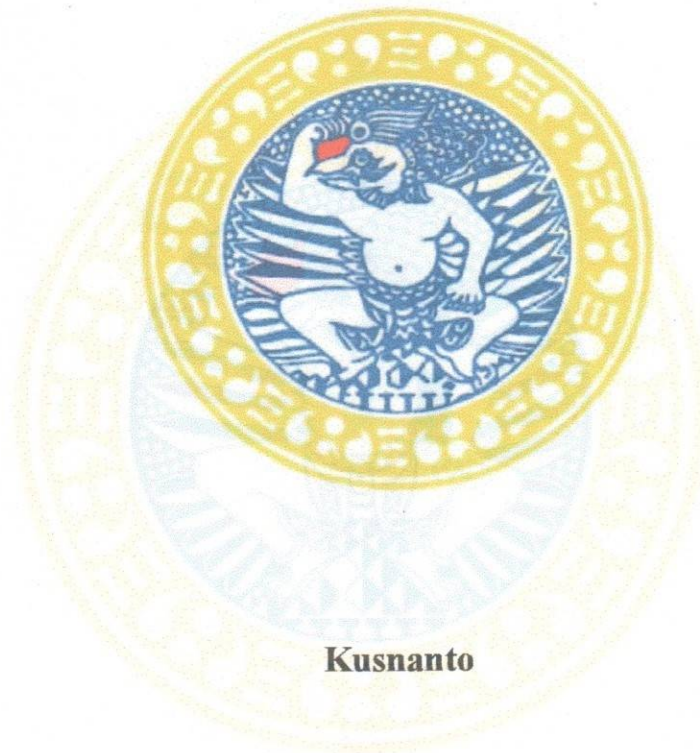
DISERTASI

PENGEMBANGAN MODEL

SELF CARE MANAGEMENT-HOLISTIC PSYCHOSPIRITUAL

CARE TERHADAP RESPON HOLISTIK

PENDERITA DIABETES MELITUS TIPE 2



Kusnanto

**PROGRAM STUDI S3 ILMU KEDOKTERAN
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SURABAYA**

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DISERTASI

**Untuk Memperoleh Gelar Doktor
Dalam Program Studi S3 Ilmu Kedokteran
Pada Fakultas Kedokteran Universitas Airlangga
Telah Dipertahankan Di Hadapan
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Pada Hari : Kamis
Tanggal : 10 Mei 2012
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RINGKASAN

**Pengembangan Model *Self Care Management-Holistic Psychospiritual Care*
Terhadap Respon Holistik Penderita Diabetes Melitus Tipe 2**

DM adalah suatu penyakit kronis yang tidak bisa disembuhkan tetapi bisa dikurangi dan dikontrol kadar gula darahnya (WHO, 2006). Berdasarkan laporan *Centers for Disease and Prevention (CDP)* tahun 2007 prevalensi secara global cenderung meningkat. Sepuluh negara yang paling banyak menderita DM yaitu India, Cina, Amerika Serikat, Indonesia, Jepang, Pakistan, Rusia, Brazil, Italia dan Bangladesh Indonesia menempati urutan keempat terbanyak penderita DM. Pada tahun 2000 di Indonesia terdapat 8,4 juta penderita DM dan diperkirakan akan meningkat pada tahun 2030 sebanyak 21,3 juta penderita (WHO, 2006).

Berbagai intervensi sebagai upaya meningkatkan kualitas hidup penderita DM telah dilakukan baik berupa *Diabetes Mellitus Self Care* (Guthrie & Guthrie (2002) maupun *Diabetes Self Management Education* (Funnel, 2010), namun banyak penderita DM belum menunjukkan adanya kemandirian dalam mengelola penyakitnya. Beberapa penelitian mencatat bahwa 50–80% penderita DM memiliki pengetahuan dan ketrampilan yang kurang dalam mengelola penyakitnya (Norris, 2001; Palestin, 2005 dalam Bondan P, 2008). Kondisi seperti ini membutuhkan strategi baru untuk, dan meningkatkan perilaku kemandirian penderita dalam mengelola penyakitnya, menurunkan prevalensi serta untuk mencegah komplikasi. Tujuan penelitian ini dibagi dalam dua tahap, pada tahap pertama bertujuan untuk mengembangkan modul pembelajaran dengan cara berfikir deduktif-induktif dan tahap kedua bertujuan untuk menguji coba modul. Secara umum tujuan penelitian ini adalah menjelaskan menjelaskan respon holistik pada penderita Diabetes mellitus type 2 menggunakan pendekatan *Self Care Management-Holistic Psychospiritual Care* menggunakan modul pengelolaan diabetes mandiri. Pengembangan model *Self Care Management-Holistic Psychospiritual Care* digunakan sebagai dasar dalam penelitian ini karena manusia merupakan makhluk yang utuh yang terdiri atas bio, psiko, sosial dan spiritual dan *Psychospiritual Care* merupakan metode keperawatan yang mengkombinasi kekuatan *spiritual power* dengan *energy psychology*.

