

## Abstrak

**Latar Belakang.** Diabetes Melitus Tipe 1 sangat mempengaruhi pola hidup, kepribadian, kesehatan mental, kondisi sosial dan ekonomi dari remaja dan keluarganya. Penguatan *self-efficacy* dan *self-management* direkomendasikan untuk menunjang kemandirian remaja dengan DM Tipe 1 dalam manajemen diabetes melalui pendampingan tim multidisipliner dalam upaya pelayanan kesehatannya. Penelitian ini bertujuan mendapatkan desain model pendekatan kedokteran keluarga dengan upaya pemberdayaan keluarga untuk membangun *self-efficacy* dan *self-management* pada remaja dengan DM Tipe 1 dalam layanan primer.

**Metode.** Penelitian dilaksanakan dalam tiga tahapan, yaitu 1) Penelusuran literatur dengan Scoping Review, 2) Penelitian kualitatif fenomenologi, dan 3) Perumusan model yang berbasis pada domain *self-management support* dari *Chronic Care Model*, prinsip kedokteran keluarga, dan identifikasi hasil penelitian tahap pertama dan kedua. Validasi inti konsep dan buku pedoman CARING Model dilakukan oleh pakar ahli. Penelitian dilaksanakan di area Soloraya Jawa Tengah dan Daerah Istimewa Yogyakarta. Penelitian dilakukan pada tahun 2020 hingga 2023.

**Hasil dan Diskusi.** Penelitian tahap I menunjukkan hasil skema *self-efficacy* dan *self-management* remaja sebagai variabel perantara berkaitan erat dengan segala sesuatu yang dapat mempengaruhi perilaku kesehatan, pengendalian metabolismik, dan kualitas hidup remaja, sehingga memerlukan dukungan tim kolaboratif multidisipliner dalam pelayanan kesehatan yang komprehensif. Penelitian tahap II mengidentifikasi bahwa remaja dengan DM Tipe 1 melalui tiga tahapan penting dalam kehidupannya yaitu, proses penegakan diagnosis, menerima dirinya berbeda dengan teman sebaya, dan berteman dengan DM Tipe 1 dalam kehidupannya. Penelitian tahap III menghasilkan kerangka konseptual dan buku pedoman CARING Model (*Collaborative teamwork; Affectionate approach; Resolving with the family; Ideal self-acceptance; Networking with peer group; Growing with the disease*) bagi dokter/ dokter keluarga, remaja dan keluarganya yang direkomendasikan dalam konteks di layanan primer.

**Kesimpulan.** Penelitian ini mengidentifikasi bahwa belum ada bentuk pelayanan khusus bagi remaja DM Tipe 1 di layanan kesehatan primer dan belum ada tim multidisipliner kolaboratif antara Fasilitas Kesehatan Rujukan Tingkat Lanjut dan Fasilitas Kesehatan Tingkat Pertama; Remaja melalui tahapan-tahapan penting dalam kehidupannya untuk dapat menerima DM Tipe 1 dalam kehidupannya; serta menghasilkan model konseptual, buku pedoman yang direkomendasikan bagi pelayanan kesehatan remaja dengan DM Tipe 1 di layanan primer. Penelitian ini dapat menjadi dasar eksplorasi lanjut terkait berbagai faktor kontekstual yang mempengaruhi kemandirian *self-management* remaja dengan DM Tipe 1, serta studi implementasi lebih lanjut untuk pemanfaatan pendekatan CARING dalam mengoptimalkan kualitas hidup pasien dan kualitas pelayanan kesehatan di layanan primer.

**Kata kunci:**



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Pendekatan Kedokteran Keluarga untuk Mengoptimalkan Self-Efficacy dan Self-Management pada Remaja DM

Tipe 1 di Lingkungan Keluarga dan Layanan Primer: "CARING Model™"

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Diabetes Melitus tipe 1; remaja; self-efficacy; self-management; tim kolaborasi; CARING Model

## Abstract

**Background.** Type 1 Diabetes Mellitus greatly affects the lifestyle, personality, mental health, and social and economic conditions of adolescents and their families. Strengthening self-efficacy and self-management is recommended to support the independence of adolescents with Type 1 DM in diabetes management through the assistance of a multidisciplinary team in their health service efforts. This study aims to obtain a family medicine approach as a model design with family empowerment efforts to build self-efficacy and self-management in primary care for adolescents with Type 1 DM.

**Method.** The research was carried out in three stages, namely 1) Literature research with Scoping Review, 2) Phenomenological qualitative research, and 3) Development of the formulation of the design model based on the self-management support domain of the Chronic Care Model, principles of family medicine, and identification of the results of the first and second stages of research. Experts carry out the validation of core concepts and manuals of the CARING Model. The research was conducted in the Soloraya area of Central Java and the Special Region of Yogyakarta. The study was conducted from 2020 to 2023.

**Results and Discussion.** The first stage of the study shows the results of adolescent self-efficacy and self-management schemes as intermediary variables are closely related to everything that can affect health behavior, metabolic control, and quality of life of adolescents, so it requires the support of a multidisciplinary collaborative team in comprehensive health services. The second stage of the study identified that adolescents with Type 1 DM go through three important stages in their lives, namely, the process of establishing a diagnosis, accepting themselves as different from their peers, and befriending Type 1 DM in their lives. The third stage of the study produced a conceptual framework and manual book of CARING Model (Collaborative teamwork; Affectionate approach; Resolving with the family; Ideal self-acceptance; Networking with peer group; Growing with the disease) for family physicians, adolescents, and their families recommended in the context of primary care.

**Conclusion.** This study identified no special service for Type 1 DM adolescents in primary health care, and there is no collaborative multidisciplinary team between Advanced Referral Health Facilities and First Level Health Facilities. Adolescents go through important stages in their lives to be able to receive Type 1 DM and produce conceptual model manuals recommended for health care for adolescents with Type 1 DM in primary care. This research can be the basis for further exploration related to various contextual factors that affect the self-management independence of adolescents with Type 1 DM, as well as further implementation studies for the use of the CARING approach in optimizing the quality of life of patients and the quality of health services in primary care.



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**Keywords:**

*Type 1 Diabetes Mellitus; adolescents; self-efficacy; self-management; collaboration teams; CARING Model*