

**ORAL**

**The Relationship Between Family Support and Patient's Self Acceptance of the Diagnosis of Diabetes Mellitus Type II at Hospitals in Kupang City.**

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**Abstract**

**Background:** Diabetes mellitus is a non-communicable chronic disease whose number of sufferers increases every year. Diabetes mellitus, especially for type II, can result in both physical and psychological changes. Psychological changes experienced can be in the form of rejection, anger, anxiety, depression and so on before reaching the stage of self-acceptance. Self-acceptance in patients can help patients adapt to the conditions they experience and reduce the psychological response that occurs. So that it can help improve his health condition. Patients need social support, especially families, in managing diabetes. **Objective:** This study aimed to analyze the relationship and influence of family support to self-acceptance of Type II Diabetes Mellitus patients at Kupang City Hospital. **Method:** This study is an observational analytic study with a cross-sectional approach. Respondents involved in the study amounted to 192 people, purposive sampling, data collection using a questionnaire. Descriptive and inferential data analysis using the Spearman rho correlation test at a significant level of 5%. **Research Results:** Statistical test results  $p\text{-value} = 0,0001 < 0,05$ , and correlation coefficient ( $r$ ): 0,679 which shows a significant positive relationship family support with self-acceptance of Type II DM patients. The results of adjusted R Square = 0,451, meaning that the influence of family support for self-acceptance of type II DM patients is 45.10%, the rest is influenced by other factors. **Conclusion:** There is a very significant positive influence between family support and self-acceptance. **Keywords:** Diabetes Mellitus, Family Support, Self Acceptance

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## INTRODUCTION

Diabetes mellitus (DM) is one of the non-communicable diseases that can cause blindness, heart attack, kidney failure, and leg amputation. According to estimates by the World Health Organizations (WHO) in 2015, there were 415 million people diagnosed with DM and would increase in 2040 to 642 people (WHO, 2016). As one of the chronic diseases characterized by an increase in glucose in the blood, polydipsia, polyphagia, polyuria, and weight loss, DM is generally divided into type I and type II (Kahn, et al., 2015).

Based on the International Diabetes Federation (IDF) in 2015 there were 450 million adults aged 20 - 79 years diagnosed with DM, of which 55% were under 25 years old. National Diabetes Statistic Report (2017) reports that 5300 residents of the United States aged 10 to 29 years suffer from type II diabetes.

Indonesia ranks 7th in the top 10 countries with the most DM population in the world. (IDF, 2015). Basic Health Research (RISKESDAS) in 2007 and 2013 calculated the proportion of DM in people over 15 years of age by conducting

interviews and found that the proportion of DM in 2013 doubled from 2007. RISKESDAS defines people with DM when diagnosed by doctors suffer from diabetes or have never suffered from diabetes but experience some symptoms of diabetes mellitus, including frequent hunger, thirst, urination and weight loss in the past month. The largest proportion of people suffering from DM in Indonesia is found in the province of East Nusa Tenggara, which is 3.3% or 3,116,580 million people over the age of 14 years (Indonesian Ministry of Health Data and Information Center, 2014).

In addition to the physical signs and symptoms mentioned in the previous paragraph, DM patients experience psychological changes before they reach the stage of self-acceptance. DM patients show expression of anger, depression, anxiety, and guilt. As many as 80-85% of patients who visit the poly medicine in RSU Prof. Dr. W.Z. Johannes experiences emotional stress, anxiety, and depression due to degenerative diseases (Mau and Banggut, 2013). A study of type II DM patients showed that after patients were diagnosed with DM, they experienced

health-related changes which included the necessity to adhere to medical treatment in order to keep blood glucose levels at a normal threshold. These patients showed angry reactions to themselves and their families, they also experienced frustration because they felt unable to maintain good health and felt that families did not understand the conditions they experienced (Penckofer, et al., 2007).