Penelitian dilakukan dalam dua tahapan, tahap pertama merupakan jenis penelitian deskriptif dan jenis penelitian tahap kedua adalah *Quasi experimental with nonrandomized pre test-post test control group design*. Pasien yang baru didiagnosa DM Type 2 di Puskesmas Kebonsari diseleksi dengan *purposive sampling*, pada penelitian tahap pertama jumlah sampel 15 penderita DM dan penelitian tahap kedua jumlah sampel ada 50 penderita dan dibagi menjadi dua kelompok, 25 penderita masuk kelompok perlakuan dan 25 penderita masuk kelompok pembanding. Kelompok perlakuan diberikan intervensi *Self Care Management-Holistic Psychospiritual Care* dengan Modul Pengelolaan Diabetes Mandiri, kegiatan dilakukan dalam lima kali pertemuan dalam rentang 3 bulan untuk setiap penderita. Sebelum dan sesudah pemberian intervensi penderita diambil sampel darah untuk pemeriksaan kadar glukosa darah 2 jam PP, A1C, diukur TB dan BB untuk mengetahui IMT serta diberikan kuesioner status psikologis, fungsi sosial dan status spiritual yang terdiri atas 50 item pertanyaan.

Deskripsi data dengan rerata dan standar deviasi untuk data berdistribusi normal. Gambaran kebutuhan belajar penderita, data demografi, data kondisi fisik, psikologis, sosial dan spiritual diolah secara deskriptif. Perubahan nilai gula darah, A1C dan IMT dianalisis dengan *uji independent t test*. Perubahan respon psikologis, sosial dan spiritual dianalisis dengan Uji *McNemar* dan uji *Chi-Square*.

Hasil penelitian tahap pertama menunjukkan bahwa penderita DM membutuhkan suatu pengetahuan dan keterampilan untuk mengelola penyakit secara mandiri dan oleh peneliti disusun dalam bentuk pengembangan modul. Hasil penelitian tahap kedua menunjukkan bahwa modul efektif dalam memperbaiki respon holistic meliputi kondisi fisik, psikologis, sosial dan spiritual penderita DM. Hal ini terbukti dari hasil pemeriksaan kadar glukosa darah 2 jam PP, HbA1C terjadi penurunan, $p=0.000$ ($p < 0.05$), dan IMT $p=0.493$ ($p > 0.05$). Status psikologis; koping lebih konstruktif, fungsi sosial; hubungan interpersonal meningkat dan status spiritual; penderita lebih bertawakal, dengan nilai $p=0.000$ ($p < 0.05$).

Sebagai kesimpulan bahwa modul yang dikembangkan oleh peneliti efektif diterapkan dalam *self care management* dan dapat dijadikan acuan oleh penderita DM dimasyarakat dalam mengelola penyakitnya secara mandiri dan holistik. Hasil uji coba modul yang diterapkan pada pengembangan model *Self Care Management -Holistic Psychospiritual Care* dapat memperbaiki kondisi fisik, psikologis, sosial dan spiritual penderita Diabetes mellitus Tipe 2 di masyarakat

Saran, modul Pengelolaan Diabetes Mandiri dapat dijadikan acuan oleh penderita DM untuk mengelola penyakitnya secara mandiri terutama berkaitan dengan hal-hal yang bersifat umum dan sederhana dan perawat komunitas (puskesmas) dapat menjadikan model *Self Care Management-Holistic Psychospiritual Care* sebagai intervensi memandirikan penderita Diabetes mellitus Tipe 2 di masyarakat serta dapat digunakan sebagai *complementary and alternative medicine* untuk mengendalikan prevalensi komplikasi DM.

