

INTISARI

Edukasi yang terprogram mampu memperbaiki *outcome* klinis maupun humanistik pasien. Penelitian ini bertujuan untuk mengembangkan program edukasi *Mandy Diabetic* untuk memperbaiki *self-management* pasien DMT2 (diabetes melitus tipe 2). *Mandy Diabetic* merupakan program edukasi yang pengembangannya diawali *need assessment* dan diterapkan sesuai kebutuhan pasien.

Penelitian terdiri dari tiga tahap. Tahap pertama dilakukan penggalan problem terapi pasien menggunakan metode kualitatif deskriptif dengan teknik *in depth interview*. Sampel penelitian tahap 1 adalah pasien DMT2 Puskesmas Kabupaten Banyumas. Tahap kedua adalah tahap penyelesaian problem dari tahap pertama serta merancang program edukasi *Mandy Diabetic* menggunakan metode kualitatif deskriptif dengan teknik *focus group discussion*. Narasumber penelitian tahap 2 adalah tenaga kesehatan yang terlibat pada kegiatan Prolanis Puskesmas Kabupaten Banyumas. Tahap ketiga adalah tahap pengujian efektivitas program edukasi *Mandy Diabetic* menggunakan metode kuasi eksperimental dengan parameter GDP, HbA1c, skor tingkat pengetahuan, dan kemampuan manajemen diri dan pengukuran kepuasan responden menggunakan metode *cross-sectional*.

Penelitian tahap 1 melibatkan 19 informan dan diperoleh 93 kode individu yang kemudian dikelompokkan menjadi 19 subtema dan disederhanakan menjadi 6 tema, yaitu penyakit, edukasi, kepatuhan, *self management*, *self efficacy* dan *social support*, dan pelayanan kesehatan. Hasil FGD menyatakan perlu dilakukan edukasi berulang, edukasi terapi non farmakologi, menyediakan jalur komunikasi pesan singkat berkelompok, serta mencontohkan olahraga dengan kondisi tertentu. Program edukasi diberikan sebulan sekali selama 3 bulan dengan durasi 15-60 menit setiap sesi oleh apoteker secara tatap muka, berkelompok, dengan materi menyesuaikan kebutuhan pasien. Program edukasi dilaksanakan berkolaborasi dengan dokter dan staf promkes. Hasil penelitian tahap 3 menunjukkan perbedaan selisih kelompok kontrol vs kelompok intervensi pada GDP: -1,0 (-259,0 – 154,0) vs -34,0 (-290,0 – 52,0) ($p=0,004$); HbA1c: 0,0 (-6,3 – 3,9) vs 0,3 (-2,0 – 4,3) ($p=0,562$); tingkat pengetahuan: $0,54 \pm 1,97$ vs $2,23 \pm 2,42$ ($p<0,001$); kemampuan manajemen diri 0 (-42 – 62) vs 2 (-25 – 101) ($p=0,642$). Responden setuju dan sangat setuju terhadap seluruh indikator kepuasan *Mandy Diabetic* pada rentang 79,4-100%.

Program edukasi *Mandy Diabetic* dapat disusun berdasarkan kebutuhan pasien pada penatalaksanaan terapi DMT2 dan dapat memperbaiki GDP dan tingkat pengetahuan. Kemampuan manajemen diri memiliki kesempatan meningkat dengan durasi edukasi lebih lama dan perlu pendekatan lain untuk memperbaiki HbA1c.

Kata kunci: edukasi, pengembangan, *need assessment*, *self-management*

ABSTRACT

Programmed education improved both clinical and humanistic outcomes for patients. This research aimed to develop the Mandy Diabetic education program to improve the self-management of DMT2 (type 2 diabetes mellitus) patients. Mandy Diabetic was an educational program developed through a needs assessment and implemented based on patients' needs.

The research consisted of three stages. The first stage involved exploring the therapy problems of patients using a descriptive qualitative method with in-depth interview techniques. The sample for the first stage of the research was DMT2 patients at the Puskesmas in Banyumas Regency. The second stage involved resolving the problems identified in the first stage and designing the Mandy Diabetic education program using a descriptive qualitative method with a focus group discussion technique. The informants for the second phase of the research were healthcare workers involved in the Prolanis activities at the Banyumas District Health Center. The third stage tested the effectiveness of the Mandy Diabetic education program using a quasi-experimental design, with parameters such as GDP, HbA1c, knowledge-level scores, self-management ability, and respondent satisfaction, measured using a cross-sectional approach.

Phase 1 of the research involved 19 informants and resulted in 93 individual codes, which were then grouped into 19 sub-themes and simplified into 6 themes: disease, education, compliance, self-management, self-efficacy and social support, and healthcare services. The FGD results indicated the need for repeated education, non-pharmacological therapy education, the provision of a group texting communication channel, and the demonstration of exercise under specific conditions. The education program was provided once a month for 3 months, with each session lasting 15-60 minutes, conducted face-to-face in groups by pharmacists, with materials tailored to the patients' needs. The education program was also conducted in collaboration with doctors and health promotion staff. The results of the third phase of the study showed a difference in the control group vs. the intervention group in GDP: -1,0 (-259,0 – 154,0) vs. -34,0 (-290,0 – 52,0) ($p=0,004$); HbA1c: 0,0 (-6,3 – 3,9) vs. 0,3 (-2,0 – 4,3) ($p=0,562$); knowledge level: $0,54 \pm 1,97$ vs. $2,23 \pm 2,42$ ($p<0,001$); self-management ability: 0 (-42 – 62) vs. 2 (-25 – 101) ($p=0,642$). Respondents agreed and strongly agreed with all indicators of satisfaction with Mandy Diabetic within the range of 79,4-100%.

The Mandy Diabetic education program was structured based on patient needs in the management of DMT2 therapy and improved GDP and knowledge levels. Self-management ability had a chance to improve with a longer education duration and required other approaches to improve HbA1c.

Keywords: education, development, need assessment, self-managemen