Patients' self-acceptance of the diagnosis of DM that they experience is influenced by several factors, one of which is the low level of social support, especially family support. This is shown in the results of the study of Besen and Esen (2010) which shows that 46% of respondents in Turkey have a low level of self-acceptance because it is influenced by the low social support of the family.

Medical teams must understand the psychological changes experienced by patients, not just physical changes. So that it is expected that medical service providers can provide advice and support and be able to work with families in the treatment process. The main caregiver for patients with chronic diseases is

family (Friedman, et al., 2003). Support from the family plays an important role in the treatment process. DM patients have several treatment regimens, namely diet patterns, regular medication, exercise, blood sugar tests, and regular health checks. The entire regimen certainly requires family support.

Family support is important given the period of change experienced by patients after being diagnosed with DM. Campbell (2000; in Friedman, et al., 2003) wrote that "the family is the primary caregiver for patients with chronic disease". Patients will experience psychological changes, including, depressed, anxious, angry, and feeling guilty after getting a diagnosis of DM, and only patients themselves feel it (Penckofer, et al., 2007). The nurse as a caregiver not only takes care of her physically but also pays attention to the psychological aspects.

The purpose of this study was to analyze the relationship and effect of family support on self-acceptance of Type II Diabetes Mellitus Patients at Kupang City Hospital. Family support intended in this study is support for

dietary regimen requirements, medication compliance needs, regular exercise needs, blood sugar monitoring needs, regular health examination needs, and emotional needs.

## METHOD

This study involved 192 respondents, with a purposive sampling

technique. The location of data collection is at the RSUD Prof. Dr. W.Z. Johannes, Carolus Boromeus Hospital, Kartini Hospital, and RSUD. SK Lerik.

This quantitative correlational study uses the Spearman's rho correlation test (data not normally distributed) at a significant level of 5% ( $\alpha$ : 0.05) to analyze data.

## Findings

### a. Characteristics of Respondents

**Table. 1.1 Distribution of Respondents by Characteristics: Age, Gender, Education, Occupation, Marriage, Income and Caregiver**

No	Variables	Frequency	Percentage (%)
1	Age		
	>68 Years Old	38	19,8
	47-68 Years Old	123	64,1
	<46 Years Old	31	16,1
	Total	192	100,0
2	Gender		
	Male	93	48,4
	Female	99	51,6
	Total	192	100,0
3	Education		
	No education	8	4,2
	Elementary School	24	12,5
	Junior High School	25	13,0
	High School	75	39,1
	Graduate	60	31,3
	Total	192	100
4	Occupation		
	Housewife	47	24,5
	Farmer	5	2,6
	Labor/handy man	2	1,0
	Self Employed	74	38,5

	Civil Servant/Civil Servant retirement	64	33,3
	Total	192	100,0
5	Marital Status		
	Married	109	56,8
	Single	70	36,5
	Widow	13	6,8
	Total	192	100,0
6	Monthly income		
	<Rp.3.000.000	142	74,0
	Rp.3.000.000-5.000.000	41	21,4
	Rp. >3.000.000	9	4,7
	Total	192	100,0
7	Year of Diagnosed		
	1983-1995	7	3,6
	1996-2008	39	20,3
	2009-2018	146	76,0
	Total	192	100,0
8	Caregiver		
	Spouse	97	50,5
	Parent	40	20,8
	Child	29	15,1
	Spouse and Parent/child	26	13,5
	Total	192	100

Table 1.1 above illustrates that the majority of respondents were 47-68 years old (64.10%), female (51.60%), high school education (39.10%), entrepreneurial work (38.50%), married (56, 80%), monthly income of less than Rp.3,000,000, year of illness 2009-2018 (76%) and the majority of caregivers from respondents were husband or wife (50.5%).

## b. Family Support and Self-Acceptance

**Table 1.2 Distribution of Respondents Based on family support for Type II DM patients in Kupang City Hospital in 2018**

Family Support	Frequency	Percentage (%)
Good	16	8,3
Enough	139	72,4
Less	37	19,3
Total	192	100,0

Table 1.2 shows that the majority of family support for patients with type II DM is quite good (72.40%).

