

QUALITY OF LIFE IN PSYCHOLOGICAL DOMAIN OF TYPE 2 DIABETES MELLITUS CLIENTS

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Abstract

The prevalence of diabetes mellitus is estimated to continue to increase every year, especially in several developing countries. Diabetes is a chronic disease that cannot be cured and causes various complications that affect a person's mind and mentality. This condition causes an increase or recurrence of diabetes because stress affects a person's psychology. The research aimed to determine the description of the quality of life in the psychological domain in sufferers of type 2 diabetes mellitus in the working area of the Syiah Kuala District Health Center, Banda Aceh. A descriptive research design with a purposive sampling technique and a population of 214 people resulted in a sample of 139 respondents. Data collection was carried out using the guided interview method using the World Health Organization Quality instrument of Life-BREF (WHOQOL-BREF) which consists of 26 statement items on a Likert scale. The results of the research showed that the Psychological domain in the quality of life of Type 2 Diabetes Mellitus respondents was in the good category, namely 113 people (81.3%), and in the poor category, 26 people (18.7%). It can be concluded that the majority of type 2 diabetes mellitus sufferers experience good psychological problems during their illness, this is because society has adapted to the condition of their disease. It is hoped that type 2 DM sufferers will implement a healthy living culture and the PATUH program to improve their quality of life.

Keywords: *Quality of life, Psychological, Diabetes Mellitus.*

1. INTRODUCTION

Diabetes Mellitus (DM) is a metabolic disorder characterized by increased glucose levels in the blood or hyperglycemia due to impaired insulin activity or insufficient insulin secretion (American Diabetes Association, 2020). The prevalence of DM is estimated to continue to increase every year, especially in several developing countries. Indonesia, as a developing country, is in fifth place with the highest number of DM patients (International Diabetes Federation, 2021). The International Diabetes Federation estimates that the number of diabetes sufferers in Indonesia will reach 28.57 million people in 2045. This number is 47% greater than the number in 2021, which will be 19.47 million people. Based on data from the Banda Aceh City Health Service in 2022, the incidence of Diabetes Mellitus reached 6,892 thousand people with a total of 800 people with Type 1 Diabetes Mellitus and 6,092 Type 2 Diabetes Mellitus people. Where in the working area of Syiah Kuala District alone it reaches 1,242 people, this data is predicted to continue to increase (Health Service, 2022). The prevalence of type 2 DM is the most common type of diabetes mellitus in society, covering around 85% of sufferers.

Diabetes Mellitus sufferers must continue to be managed and monitored so that their blood sugar levels remain stable so that they do not cause further complications. These individuals need appropriate management through 4 pillars in the management of type 2 diabetes mellitus including regulation of diet, exercise, pharmacological intervention, and counseling or socialization (PERKENI, 2019). One of the government programs to reduce the number of Diabetes Mellitus is the Chronic Disease Management Program (Prolanis) which is a preventive and promotive effort to improve or achieve quality of life. optimal for people with Type 2 Diabetes Mellitus (BPJS Health, 2021). Prolanis is a proactive and integrated program to encourage individuals with chronic diseases to achieve optimal quality of life and reduce the risk of complications to improve the quality of life for DM sufferers (Raraswati, Henhen & Nanny, 2018).

According to the World Health Organization Quality of Life Group (WHOQOL) in Yulianti 2014, quality of life is an individual's perception of his or her function in living his life, including the values and cultural background in which the individual lives, relates, socializes with other people and carries out his life goals, hopes, the rules that are established and in force, as well as concerns that combine into complex matters including a person's physical health, psychological state, level of independence, social relations, religion or belief and their relationship with various important things in the environment around them. Quality of life refers to a subjective evaluation within the scope of a cultural, social, and environmental background. One of the domains in WHOQOL is psychological which will describe the quality of life of diabetes sufferers.

Many researchers state that high levels of stress can influence the increase or recurrence of diabetes because stress affects a person's psychology. In addition, the presence of diabetes complications has an additional negative impact on quality of life which occurs simultaneously and can even reduce quality of life. If this is indeed the case, it emphasizes the importance of increasing awareness and treating depressive symptoms in diabetes care (Wexler, Grant, Wittenberg, et al, 2006). Individuals with diabetes tend to feel that their disease will affect their lives. Diabetes sufferers must continue to maintain their diet and adopt several lifestyles that can cure their disease. This makes them feel emotionally and socially stressed due to the rules they have to carry out continuously. This feeling of depression is one of the results of hyperglycemia which affects the emotional state of diabetes sufferers so that it can cause stress. This stress ultimately affects the quality of life of diabetes sufferers (Falco et al, 2015).

This is also by previous research by Wahyuni, Arsin & Abdullah (2014) which revealed that people with diabetes mellitus will continue to feel a lot of burden every day throughout their life, this burden can be in the form of a physical burden or a psychological burden. Psychological burden is related to feelings of helplessness, discomfort, anxiety, feelings of hopelessness, and even depression. Another opinion also states that it is very important to know the quality of life of diabetes mellitus sufferers to see how they strive to maintain their disease and health over a long period to determine the level of their anxiety (Wahyuni et al, 2014).

