

Efektivitas Patient-Centered Care Berbasis Pemberdayaan Diri Pada Mahasiswa Obesitas Di Layanan Primer: Kajian Model Health Coaching Terhadap Pemberdayaan Diri, Status Antropometri, Komposisi Tubuh, Asupan Makan Dan Aktivitas Fisik = The Effectiveness Of Self-Empowerment Based Patient-Centered Care In Students With Obesity In Primary Services: Study Of Health Coaching Model On Self-Empowerment, Anthropometric Status, Body Composition, Food Intake, And Physical Activity

Dian Kusumadewi, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20529131&lokasi=lokal>

Abstrak

Remaja dengan kelebihan berat badan harus diintervensi agar tidak menjadi orang dewasa dengan obesitas. Berkembangnya patient-centered care sebagai upaya pemberdayaan diri dapat menjadi pendekatan terpilih. Dibutuhkan motivasi besar dalam menjalani proses perubahan perilaku. Coaching dilakukan untuk mendampingi klien (coachee) agar mampu mengoptimalkan potensi sehingga memiliki sikap positif, mental yang kuat, dan gaya hidup yang lebih baik. Belum ada penelitian yang mengidentifikasi keberhasilan patient-centered care berbasis pemberdayaan diri dengan metode coaching pada mahasiswa obesitas.

Penelitian dilakukan dengan mixed method dalam tiga tahap. Tahap 1 merupakan studi potong lintang untuk mengidentifikasi persepsi mahasiswa terhadap dampak obesitas bagi kesehatan. Kuesioner daring terdiri dari identitas, data antropometri, S-Weight, dan P-Weight. Tahap 2 dilakukan pengembangan model pelayanan dengan cara melaksanakan focus group discussion. Peserta diskusi adalah pakar di tingkat mikro, meso dan makro sistem layanan kesehatan. Tahap 3 menilai kemampuserapan dan efektivitas model layanan yang dikembangkan. Studi dilakukan pada dua kelompok mahasiswa obesitas (usia 18-24 tahun) yang dibagi dalam kelompok intervensi dan kontrol. Pada kedua kelompok diberlakukan model layanan yang sama yaitu pengukuran status antropometrik dan komposisi tubuh, pengisian kuesioner pada awal program, edukasi, dan kembali dilakukan pengukuran status antropometrik dan komposisi tubuh serta pengisian kuesioner pada akhir program. Pada kelompok intervensi ditambahkan uji coba coaching sebanyak 6 sesi setiap dua minggu. Pengukuran awal dan akhir berjarak 3 bulan.

Tahap 1 diperoleh 134 mahasiswa obesitas (respons rate 14.1%). Teridentifikasi responden berada pada tahap kontemplasi (35,8%) dan aksi (35,1%) terhadap perubahan perilaku dalam proses menurunkan berat badan. Kesiapan responden bersifat positif (76,9%) pada emosi, dan bersifat negatif pada konsekuensi, dukungan, dan aksi dalam menurunkan berat badan.

Tahap 2 dilaksanakan dua tahap FGD terhadap 2 kelompok @ 10 orang. Teridentifikasi bahwa program penurunan berat badan harus diinisiasi dengan membangkitkan rasa kebutuhan untuk lebih sehat dengan berat badan yang ideal. Program harus bersifat personal. Diperlukan dukungan lingkungan seperti ketersediaan makanan sehat dan sarana untuk beraktivitas. Program harus merupakan program yang menimbulkan dukungan terhadap peserta, profesional, dan tersedia di layanan kesehatan. Berdasarkan hal

tersebut disusun metode coaching yang sesuai dengan patient-centered care berbasis pemberdayaan diri bagi mahasiswa obesitas dalam program penurunan berat badan. Program terdiri dari 6 sesi coaching. Setiap tema dalam sesi coaching menggunakan langkah SMART dan diberi nama "From Fat to Fit with SMART Program". Program dilaksanakan dalam waktu 3 bulan. Tema berturut-turut adalah healthy behavior habit, vision strategy, body self-image, timeline perspective/ state line exercise, happiness model, dan healthy behavior habit/ vision board. Kedua kelompok mendapatkan edukasi mengenai dampak obesitas bagi kesehatan, prinsip gizi seimbang, aktivitas fisik dan hidrasi yang sesuai bagi remaja dari para ahli yang terdiri dari spesialis penyakit dalam, spesialis gizi klinik, dan spesialis kedokteran olahraga yang dilakukan secara daring. Pengukuran antropometri, komposisi tubuh (menggunakan Bioelectric Impedance Analysis), pemantauan asupan makanan (menggunakan formulir food record), pemantauan aktivitas fisik (menggunakan bouchard activity record), pemberdayaan diri (menggunakan kuesioner subjective wellbeing dan skala kepuasan healthy behavior habit), dibandingkan antara dua kelompok menggunakan uji T berpasangan (jika distribusi data normal) dan uji Mann-Whitney (jika distribusi data tidak normal).

Tahap 3 diawali dengan penerapan program terhadap dua kelompok @ 30 mahasiswa obesitas. Peserta dibagi menjadi kelompok intervensi dan kelompok kontrol. Kelompok intervensi mendapatkan coaching dari health coach yang telah mendapatkan pelatihan sebelumnya dari coach bersertifikat Internasional. Seorang health coach mendampingi 4 mahasiswa obesitas. Health coach berjumlah 8 orang yang terdiri dari dokter spesialis kedokteran keluarga layanan primer, dokter spesialis penyakit dalam, dokter spesialis kedokteran olahraga, dokter pengelola program studi fakultas, dan coach yang berpengalaman dengan pendekatan coaching di tempat kerjanya. Sesi coaching dibagi menjadi enam pertemuan setiap dua minggu secara daring melalui media zoom meeting dengan bantuan host dari tim peneliti. Namun, meningkatnya kondisi PPKM (pemberlakuan pembatasan kegiatan masyarakat) pada tahap ini, mahasiswa yang berhasil menyelesaikan program adalah 23 mahasiswa kelompok intervensi dan 18 mahasiswa kelompok kontrol.

