

OVERVIEW OF SUPPORTS OBTAINED BY TYPE 2 DIABETES MELLITUS PATIENTS IN SAMPIT, CENTRAL BORNEO: A QUALITATIVE STUDY

Cici Desiyani^{1*}, Kusnanto², Tri Johan Agus Yuswanto³

1,2 Faculty of Nursing, Airlangga University, Surabaya

3 Nursing Program Study, Health Polytechnic, Malang

* Correspondence: cici.desiyani-2017@fkip.unair.ac.id

ABSTRACT

Type 2 diabetes mellitus is a chronic metabolic disease that continues to develop over time and requires complex treatment. while undergoing treatment DM, diabetic patients need supports in order to be able to carry out their treatment on an ongoing basis. This study aims to describe supports obtained by Type 2 DM patients during their treatment and caring. This is a qualitative research study with phenomenological approach. Sampling was conducted from social situation with a sample size 20 participants. Data were collected using semi-structured in-depth interviews and analysis were used Colaizzi methods. The results showed three themes. Theme 1) family supports; 2) social supports, 3) health workers supports. Family supports is the most important part, but the supports from health workers also play a role in increasing the motivation of type 2 DM patients in undergoing treatment and diet. it is important to explore more deeply and more specifically how the role of health workers in the care of DM patients for further studies.

Keywords *Type 2 Diabetes Mellitus, Supports, DM Treatment, qualitative study*

1. Introduction

Diabetes Mellitus (DM) is a condition of chronic hyper glycemia accompanied by various metabolic abnormalities due to hormonal use, which cause various complications in the eyes, kidneys, nerves and blood vessels, accompanied by lesions on the basalis membrane under electron microscope examination (1). According to the Centres for Disease Control and Prevention, over 29 million adults in the United States are living with Diabetes. In 2012, there were 1.7 million adults newly diagnosed with Diabetes (2).

In Indonesia, The International Diabetes Federation (IDF) estimates the increase in the number of people with DM from 9.1 million in 2014 to 14.1 million by 2035 (3). In Central Kalimantan Province, DM ranks 5th with 7254 people (4)

Patients with DM need complex treatment including life style control to achieve stable glycaemic control, one of which is by adopting a healthy eat pattern or diet. the main barriers in undergoing a diet is patient saturation which can hinder the dietary program successful. Adherence with patients on the DM diet is relatively low, only around 44,8% and they also show a lower quality of life (5).

Study conducted by Susanti and Sulistyarini, (2013) showed that DM patients who received family supports experienced increased adherence to the DM diet. These results showed that the role of supports are needed for DM patients to improve their adherence to do the DM diet. Another study also revealed that social support obtained through families can improve self-efficacy in patients, knowledge of diabetes, and self-care of diabetes (7). This is showed that the role of support is needed for DM patients to improve adherence to the implementation of the DM diet.

Support is described as a feeling of belonging or belief that a person has feelings related to others in their environment that creates strength and helps reduce of isolated feelings (8). DM patients who undergoing continuous treatment throughout their lives and should make lifestyle changing need motivation and support from their environment, which not only obtained from the family, but also all the support systems around them.

Although there have been studies that described the relation between social supports and DM patients, what kind of support is not yet known and where sourced from anywhere the support that has been experienced by Type 2 DM patients. This study aims to explore how the description of patient's supports during the undergoing DM treatment. This study was conducted on Type 2 DM patients at the DM Polyclinic at RSUD dr. Murjani Sampit, Central Kalimantan in Indonesia.

2. Method

This study used a qualitative study method by using descriptive phenomenology to asses the supports obtained by patients while undergoing DM treatment and diet at the DM Polyclinic at RSUD dr. Murjani Sampit.

A. Participant Recruitment

Participants in this study were selected from patients who were recorded for medical treatment routinely at the DM Polyclinic of RSUD dr. Murjani Sampit with inclusion criteria: 1) DM Type 2 patients who were recorded at DM Polyclinic RSUD dr. Murjani, 2) able to communicate well, 3) willing to be a participant by giving informed consent.

From the recruitment were selected 20 participants to be interviewed.