**Table 1.3 Distribution of Respondents Based on Family Support for Six Aspects of Management of Type II DM Patients in Kupang City Hospital in 2018**

	Family Support	Frequency	Percentage (%)
1	Diet		
	Good	22	11,5
	Enough	136	70,8
	Less	34	17,7
	Total	192	100
2	Medication		
	Good	2	1,0
	Enough	149	77,6
	Less	41	21,4
	Total	192	100
3	Exercise		
	Good	23	12,0
	Enough	134	69,8
	Less	35	18,2
	Total	192	100
4	Blood sugar monitoring		
	Good	34	17,7
	Enough	123	64,1
	Less	35	18,2
	Total	192	100
5	Medical Check up		
	Good	0	0
	Enough	158	82,3
	Less	34	17,7
	Total	192	100
6	Emotional Support		
	Good	22	11,5
	Enough	129	67,2
	Less	41	21,4
	Total	192	100

Table 1.3 shows that the majority of family support in the diet aspect is quite good (70.80%), family support in aspects of drug administration is quite good (77.60%), family support in sports is quite good (69.80%), family support in blood sugar examination was quite good (64.10%), family support in health examinations was quite good (82.30%), and family support in emotional aspects was quite good (67.20%).

**Table 1.4 Distribution of Respondents Based on self-acceptance in Kupang City Hospital in 2018**

Emotional Support	Frequency	Persentase (%)
Good	47	24,5
Enough	122	63,5
Less	23	12,0
Total	192	100

Table 1.4 shows that the majority of respondents received good acceptance of type II DM (63.50%).

### c. Relationship of Family Support With Self-Acceptance

**Table 1.5 Test of relationship between family support and self-acceptance of Type II DM patients in Kupang City Hospital in 2018**

Variable	Test	Family Support	Self-Acceptance
Family Support	Spearman's	1	,679**
	Correlation		
	Sig. (2-tailed)		,000
	N	192	192
	Spearman's	,679**	1
	Correlation		
	Sig. (2-tailed)	,000	
	N	192	192

Pearson correlation test results p value = 0,0001 < 0,05, (r = 0,679), indicating a strong positive significant relationship between family support and self-acceptance of Type II DM patients.

**Table 1.6 Test of the effect of family support on self-acceptance of Type II DM patients in Kupang City Hospital in 2018**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,674 <sup>a</sup>	,454	,451	11,48831

a. Predictors: (Constant), dukungankel

The results of adjusted R Square = 0,451, meaning that the influence of family support for self-acceptance of type II DM patients is 45.10%, the rest is influenced by other factors.

**ANOVA<sup>a</sup>**

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20826,072	1	20826,072	157,796	,000 <sup>b</sup>
	Residual	25076,423	190	131,981		
	Total	45902,495	191			

a. Dependent Variable: Self Acceptance

b. Predictors: (Constant), Family Support

The quality of the results of the regression linear analysis can be assessed by looking at the results of the ANOVA test and the summary model. Requirements: test p value anova <0.05. Result of ANOVA test, p value 0,0001 <0,05, then linear regression equation is feasible.

**Coefficients<sup>a</sup>**

		Unstandardized Coefficients		Standardized Coefficients		
	Model	B	Std. Error	Beta	t	Sig.
1	(Constant)	33,859	3,039		11,141	,000
	Family Support	,174	,014	,674	12,562	,000

a. Dependent Variable: Self Acceptance



1. Variables used to predict self-acceptance of type II DM patients are family support with a correlation of 0.662. (See beta column).

2. The linear regression equation obtained:

$$Y = \text{constant} + a_1x_1 + a_2x_2 + \dots + a_nx_n$$

Family support:  $33,960 - 0,174$  (See column B)

3. Application of equations to predict self-acceptance of type II DM patients. For example family support for patients is 55, then predictions of patient self-acceptance:

$$33,960 - 0,174(55) = 33,960 - 9,515 = 22,445 \text{ (lack of self-acceptance).}$$

## DISCUSSION

The results of the study of the characteristics of respondents, it was found that 64.1% of respondents were in the age range of 47-68 years. This is in line with data from Australian Diabetes (2015) which shows that type II DM generally develops in individuals over 45 years of age. The majority of respondents in this study were female (51.6%), this supports the research data of Iglay et al.

