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Pengembangan Model Health Coaching Untuk Pengendalian Hipertensi Di Layanan Primer
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ABSTRAK

Latar Belakang: Hipertensi merupakan faktor risiko utama penyakit kardiovaskuler, namun pengendalian tekanan darah di layanan primer masih rendah. Edukasi konvensional yang berorientasi pada penyakit belum optimal dalam mendorong perubahan perilaku jangka panjang. *Health coaching* sebagai pendekatan *client-centered* berpotensi meningkatkan pengendalian perilaku dan tekanan darah.

Tujuan Penelitian: Mengembangkan dan mengevaluasi model *health coaching* untuk pengelolaan hipertensi di layanan primer

Metode Penelitian: Penelitian *mixed methods* ini menggunakan desain *exploratory sequential*. Tahap pertama berupa studi kualitatif untuk mengidentifikasi masalah edukasi hipertensi di 4 puskesmas di Kabupaten Malang, Indonesia. Temuan tersebut menjadi dasar pengembangan SEHAT *Coaching Model*, suatu pendekatan adaptif yang secara fleksibel mengintegrasikan *coaching* direktif dan nondirektif sesuai dengan kebutuhan individual pasien. Model selanjutnya dievaluasi menggunakan studi *quasi experimental* dengan *non equivalent control group design* yang melibatkan 78 pasien hipertensi (40 kelompok intervensi dan 38 kelompok kontrol). Data dianalisis menggunakan perbandingan *pre–post*, perbandingan perubahan (delta) antar kelompok, dan *analysis of covariance* (ANCOVA).

Hasil: Studi kualitatif mengidentifikasi 5 masalah utama edukasi hipertensi yaitu anggapan hipertensi sebagai penyakit ringan, kurangnya interaksi tenaga kesehatan dan pasien, minimnya dukungan, kejenuhan menjalani terapi, dan perbedaan tantangan perubahan perilaku. Uji delta menunjukkan peningkatan aktivitas fisik yang lebih besar pada kelompok intervensi dibanding kontrol (2,3 ± 4,69 *vs*. 0,1 ± 3,78; $p = 0,023$), serta penurunan tekanan darah sistolik (-15,6 ± 16,53 *vs.* -6,0 ± 13,92 mmHg; $p = 0,007$) dan diastolik (-9,1 ± 10,66 *vs*. -3,5 ± 12,76 mmHg; $p = 0,030$). *Effect size* terhadap tekanan darah sistolik (*Cohen's d* = 0,63) dan diastolik (*Cohen's d* = 0,48) berada pada kategori sedang. Setelah penyesuaian kovariat menggunakan ANCOVA, intervensi tetap berpengaruh signifikan terhadap tekanan darah sistolik ($p<0,001$), tetapi tidak signifikan terhadap tekanan darah diastolik ($p = 0,065$).

Kesimpulan: SEHAT *Coaching Model* efektif meningkatkan aktivitas fisik dan menurunkan tekanan darah sistolik secara signifikan, dengan pengaruh terhadap tekanan darah sistolik tetap bermakna setelah penyesuaian kovariat

Kata Kunci: *health coaching*, hipertensi, layanan primer, perubahan perilaku, tekanan darah.

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ABSTRACT

Background: Hypertension is a major risk factor for cardiovascular disease; however, blood pressure control remains suboptimal in primary care settings. Conventional disease-centered education has shown limited effectiveness in promoting sustained behavioral change. Health coaching, as a client-centered approach, has the potential to improve health behaviors and blood pressure control.

Objective: To develop and evaluate a health coaching model for hypertension management in primary care

Methods: This mixed-methods study employed an exploratory sequential design. First, a qualitative study was conducted to identify key challenges in hypertension education across four primary healthcare centers in Malang Regency, Indonesia. These findings informed the development of the *SEHAT* Coaching Model, an adaptive approach that flexibly integrates directive and non-directive coaching tailored to individual patient needs. The model was subsequently evaluated using a quasi-experimental, non-equivalent control group design involving 78 patients with hypertension (40 in the intervention group and 38 in the control group). Data were analyzed using pre–post comparisons, between-group comparisons of change scores, and analysis of covariance (ANCOVA).

Results: The qualitative study identified five major challenges in hypertension education: perceiving hypertension as a minor illness, limited patient–provider interaction, inadequate social support, treatment fatigue, and individual differences in behavioral change challenges. Change-score analysis demonstrated significantly greater improvements in physical activity in the intervention group than in the control group (mean change: 2.3 ± 4.69 vs. 0.1 ± 3.78; $p = 0.023$), accompanied by greater reductions in systolic blood pressure (-15.6 ± 16.53 vs. -6.0 ± 13.92 mmHg; $p = 0.007$) and diastolic blood pressure (-9.1 ± 10.66 vs. -3.5 ± 12.76 mmHg; $p = 0.030$). The intervention demonstrated moderate effect sizes for systolic (Cohen's $d = 0.63$) and diastolic blood pressure (Cohen's $d = 0.48$). After adjustment for covariates using ANCOVA, the intervention remained significantly associated with lower systolic blood pressure ($p < 0.001$), whereas the effect on diastolic blood pressure was not statistically significant ($p = 0.065$).

Conclusion: The *SEHAT* Coaching Model effectively improved physical activity and significantly reduced systolic blood pressure, with the effect remaining significant after adjustment for covariates.

Keywords: health coaching, hypertension, primary healthcare, behavior change, blood pressure.

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