B. Interview Process

The interview process was conducted using a semi-structured interview guide and using the in-depth interview method equipped with field notes to observe participant's nonverbal expressions while the interview processed. The interview was carried out for 30 minutes to 1 hour and the results of interview were recorded using an MP3 recorder with a distance approximately 30 cm between participants and researchers. The interview was conducted at the DM polyclinic at RSUD dr Murjani Sampit and some of them were done at the participant's house.

The interview results were then typed into verbatim transcripts and after that the transcription process is complete the researcher meets the participants again to validate the interview results written in verbatim.

2. Data Analysis

Data analysis in this study used analysis with the Colaizzi method where from the verbatim results; researcher read repeatedly transcript and chose meaningful statements that formed the keywords. Similar keywords were united to form the categories, and then from categories forming sub themes and themes.

3. Result

The results of the data analysis about supports for Type 2 DM patients found three main themes were: family supports, social supports, and health workers supports.

A. Family Supports

Participants revealed if they got the main supports from the family while undergoing DM care and the DM diet. A family support comes from nuclear families and extended families.

1) Nuclear family

"He was the one who angry when i ate freely, but he said the little amount of rice should not be followed, it will makes you more thin, its not healthy, he said (laugh)" (Patient 1, female, 58 years old)

2) Extended family

" With my mother who look after me (looking at her mother)" (Patient 16, female, 50 years old).

Participant also revealed that they received negative and positive supports from the family during undergoing DM care and the DM diet.

1) Positive supports

"Yes...eat that food. My wife can also fry "gagodoh" (bananas fried, using Dayaknese language), its banana, do not use sugar." (Patient 8, male, 66 years old)

2) Negative supports

"My children are three men ... the one is married, there is one who lives here ma'am, but early in the morning, he has left for work ...and later in the night he comes home, so there's no time for him to stay at home." Patient 5, 45 years old)

B. Social Supports

Participants revealed that they also received social supports from fellow DM sufferers, friends and the others people around them such as neighbors, etc.

1) DM sufferers

"If it coincides with the time of the visit to the polyclinic, there are also fellow sufferers who bring their respective stories about DM disease like this ... like this..." (Patient 8, male, 66 years old)

" I got information from someone who had contracted DM disease who said it like this ... this ... this .."(Patient 1, female, 58 years old)

2) Friends

"Yes.. Often. Everyday she is here, she cooks, makes vegetables, just what I need, she helps me."(Patient 5, 45 years old)

3) Others people

"(Laughing) ... hehe, the man (pointing at the neighbor) ... no ... just the neighbors ... but also taking care of his son (patient grandson)" (Patient 3, 56 years old)

C. Health Workers Supports

Other supports was obtained by participants from health workers. This support has been obtained since participants experienced initial symptoms until the DM treatment process continues until now. There are also negative and positive supports from health workers

1) Positive supports

"...more comfortable with this Mrs. M ... what is the service, what is it ... very careful ..." (Patient 8, 66 Years old)

2) Negative supports

"I was told to go to the public health center, but the public health center with no contents was empty, the medicines were not available. I should bought by my self and spent out till 500 thousand rupiahs"(Patient 4, female 57 years old)

In the other side, Participants received educational supports, motivation and information from health workers during their DM care beside their regular treatment and caring from health workers.

1) Health education

"the nurse said, don't eat this, don't eat it the doctor also delivered it to me. every time you get treatment, there is always a prohibition ... this may not be allowed ..." (Patient 3, female, 56 years old)

2) Motivation

"Even then I do the sports by biking, I just given a suggestion by Mr. I, it's only 30 minutes. 30 minutes a day" (Patient 10, male, 57 years old)

3) Information

"... the doctor said ... it can't be cured mam, this can only be continued in the treatment, she said ..." (Patient 17, female, 65 years old)

2. DISCUSSION

The results of the research identified in this study are that the support is divided into three themes, namely family supports, supports from the social environment and supports from health workers. Disclosed family support was obtained from nuclear family members and extended families. Participants also revealed that they experienced negative and positive supports from the family while undergoing treatment and running the DM diet. Participants revealed that the supports provided by their family greatly affected the treatment process of their illness.

Conversely, participants who felt they did not get supports from their families experienced limitations to regulating their dietary patterns and undergoing DM treatment at the Hospital. This happened because family members were busy with their activities and work, so they pay less attention to family members who are sick. This is consistent with what was revealed that from of all supports, family relationships with patients are the main supports system used for diabetes management (9). The others studies also revealed that family supports is a strong supports system coupled mainly with the impact of religion (healing power through prayer) (10).