(2016) which states that as many as 53% of 1,389,016 diabetic people are women. In addition, in 2013, Hilawe et al. Mentioned that the prevalence of diabetes in women was higher (5.9%) compared to men (5.5%). The results of previous studies and studies can be a reference that the number of diabetics is more female. The majority of women who suffer from type II diabetes mellitus can be associated with the percentage of age classified as middle age so that at that age hormonal changes have occurred before and have entered menopause. After menopause, estrogen and progesterone undergo changes that can cause an increase in blood sugar levels. In addition, weight gain also contributes to the risk of type II diabetes mellitus (Mayo Clinic, 2016).

The majority of respondents have high school or high school education that is as much as 39.1% and the majority of jobs are self-employed (38.5%). The results of this study relate to family income which states that as many as 74% of respondents have income below Rp. 3,000,000. The amount of family income is included in the average net income of

workers with their own business (entrepreneur) per month for East Nusa Tenggara province, which is equal to 1,056,200 for ages 25 - 54 years and 790,700 for ages above 55 years (BPS, 2017).

A total of 56.8% of respondents were married and 50.5% of respondents were treated by their partners (husband/wife). This data has a relationship with the majority of respondents who are middle-aged, in accordance with Erik Erikson's growth theory which states that individuals in middle age generally have settled and had partners and their own families (McLeod, 2013).

Based on the results of this study it can be concluded that there is a positive relationship between family support in aspects of controlling diet, treatment, exercise, self-examination, health examination, emotional control and self-acceptance of Type II DM patients. The higher the family support received, the higher the self-acceptance is possessed. Conversely, the lower the family support received, the lower the self-acceptance that is owned. The

results of this study are in accordance with the study of Utami (2013), Laila (2016) that there is a positive and unidirectional relationship between social support and self-acceptance, so social support needs to be given to improving individual self-acceptance in living their lives.

The family is a very important source of support for type II DM patients. One form of family support that can be given to patients is to help patients see themselves as healthy and normal individuals. This helps patients to overcome the psychological changes they experience and avoid depression (Paddison, 2010). People who play an important role in providing support are husband/wife, children, other family members, friends, and health workers. The support provided can make patients feel cared for and loved, valued, find new ways of living according to their disease conditions, get a zest for life, and get positive individual coping.

Social support can be provided by the closest people such as caregivers who are husband/wife and children of research subjects. A family is the main

caregiver for all family members (Friedman et al, 2013). This is reinforced by Wangmuba's statement (2009) that one source of social support comes from family (husband/wife and children) who have the potential to provide support and a place to devote all complaints experienced. Judging from the identity of the subject, the main caregiver is the nuclear family such as husband/wife and children. Yuliawati and Handadari (2013) stated that generally caregivers were divided into two, namely informal and formal caregivers. In this case, the diabetes mellitus caregiver comes from a family that includes, husband/wife, children, daughter-in-law, grandchildren, siblings, and other kinship relations.

The social support itself according to Sarafino (2006) refers to comfort, attention, appreciation, or assistance provided by other people or groups to individuals. Thus, someone who gets social support will feel that he is acceptable to the environment and socially. The contribution of social support with self-acceptance in the study amounted to 45.10% different from the

Laila study (2016) of 49.28%, influenced by other factors.