SUMMARY

The Development of Self Care Management-Holistic Psychospiritual Care Model to Holistic Response Type 2 Diabetes mellitus Patients

DM is a chronic disease that cannot be cured but can be reduced and controlled through blood sugar levels (WHO, 2006). Based on the report of the Centers for Disease and Prevention (CDP) in 2007 the global prevalence of DM tends to increase. Ten countries that suffered most from DM namely India, China, the United States, Indonesia, Japan, Pakistan, Russia, Brazil, Italy and Bangladesh, Indonesia ranks fourth most patients with DM. In 2000 in Indonesia, there are 8.4 million people with DM and are expected to increase in 2030 as many as 21.3 million people (WHO, 2006).

Various interventions as an effort to improve quality of life of people with DM have been carried out either in the form of Diabetes Mellitus Self Care (Guthrie & Guthrie (2002) and the Diabetes Self Management Education (Funnel, 2010). However, many people with diabetes have not demonstrated the existence of self-reliance in managing their disease. Several studies have reported that 50-80% of patients with DM have less knowledge and skill in managing the disease (Norris, 2001; Palestine, 2005 cited in Bondan P, 2008).

These conditions require a new strategy to reduce the prevalence of, and increase the independence of the behavior of the patients in managing their disease and prevent complications. The purpose of this study is divided into two phases. The first phase aims to develop learning modules with an inductive-deductive way of thinking, and the second phase aims to test the module. The general objective of this study is to explain the improvement of the physical, psychological, social and spiritual people with diabetes through Self Care Management with the Holistic Psycho spiritual Care approach. The implementation of Self Care Management is applied by using the module independent diabetes. HPC is used as a basic approach for this study due to a human being is holistic composed of bio, psycho, social, and spiritual and Psycho spiritual Nursing Care is a method that combines the power of energy psychology with spiritual power.

The study was conducted in two stages. The first stage is a descriptive research and is the second stage of this research is Quasi-experimental test nonrandomized pre-post test control group design. Patients with newly diagnosed Tipe 2 Diabetes Mellitus in the Kebonsari Community Health Center (CHC) were selected by purposive sampling. The first phase of the sample size was 15 patients with DM. The second phase of the sample were 50 patients divided into two groups, including 25 patients grouped the treatment group and 25 patients included within the control group. The treatment group was administered by the intervention of Diabetes Care Management with Independent Modules. The activities carried out in five meetings in a span of three months for each patient. Before and after the intervention, the patient blood samples were taken for examination of blood-glucose levels two-hour PP, A1C, TB and BB were measured to determine BMI and the status of psychological, social functioning and spiritual status was assessed by using questionnaire consisted of 50 question items. For normal distribution of data is presented with descriptive data with mean

and standard deviation. Furthermore, the picture of learning needs of patients, demographic data, data of physical, psychological, social and spiritual were analyzed descriptively. Changes in blood-glucose values, A1C and BMI were analyzed with t test. Changes in response to be psychological, social and spiritual were analyzed with McNemar test and Chi-Square test.

The first phase of the study results showed that patients with DM require knowledge and skills to manage the disease. For this reason, the researcher designed and provided the form of module development. The second phase of the study results indicated that the module is effective in improving the physical, psychological, social and spiritual people with DM. This is evident to the results of blood-glucose levels 2 hours PP, HbA1C decrease, $p = 0.000$ ($p < 0.05$), and BMI $p = 0.493$ ($p > 0.05$). Psychological status: more constructive coping, social functioning: improved interpersonal relationships and spiritual status: more acceptance, the value of $p = 0.000$ ($p < 0.05$).

To sum up, the modules developed by the researcher was effectively applied in self-care management and can be used by patients with DM as well as a guidance for patients with DM in the community in managing their disease independently and holistically. The results of testing modules applied to the Self Care Management with Holistic Psycho spiritual (HPC) approach can improve the physical, psychological, social and spiritual of people with Tipe 2 Diabetes mellitus in the community.

The recommendation from this study is Diabetes Self-Management module can be used by patients with DM to manage their disease independently especially concerned with matters of a general nature which is simple and nurses in the CHC can apply the Self Care Management with Holistic Psycho spiritual Care approach as an intervention in order to help patient independently in the community as well as complementary and alternative medicine to control the prevalence of DM complications.