Supports from the social environment is obtained from friends, fellow DM sufferers, friends, family members and other people. The form of supports provided in the form of

motivation/advice related to treatment based on previous experience, as well as psychological supports and comfort (11). Supports from health workers is expressed in several forms, namely care, health education, treatment, motivation/advice, and information. Participants also revealed that they had the supports of negative and positive service attitudes from health workers. The majority complained about the attitude and service of health workers because of poor service during their treatment.

Health workers play an important role in improving care behavior in DM patients. Lack of educational supports and counseling from health workers can lead to a lack of self-care behavior in DM patients, including diabetic patient dietary (12). A study supported by community showed a positive effect on HbA1c reduction and weight loss (13). The feeling of being supported by the social environment makes things easier, especially when facing pressing events. Goetlieb (1983) states that there are two kinds of social supports relationships, namely first, professional relationships that are sourced from people who are experts in their fields, such as counselors, psychiatrists, psychologists, doctors and lawyers, and second, non-professional relationships, which is sourced from the closest people like friends and family (14).

3. CONCLUSIONS

Supports were very important for people with type 2 DM to get through difficult times in the process of the disease. support can be obtained mainly from family, social environment, friends, people with diabetes and health workers. Although family supports were the most important part, but the supports of health workers also plays a role in increasing the motivation of type 2 DM patients in undergoing treatment and diet. it is important to explore more deeply and more specifically how the role of health workers in the care of DM patients for further studies.

ACKNOWLEDGMENT

We would like to thank to dr Murjani Hospital for permitting us to conduct our research. We would also like to show our gratitude to all of the participants for sharing their experiences with us in this study.

REFERENCES

1. Mansjoer A. Kapita Selekt Kedokteran. Jakarta: Media Aesculapius; 2010.
2. Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States. Atlanta GA : U.S.: Department of Health and Human Services; 2014.
3. KONSESUS PERKENI. Pengelolaan dan Pencegahan Diabetes Melitus Tipe 2 di Indonesia 2015. 2015.
4. BPS Provinsi Kalimantan Tengah. 2018. Available from: <https://kalteng.bps.go.id>
5. Saleh F, Mumu SJ, Ara F, Hafez A, Ali L. Non-adherence to self-care practices & medication and health related quality of life among patients with type 2 diabetes : a cross-sectional study. 2014;1-8.
6. Susanti ML, Sulistyarini T. Dukungan Keluarga Meningkatkan Kepatuhan Pasien Diabetes Melitus di Ruang Rawat Inap RS Baptis Kediri. J STIKES. 2013;6(1):1-10.
7. Baig AA, Benitez A, Quinn MT, Burnet DL. Family interventions to improve diabetes outcomes for adults. 2015;89-112.
8. Brunner & Suddarth. Buku Ajar Keperawatan Medikal Bedah. translation: Waluyo Agung, Yasmin Asih., Juli., Kuncara. IMK, editor. Jakarta: EGC; 2002.

9. Ebrahim Z, Villiers A De, Ahmed T. Factors influencing adherence to dietary guidelines : a qualitative study on the experiences of patients with type 2 diabetes attending a clinic in Cape Town Factors influencing adherence to dietary guidelines : a qualitative study on the experiences of p. 2014;9677.
10. Singh H, Cinnirella M, Bradley C. Support systems for and barriers to diabetes management in South Asians and Whites in the UK : qualitative study of patients ' perspectives. 2012;1–8.
11. Pamungkas RA, Chamroonsawasdi K, Vatanasomboon P. A systematic review: family support integrated with diabetes self-management among uncontrolled type II diabetes mellitus. Behavioral Science. 2017; 7(3):6
12. Al Tera BH. Determinan Ketidakpatuhan Diet Penderita Diabtete Melitus Tipe 2. Skripsi. 2011;2.
13. Pamungkas RA, Chamroonsawasdi K. HbA1c reduction and weight loss outcomes: a systematic review and meta-analysis of community-based intervention trials among patients with type 2 diabetes mellitus. International Journal of Diabetes in Developing Countries. 2018: 1-14
14. Masliah S. Prestasi Akademik Siswa Smpit Assyfa Boarding School. Psikol Undip. 2011;10(2):103–14.