2. METHODOLOGY

The type of research used is quantitative. The design used in this research is descriptive. The population in this study was 214 people suffering from diabetes mellitus in the Syiah Kuala District Health Center working area. The sample in the study was diabetes mellitus sufferers who took part in posbindu activities every month in 5 villages in the Jeulingke Syiah Kuala Health Center working area, totaling 139 respondents using a sampling technique, namely

purposive sampling. Data collection was carried out for 23 days in the Syiah Kuala Health Center Working Area. Data collection was carried out using guided interview techniques using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire which consists of 7 statement items on a Likert scale. Data collection was carried out after receiving an ethical approval letter from the Research Ethics Committee of the Faculty of Nursing, Syiah Kuala University with number 111100061022. Data analysis used in the research was univariate analysis by looking at the frequency distribution of the variables studied.

3. RESULTS

The results of research on Quality of Life in the Psychological Domain conducted on Type 2 DM Sufferers with a total of 6 questions conducted on 139 respondents using the total value from the results of the scoring transformation with a mean value of 50. Quality of Life in the Physical Domain of Type 2 DM Sufferers can be categorized as high if $x > 50$ and categorized as low if $x \leq 50$. The results of these categorizations can be seen in the frequency distribution table below.

Table 5.4: Frequency Distribution of Quality of Life in the Psychological Domain of Type 2 Diabetes Mellitus Sufferers in the Jeulingke Syiah Kuala Community Health Center Working Area (n=139)

No.	Psychological Domain	F	%
1.	Good	113	81,3
2.	Not Good	26	18,7
	Total	139	100,0

Source: Primary Data (processed 2022)

Based on table 5.4, shows that the distribution of the Psychological Domain on the Quality of Life of Diabetes Mellitus respondents is relatively high, namely 113 people (81.3%).

4. CONCLUSIONS

Psychological domain quality of life, which is related to the individual's mental state. Mental state refers to whether or not an individual can adapt to various developmental demands according to his abilities, both demands from within himself and from outside him. The psychological aspect is also related to the physical aspect, where an individual can carry out an activity well if the individual is mentally healthy (WHO, 2012). Based on the research results shown in Table 5.5, it was found that the quality of life of Type 2 DM sufferers in the psychological domain was in a good category, namely 113 people (81.3%). This is not in line with research conducted by Teli (2017) in the psychological domain, on average 64.6% had a poor quality of life because sufferers were unable to fulfill their roles in life due to various psychological problems such as nervousness, feeling depressed, burdened by the DM disease they experience, but in research conducted by Megawati & Suwantara, (2018) the quality of life of Type II DM patients from the psychological domain has a good average quality of life, which means that respondents stated that they quite enjoyed their lives, were very able to concentrate, often accepting his appearance, never feeling anxious and depressed.

Based on this research, it was found that the majority of respondents, 65 people (46.8%) said "often" in the statement of how much the respondent enjoyed their life. Individuals who can enjoy their lives have a better quality of life. The good quality of life of type 2 DM sufferers is also influenced by those who feel that their lives are meaningful, as per the results of research where the majority of respondents, 68 people (48.9%) said "very often." When asked to what extent respondents felt that their lives were meaningful, this was by research conducted by Ulfani et al (2021), the psychological domain is influenced by the respondent's

level of satisfaction in perceiving how meaningful their life is, individuals who feel their life is meaningful and have positive thoughts will have a better quality of life.

In the psychological domain research results can also be proven in the question regarding respondent satisfaction with themselves and whether the respondent has good self-efficacy, from these results 70 people (50.4%) answered "satisfactory" so the researcher assumes that this individual has good coping, and followed by the majority of respondents being able to concentrate moderately 53 people (38.2%) when carrying out various activities and can be categorized as good. This is not in line with research conducted by Supriati & Irwansyah (2016), the majority of type 2 DM sufferers have problems in the psychological domain because they experience depression due to increased pressure caused by their illness and frustration with changes in eating patterns and drug consumption. Good quality of life in the psychological domain can also be seen in respondents' statements regarding their satisfaction with themselves where the majority of respondents 66 people (47.5%) said they were quite satisfied and could accept their health condition. This is supported by research by Sasmiyanto, (2019) satisfaction Individuals or individuals' positive assessments of themselves influence psychological well-being which can influence the quality of life of type 2 DM sufferers.

One of the demographic factors that influence the quality of life of DM sufferers is gender. From the research results, it was found that the majority of respondents were women, namely 90 people (64.7%). The quality of life of Type 2 DM sufferers is also influenced by gender, as in research conducted by Wikananda, (2017) where there was a relationship between gender factors and the respondent's quality of life. Female respondents tend to have a better quality of life than male respondents because women tend to find it easier to accept and adapt to their illnesses. The results of this study are supported by research conducted where the quality of life of women (44.4%) is better than men, this is because the burden borne by men is heavier.

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