ABSTRAK

Latar Belakang: Stroke iskemik dengan komorbiditas diabetes melitus tipe 2 (DM T2) merupakan kondisi kronis yang kompleks, berisiko tinggi menimbulkan depresi, gangguan kontrol glikemik, dan rendahnya kemampuan manajemen diri. Keterlibatan keluarga dan intervensi psikologis terbukti berperan penting dalam proses pemulihan, namun belum banyak studi yang mengintegrasikan pendekatan perawatan berpusat keluarga dan mental training dalam satu model.

Tujuan: Mengembangkan dan menganalisis pengaruh model perawatan berpusat keluarga dan *mental training* berbasis *Theory of Goal Attainment* (TGA) King terhadap depresi, stroke self-management, dan kontrol glikemik (HbA1c) pada pasien stroke iskemik dengan DM T2.

Metode: Penelitian ini menggunakan desain mixed method sequential explanatory. Tahap pertama (kualitatif) dilakukan melalui Focus Group Discussion (FGD) untuk mengidentifikasi kebutuhan pasien (n=11), keluarga (n=11), dan perawat (n=8). Tahap kedua (kuantitatif) menggunakan quasi-experimental pre-post test tanpa kelompok kontrol pada 44 pasien stroke iskemik dengan DM T2. Intervensi dilaksanakan dalam 4 sesi selama 12 minggu. Instrumen yang digunakan meliputi Hamilton Depression Rating Scale (HDRS), Stroke Self-Management Behavior Performance Scale (SSBPS), dan pemeriksaan HbA1c. Analisis dilakukan menggunakan uji statistik Wilcoxon Signed-Rank Test) dan regresi linear.

Hasil: Analisis bivariate menunjukkan penurunan signifikan skor depresi ($p<0.001$), peningkatan skor stroke *self-management* ($p<0.001$), dan penurunan kadar HbA1c ($p<0.001$) setelah intervensi. Pada Analisis Multivariat menunjukkan bahwa depresi post-test dipengaruhi signifikan oleh skor depresi pre-test dan usia ($p<0.05$), sedangkan HbA1c post-test hanya dipengaruhi oleh HbA1c pre-test ($p<0.001$). Model ini tidak menunjukkan pengaruh yang signifikan terhadap stroke *self-management* dan depresi setelah mengontrol variabel klinis.

Kesimpulan: Model perawatan berpusat keluarga dan mental training berbasis Teori Goal Attainment (TGA) King terbukti efektif dalam menurunkan depresi dan kadar HbA1c serta meningkatkan kemampuan manajemen diri pasien stroke iskemik dengan DM T2. Pendekatan ini menekankan interaksi antara pasien, keluarga, dan tenaga kesehatan sebagai kunci pencapaian tujuan kesehatan, serta dapat menjadi dasar bagi pengembangan model perawatan rehabilitatif yang lebih komprehensif di masa depan.

Kata kunci: stroke iskemik, diabetes melitus tipe 2, perawatan berpusat keluarga, mental training, depresi, stroke self-management, HbA1c

ABSTRACT

Background: Ischemic stroke with type 2 diabetes mellitus (T2DM) comorbidity is a complex chronic condition associated with a high risk of depression, poor glycemic control, and limited self-management ability. Family involvement and psychological interventions have been shown to play a crucial role in the recovery process. However, few studies have integrated family-centered care and mental training into a single model.

Objective: To develop and analyze the effects of a family-centered care and mental training model based on King's Theory of Goal Attainment (TGA) on depression, stroke self-management, and glycemic control (HbA1c) in patients with ischemic stroke and T2DM.

Methods: This study employed a sequential explanatory mixed-methods design. The first phase (qualitative) involved a Focus Group Discussion (FGD) to explore the needs of patients (n=11), family members (n=11), and nurses (n=8). The second phase (quantitative) used a quasi-experimental pre-post test design without a control group involving 44 patients with ischemic stroke and T2DM. The intervention was delivered in four sessions over 12 weeks. Instruments included the Hamilton Depression Rating Scale (HDRS), Stroke Self-Management Behavior Performance Scale (SSBPS), and HbA1c laboratory assessments. Data were analyzed using the Wilcoxon Signed-Rank Test and linear regression.

Results: Bivariate analysis showed a significant reduction in depression scores ($p<0.001$), an increase in stroke self-management scores ($p<0.001$), and a decrease in HbA1c levels ($p<0.001$) after the intervention. Multivariate analysis indicated that post-test depression scores were significantly influenced by pre-test depression scores and age ($p<0.05$), while post-test HbA1c levels were influenced only by pre-test HbA1c levels ($p<0.001$). The model did not show a significant effect on stroke self-management and depression after controlling for clinical variables.

Conclusion: The family-centered care and mental training model based on King's Theory of Goal Attainment (TGA) is effective in reducing depression and HbA1c levels and improving self-management in patients with ischemic stroke and T2DM. This approach emphasizes the interaction between patients, families, and healthcare providers as a key factor in achieving health goals and provides a foundation for the development of a more comprehensive rehabilitative care model.

Keywords: ischemic stroke, type 2 diabetes mellitus, family-centered care, mental training, depression, stroke self-management, HbA1c