Social support has a contribution to self-acceptance seen from the effective contribution of social support to self-acceptance. This is because those who act as caregivers are nuclear families such as husband/wife and children. From the research data, the results showed that the majority of respondents (80%) over 47 years of age who were pre-elderly and elderly could thus experience physical and mental changes, decreased physical strength and decreased memory, so family support in the six aspects mentioned above very meaningful for patients in controlling their blood sugar levels. If the patient can control aspects of the diet, routinely treats and checks blood sugar and health, controls negative emotions, then the patient is at low risk of complications of type II DM such as diabetic gangrene, amputation, diabetic retinopathy, diabetic nephropathy which ends in kidney failure, and comma diabetics which is very risky for death. The results of this study indicate that the majority of respondents have undergone life with type II DM without

complications because they have good family support (72.40%).

One of the factors that caused social support provided by the main caregivers was relatively moderate, namely economic factors. When a family member is sick, other family members will play a more inclusive role in terms of the family's economy: having to work for income and meet the family needs of family members while caring for sick family members, taking care of the needs of other family members (multiple roles). Because diabetes mellitus requires a long healing time and considerable costs. These results are reinforced by Myers's opinion (in Maslihah, 2011) which states that there are at least three important factors that encourage someone to provide social support, including participating in feeling the distress of others and providing motivation that can improve the welfare of others, guiding individuals to carry out obligations in life and provide balanced reciprocal relationships and produce satisfying interpersonal relationships. From this study, the highest number of patients with diabetes mellitus were female and

dominated by housewives. This was supported by the statement of Fatimah (2015) that women are more at risk than men because physically, the body mass of women is greater.

The majority of the subjects of this study knew that they had diabetes mellitus in the last 1-5 years. The results obtained are associated with an explanation from the Ministry of Health (2005) that diabetes mellitus often appears without certain symptoms. However, there are some typical symptoms including frequent urination, easy thirst and easy feeling hungry. In addition, diabetes mellitus is often known to experience complications with other diseases such as vision problems, tingling in the hands or feet and decreased weight.

Self-acceptance in the subject of this study is classified as moderate. Hurlock (in Ridha, 2012) states that self-acceptance is influenced by several factors, including being able to accept themselves, develop optimally-owned potential, assess themselves realistically, adjust to other people's views and see themselves from various perspectives.

According to Roy's adaptation theory, one can adapt after going through the process of learning about the changes that occur. As time goes on, individuals can learn and process information about changes that occur in themselves after being diagnosed with certain diseases.

Johnson (in Hamidah, 2012) states that self-acceptance is a form of a positive attitude towards himself ultimately leading to an ability to be able to love himself and the individual can accept himself as a human who has advantages and disadvantages. The theory is supported by the opinion of Germer (2009) which states that people who accept themselves are people who are aware that they experience a sensation, feeling, or thought that exists in them from time to time.

Based on Weiman (2008), there is no appropriate time span for knowing patients' complete acceptance of their illness. The time period for self-acceptance is 3 months - 3 years. But according to Worth (2005), over time and the development of disease, individuals can achieve self-acceptance and return to the previous phases. So, it can be

concluded that one's self-acceptance is influenced by the length of time the patient suffers from the disease and there is no appropriate time span to describe when the patient can accept themselves and the accompanying illness.

The disadvantages in this study include the amount of research scale items that are too large so that it does not rule out the possibility of respondents filling in seriously because they want to quickly check their health and want to go home.

## **CONCLUSION and ECOMMENDATION**

Based on the results of the analysis and description previously described, it can be concluded that there is a very significant positive influence between family support and self-acceptance; the results of social support are quite sufficient; Self-acceptance results are sufficient, and the effective contribution of family support to self-acceptance is 45.10%, 44.90% comes from other factors.

So that it can be recommended for people closest to the patient such as husband/wife and children to provide

social support in the form of paying attention to patients on aspects: diet, drugs, exercise, control of blood sugar, conducting scheduled health checks, providing positive emotional support;

Recommendations for patients based on the results of research, namely, patients are expected to accept changes in their health conditions and can adapt to these changes both from physical aspects, drugs, controlling blood sugar, health checks, and emotions; For hospitals, it is expected to improve service to patients, provide support for healing patients and provide information needed by patients; For the next researcher, it is expected to use other variables because there are still many other factors. As well as balancing the number of scale items with the time needed to fill the scale.

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