Nilai perubahan pada kelompok intervensi secara signifikan lebih besar dibandingkan kelompok kontrol pada komponen total lemak tubuh [-0.9 (-12,9, 0,70) vs 0,0 (-6,9, 3,50), $p=0,02$] dan healthy behavior habit [$13.5 \pm 11,85$ vs $7,5 \pm 8,08$, $p=0,04$]. Nilai perubahan skala kepuasan healthy behavior habit secara signifikan lebih besar dibandingkan kelompok kontrol pada aspek hobby/passion [$2(-4,6)$ vs $1(-2,2)$, $p=0,02$], movement exercise [$2,3 \pm 2,11$ vs $1,2 \pm 1,93$, $p=0,03$], sleep rest [$2(-6,5)$ vs $1(-3,2)$, $p=0,01$], dan spiritual [$1(0,6)$ vs $0(-1,3)$, $p=0,00$].

.....Adolescents with excess weight should be intervened so as not to become adults with obesity. The development of patient-centred services as an effort to empower oneself could be the approach of choice. It takes great motivation in undergoing the process of behaviour change. Coaching is carried out to assist the client (coachee) to optimize their potential so that they had a positive attitude, strong mentality, and a healthier lifestyle. There has been no research that has identified the success of patient-centred care based on self-empowerment with coaching methods for obese students.

Mixed method research were in three stages. Phase 1 was a cross-sectional study to identify students' perceptions of the impact of obesity on health. The online questionnaire consisted of identity, anthropometric data, S-Weight, and P-Weight. Phase 2 was developing a service model by conducting focus group discussions. Discussion participants were experts at the micro, meso, and macro levels of the health

care system. Phase 3 assessed the applicability and effectiveness of the developed service model. The study was conducted on two groups of obese college students (aged 18-24 years) in the intervention group and the control group. Both groups were subjected to the same service model, namely an initial physical examination, a questionnaire at the beginning of the service, and education about how to lose weight. A final physical examination and questionnaire were carried out at the end of the program. However, the intervention group was given a coaching method. Initial and final examinations were 3 months apart.

Phase 1 obtained 134 obese students (response rate of 14.1%). Respondents identified as being in the contemplation stage (35.8%) and action (35.1%) on behaviour change in the process of losing weight. Respondents' readiness was positive (76.9%) on emotions about losing weight and was negative in terms of consequences, support, and action in losing weight.

Phase 2 was carried out in 2 stages of FGD with 2 groups of 10 people. It was identified that a weight loss program should be initiated by generating a sense of the need to be healthier with ideal body weight. Programs should be personal. Environmental support was needed such as the availability of healthy food and facilities for activities. The intervention program should be a program that creates support for participants, professional, and available in health services. Based on this, a coaching method was developed following patient-centred care based on self-empowerment for students with obesity in weight loss programs. The program consisted of 6 coaching sessions. Each session used SMART steps. Each coaching session was themed sequentially and was named "From Fat to Fit with SMART Program". The program was implemented within 3 months. The successive themes of the coaching session were healthy behaviour habits, vision strategy, body self-image, timeline perspective/ state line exercise, happiness model, and healthy behaviour habit/ vision board. Both groups received online education about obesity, balanced diet, physical activity and hydration from experts consisting of internal medicine specialists, clinical nutrition specialists, and sports medicine specialists. Anthropometric measurements, body composition (using Bioelectric Impedance Analysis), monitoring food intake (using a food record form), monitoring physical activity (using a bouchard activity record), self-empowerment (using a subjective wellbeing questionnaire and healthy behaviour habits satisfaction scale) were compared between the two groups using paired T-test (if the data distribution was normal) and the Mann-Whitney test (if the data distribution was not normal).

Phase 3 began with the application of the program to two groups of 30 obese students. Participants were divided into an intervention group and a control group. The intervention group received coaching from a health coach who had received previous training from an internationally certified coach. A health coach accompanied 4 obese students. There were 8 health coaches consisting of family medicine and primary care specialists, internal medicine specialists, sports medicine specialists, faculty study program manager doctors, and coaches who were experienced with coaching approach in the workplace. The coaching session was divided into six meetings every two weeks online via a zoom meeting with the help of a host from the research team. However, the increasing conditions of pandemic restrictions on community activities at this stage, students who completed the program were 23 students in the intervention group and 18 students in the control group. The value of change in the intervention group was significantly greater than the control group in the component of total body fat [-0.9 (-12.9, 0.70) vs 0.0 (-6.9, 3.50), $p=0.02$] and healthy behaviour habit [13.5 ± 11.85 vs. 7.5 ± 8.08 , $p=0.04$].

The value of the change in the healthy behaviour habit satisfaction scale was significantly greater than the control group in the hobby/passion aspect [2(-4.6) vs 1(-2.2), $p=0.02$], move exercise [$2,3 \pm 2.11$ vs 1.2 ± 1.93 , $p=0.03$], sleep rest [2(-6.5) vs 1(-3.2), $p=0.01$], and spiritual [1(0.6) vs 0(-1.3), $p=0.00$]. This method has been proven to be able to be applied and is effective in reducing total body fat and significantly increasing healthy behaviour habits. This coaching method, which is following self-empowerment-based patient-centred care, has been proven to be able to be applied in the university's primary health services. However, support is needed from supportive university policies so that students participating in the program could follow it completely until all the expected output indicators are achieved properly