ABSTRAK

Diabetes Melitus tipe 2 merupakan penyakit kronis yang memerlukan pengelolaan jangka panjang dan pelayanan kesehatan yang berkesinambungan. Keluarga berperan penting dalam mendampingi pasien memperoleh pelayanan, memahami informasi kesehatan, dan menjalankan perawatan di rumah. Pengalaman keluarga dapat memberikan gambaran mengenai keterhubungan pelayanan dari satu kunjungan ke kunjungan berikutnya. Penelitian ini bertujuan mengeksplorasi pengalaman keluarga terhadap kontinuitas pelayanan pada pasien Diabetes Melitus tipe 2 di Puskesmas Blangkejeren Kabupaten Gayo Lues. Penelitian menggunakan metode kualitatif dengan desain deskriptif fenomenologi. Sepuluh anggota keluarga dipilih melalui purposive sampling. Data dikumpulkan melalui wawancara mendalam semi-terstruktur dan dianalisis menggunakan metode Colaizzi. Analisis menghasilkan lima tema, yaitu kontinuitas informasi; kontinuitas hubungan antara keluarga dan tenaga kesehatan; kontinuitas manajemen pelayanan; faktor pendukung dan penghambat kontinuitas pelayanan; serta harapan keluarga terhadap peningkatan pelayanan. Keluarga umumnya menggambarkan informasi yang cukup jelas, hubungan yang ramah dan komunikatif, serta alur pelayanan yang saling terhubung. Catatan riwayat pasien membantu menghubungkan informasi antar kunjungan. Hambatan yang dialami sebagian keluarga meliputi waktu tunggu, keterbatasan waktu keluarga, dan kebutuhan mengakses terapi atau pemeriksaan tertentu di fasilitas lain. Keluarga mengharapkan edukasi yang lebih terarah, dokumentasi terintegrasi, pengingat kontrol, kegiatan promotif seperti senam, pemeriksaan lebih lengkap, serta peningkatan ketersediaan terapi. Kontinuitas pelayanan dimaknai sebagai keterhubungan informasi, hubungan interpersonal, dan manajemen pelayanan yang berkelanjutan sesuai riwayat serta kebutuhan pasien. Puskesmas disarankan memperkuat dokumentasi, edukasi keluarga, koordinasi tindak lanjut, dan penyampaian informasi mengenai program promotif yang tersedia.

Kata kunci: Diabetes Melitus tipe 2; pengalaman keluarga; kontinuitas pelayanan; Puskesmas; fenomenologi deskriptif.

ABSTRACT

Type 2 diabetes mellitus is a chronic condition that requires long-term management and continuous health services. Families play an important role in supporting patients to access care, understand health information, and follow care recommendations at home. Family experiences can provide insight into how services are connected from one visit to the next. This study aimed to explore family experiences of continuity of care for patients with type 2 diabetes mellitus at Puskesmas Blangkejeren, Kabupaten Gayo Lues. A qualitative descriptive phenomenological design was used. Ten family members were selected through purposive sampling. Data were collected through semi-structured in-depth interviews and analyzed using Colaizzi's method. Five themes emerged: informational continuity; relational continuity between families and health workers; management continuity; factors supporting and hindering continuity of care; and family expectations for service improvement. Families generally described information as sufficiently clear, interactions as friendly and communicative, and service processes as connected. Patient records helped link information across visits. Barriers reported by some families included waiting time, limited family availability, and the need to obtain certain treatments or examinations at other facilities. Families hoped for more targeted education, integrated documentation, appointment reminders, health promotion activities such as exercise sessions, more comprehensive examinations, and better availability of treatment. Continuity of care was understood as an ongoing connection among information, interpersonal relationships, and service management that responds to patients' histories and needs. Puskesmas Blangkejeren is encouraged to strengthen documentation, family education, follow-up coordination, and communication about available health promotion programs.

Keywords: type 2 diabetes mellitus; family experiences; continuity of care; primary health care; descriptive phenomenology.