

INTISARI

Diabetes melitus (DM) tipe 2 merupakan penyakit kronis yang perlu dipertahankan status kesehatannya agar tetap baik dan diminimalisir dampak penyakitnya. *Home care* merupakan pelayanan yang dapat memantau efek terapi, efek samping, kualitas hidup, dan ketaatan pasien DM. Penelitian ini dilakukan untuk mengetahui pengaruh pemberian *home care* terhadap kepatuhan, kadar glukosa darah, dan kualitas hidup pasien DM tipe 2 dengan hipertensi dan hiperlipidemia.

Penelitian kuasi eksperimental dengan metode *non-randomized pretest-posttest control group design* dilaksanakan di Puskesmas Srandakan, Bantul pada periode Maret hingga Juni 2015. Sampel dipilih dengan cara *purposive sampling*. Sampel yang didapat sebanyak 30 orang dan dibagi secara random menjadi 2 kelompok yaitu kontrol (15) dan perlakuan (15). Data yang dikumpulkan berupa nilai tingkat kepatuhan, glukosa darah sewaktu (GDS), dan kualitas hidup pasien. Data diuji homogenitasnya dengan *One Way ANOVA* dan normalitasnya dengan Kolmogorov-Smirnov. Data yang terdistribusi normal diuji dengan uji *independent samples t-test*, sedangkan yang terdistribusi tidak normal diuji dengan uji Mann Whitney. Uji menggunakan tingkat kepercayaan 95%.

Hasil penelitian menunjukkan tidak ada perbedaan signifikan antara nilai *pretest* kontrol dengan perlakuan baik untuk kepatuhan, GDS, dan total kualitas hidup dengan nilai berturut-turut 0,263, 0,135, dan 0,421. *Home care* meningkatkan kepatuhan, menurunkan kadar glukosa darah, dan meningkatkan total kualitas hidup dengan rata-rata $0,93 \pm 1,42$, $23,71 \pm 94,76$, dan $2,42 \pm 3,53$, namun belum signifikan dibanding kelompok kontrol dengan p sebesar 0,232, 0,224, dan 0,053.

Kata kunci: *home care*, DM tipe 2, kepatuhan, kualitas hidup, glukosa darah

ABSTRACT

Diabetes mellitus (DM) type 2 is chronic disease that its health status should be maintained, so that still in good condition and effect of disease can be minimalized. *Home care* is health service that can monitor therapy effect, side effect, quality of life, and compliance of patient DM. This research aimed to know the effect of *home care* to compliance, glucose blood concentration, and quality of life patient DM type 2 with hypertension and hyperlipidemia.

Quasy experimental research with *non-randomized pretest-posttest control group design* method has been done at Primary health care Srandakan, Bantul period March until June 2015. Sample was chosen by *purposive sampling*. Thirty people as sample were divided randomly into 2 groups which contain 15 people as control and 15 people that would get treatment. Data that gather are compliance values, glucose blood concentrations, and quality of life patients. Data homogeneity were tested using *One Way ANOVA* and Kolmogorov-Smirnov to known its normality. Data which is normally distributed were tested using *independent samples t-test*, and data which abnormal distributed were tested using Mann Whitney with interval confidence was 95%.

Research showed that there is no significant different between value of pretest control and treatment for adherence, GDS, and total quality of life with p-value respectively 0,263, 0,135, and 0,421. *Home care* increase the compliance of patients, decrease the glucose blood concentrations, and increase total quality of life with mean respectively $0,93 \pm 1,42$, $23,71 \pm 94,76$, and $2,42 \pm 3,53$. This result was not significant yet to be compare with control group with p 0,232, 0,224, and 0,053.

Key word: *home care*, DM type 2, compliance, quality of life, glucose blood concentration