ABSTRAK

Pengembangan Model *Self Care Management-Holistic Psychospiritual Care* Terhadap Respon Holistik Penderita Diabetes mellitus Tipe 2

Kusnanto

Latar Belakang: DM adalah suatu penyakit kronis yang tidak bisa disembuhkan tetapi bisa dikontrol kadar gula darahnya, prevalensi secara global cenderung meningkat hal ini disebabkan karena ketidakmampuan penderita dalam mengelola penyakitnya secara mandiri dan berdampak pada kondisi kesehatan yang semakin memburuk baik fisik, psikologis, sosial, maupun spiritual. Berbagai intervensi telah dilakukan namun belum menunjukkan perbaikan kondisi secara holistik sehingga timbul berbagai komplikasi. Tujuan penelitian ini adalah menjelaskan terjadinya perbaikan kondisi fisik, psikologis, sosial dan spiritual melalui pengembangan model *Self Care Management-Holistic Psychospiritual Care*

Metode: Pasien yang baru didiagnosa DM Tipe 2 di Puskesmas Kebonsari diseleksi dengan *purposive sampling* dan dibagi menjadi dua kelompok, masing-masing kelompok berjumlah 25 penderita. Kelompok perlakuan diberikan intervensi pengembangan model *Self Care Management* dengan modul Pengelolaan Diabetes Mandiri, kegiatan dilakukan dalam lima kali pertemuan dalam rentang 3 bulan untuk setiap penderita. Sebelum dan sesudah pemberian intervensi penderita dilakukan pemeriksaan kadar glukosa darah 2 jam PP, A1C, IMT serta diberikan kuesioner. Data dianalisis dengan Uji t, *McNemar* dan *Chi-Square*.

Hasil : Hasil penelitian menunjukkan bahwa penderita DM tipe 2 membutuhkan pengetahuan dan keterampilan untuk mengelola penyakit secara mandiri, terjadi penurunan nilai kadar glukosa darah 2 jam PP, A1C, koping lebih konstruktif, hubungan interpersonal meningkat dan penderita lebih bertawakal

Pembahasan: Pengembangan model *Self Care Management-Holistic Psychospiritual Care* dapat memperbaiki kondisi fisik, psikologis, sosial dan spiritual penderita DM tipe 2 di masyarakat.

Kata Kunci: *Self Care Management, Holistic Psychospiritual Care, DM tipe 2.*

ABSTRACT

The development of Self Care Management-Holistic Psychospiritual Care on Holistic Response of Type 2 Diabetes Mellitus Patients

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Background: Diabetes mellitus is a chronic disease that may not possible to be cured, however the blood glucose level can be maintained. The global prevalence of this disease tends to increase due to the incapability of those who suffer from Diabetes Mellitus in managing the disease independently. This condition may lead to it progressivity the disease either physical, psychological, or social and spiritual of the patients. Although various interventions had been done as an effort to promote patients' quality, the significant result of patients' independency is not yet proven effective so that complications and their life quality were plunging. An optimum result of DM treatment needs a daily independent management including diet, regular exercise, and regular glucose blood level monitoring. The objective of this study was to explain a holistic response of patients with type 2 diabetes mellitus using an integrated approach Self -Management Care Holistic Care Psychospiritual.

Design: Newly diagnosed with Type 2 Diabetes Mellitus in KebonSari Health Care Center out coming patients selected by purposive sampling were divided into two groups, the control an intervention groups, consist of 25 patients each group. The intervention group was given a Self Care Management, using modified DSME module in five times meeting during three months whereas each patients' blood sample of this group was taken for 2 hours PP, A1C for sugar level test. Patients' Weigh and height were measured to have a precise measurement of BMI. The research results were tested using T-test, McNemar and Chi-Square test.

Result: The research results show that the patients need knowledge and skills to manage their illness independently. The reduction of 2 hour after meal in blood sugar level, HbA1C occured. The coping were more constructive whereas interpersonal relationship were significant and they seemed to be more religious.

Conclusions: Self Care Management using the Holistic Psychosocial Care is able to restore the physical, psychological, social and spiritual conditions of Type 2 DM patients in community. It is recommended that this method is applied as an alternative solution of DM management in community.

Key Words: Holistic response, Self Care Management-Holistic Psychospiritual Care, Type 2 Diabetes Mellitus.