



SPIRITUAL WELL BEING WITH QUALITY OF LIFE IN DIABETES MELLITUS PATIENT IN WORKING AREA TANJUNGANOM HEALTH CENTER OF NGANJUK REGENCY

Research Report

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ABSTRACT

Introduction: Physical and psychological problems in Diabetes Mellitus patient can affect quality of life. Good quality of life can help Diabetes Mellitus patient manage disease and maintain good health. Spiritual well being is associated with individual coping patterns and self care behavior of Diabetes Mellitus patient who can improve quality of life. The purpose of this research is to know the relation of spiritual well being with quality of life in Diabetes Mellitus patient in working area Tanjunganom Health Center of Nganjuk Regency. **Methods:** The research was conducted on 1 February 2018 and 18 March 2018 in auxiliary Health Center Jogomerto, auxiliary Health Center Surodadi and auxiliary Health Center Sumberkepuh. Correlation study design with crosssectional approach. The population was Diabetes Mellitus patient in working area Tanjunganom Health Center of Nganjuk regency with total 61 people. A sample of 27 respondents, the sampling technique was cluster random sampling. The independent variable was spiritual well being and the dependent variable was quality of life. Data collection using Spirituality Well Being Scale and Diabetes Quality of Life questionnaires. Statistical test using Spearman Rank SPSS 16 with significance $\alpha = 0,05$. **Results:** The result showed almost half of Diabetes Mellitus patient 13 respondents (48.1%) has spiritual well being medium and almost half were 12 respondents (44,4%) has medium quality of life. Spearman Rank test results obtained p value = 0,000 and $r = 0.963$ because p value $\leq \alpha$ ($\alpha = 0,05$) then H_a accepted and H_o rejected. **Conclusion:** The results showed there is a relation between spiritual well being with quality of life in Diabetes Mellitus patient in working area Tanjunganom Health Center of Nganjuk Regency. Spiritual approach through religious activities can be used as a strategy to improve spiritual well being, so as improve quality of life.

ARTICLE INFO

Received November 25, 2019
Accepted January 22, 2020
Online May 29, 2020

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Keywords:

Diabetes Mellitus, Diabetes
Quality of Life, Patient
Spirituality Well Being Scale

INTRODUCTION

Diabetes mellitus (DM) is a group of metabolic diseases characterized by hyperglycemia that occurs due to abnormal insulin secretion, insulin performance or both (ADA, 2010). Chronic complications of DM include cardiovascular disease, stroke, diabetic ulcer, retinopathy, and diabetic nephropathy. Complications faced by DM patients can affect physical and psychological health. Physical changes experienced can interfere with lifestyle and self-functioning both interpersonal, social, and work (Yusra, 2010).

DM patients with complications will also experience psychological problems such as depression, anxiety, eating disorders, dependence on alcohol and nicotine, personality disorders, and cognitive dysfunction (Pettrak, 2005; Young and Unachukwu, 2012). Physical and psychological problems experienced by DM patients with complications can affect the quality of life. DM patients with complications have a low quality of life. Quality of life is very important for people with DM because, with a region, who will assist the elderly more in health services.

good quality of life, patients can manage the disease and maintain good health.

International Data of Diabetic Federation (IDF, 2015) the global prevalence rate of DM patients in 2014 was 8.3% of the total population in the world. Indonesia is the 7th country with DM patients of 8,554,155, after China, India, the United States, Brazil, Russia and Mexico (IDF, 2013). The DM incidence according to Riskesdas (2013) data increased from 1.1% in 2007 to 2.1% in 2013 from a total population of 250 million. East Java Province is one of the regions of Indonesia with a prevalence of DM sufferers of 2.1%. Data from the Nganjuk District Health Office in 2017 the number of DM sufferers from all subdistrict health centres in Nganjuk obtained a prevalence of 4,563 events. UPTD Puskesmas Tanjunganom data obtained a prevalence of 1,139 events. Data from 9 Sub-District Health Centers (Pustu) namely Sambirejo Pustu, Banjarnayar Pustu, Sumberkerap Pustu, Jogomerto Pustu, Surodadi Pustu, Malangsari Pustu, Kedungombo Pustu, and Ngadirejo Pustu have a prevalence of 61 incidents.

Self-care behaviors for DM patients include diet, medication, glucose monitoring, physical exercise, and foot care (Polly, 1992 in Tyas, 2008). The impact of not doing self-care, patients will experience complications and psychological problems arise due to uncontrolled blood glucose levels, lack of nutrition, the risk of damage to skin integrity, the risk of infection that the patient will feel hopeless or no hope to control DM. DM's long self-care needs and uncontrolled blood sugar cause physical and psychological problems including feelings of fatigue, pain, insomnia, stress, depression, and feeling alone.

These conditions usually lead to chronic frustration, fear, hopelessness, and despair, resulting in a decrease in quality of life. Decreased quality of life of DM patients is directly proportional to the complications of DM that occur. DM patients without complications tend to have a better quality of life compared to DM patients with complications (Tyas, 2008). Low quality of life makes it difficult for DM patients to adapt, carry out activities, manage the disease, and have wrong coping strategies that result in their health declining.

Spiritual resources are found to help DM patients better manage illness to improve quality of life (Phelps, 2010 in Muhammad, 2015). Spirituality is associated with individual coping patterns and self-care behavior of patients with DM (Sridhar, 2013 in Astrada, 2014).

Spirituality allows DM patients to interpret the incidence of illness as a meaningful positive experience.

DM patients who are spiritually prosperous can use their belief in coping with illness, pain, and life stresses. Patients will have a meaningful sense of personal existence, fulfillment of life goals, and the feeling of living up to a stage is a value associated with good quality of life (Puchalski, 2010 in Muhammad, 2015). The background of the problem made researchers interested in raising the title "spiritual well being with quality of life in DM patients in the Tanjunganom Health Center in Nganjuk District". The purpose of this study was to determine the relationship of spiritual well being with quality of life in DM patients in the Tanjunganom Community Health Center in Nganjuk District.

MATERIALS AND METHODS

The study design was a correlation study with a cross-sectional approach. The independent variable is spiritual well being and the dependent variable is quality of life. Data collection using SWBS (Spirituality Well Being Scale) and DQOL (Diabetes Quality of Life) questionnaires. SWBS (Spirituality Well Being Scale) developed by Poloutzion and Ellison (1983) and has been tested for validity and reliability in research conducted by Agustini (2013).

The DQOL (Diabetes Quality of Life) questionnaire created by Jacobson et al. (1988) and have passed the validity and reliability test in a study conducted by Farahdina (2014). SWBS questionnaire indicators are affiliation, alienation, and satisfaction with life. The categorization of SWBS score is ≤ 60 = low, score 61-71 = moderate, score > 71 = high. DQOL cookie indicators are therapeutic impact, therapeutic satisfaction, DM anxiety, and social and work concerns. The categorization of DQOL score is ≤ 30 = low, score 31-46 = moderate, score > 46 = high.

The study was carried out on February 1, 2018, and March 18, 2018 in the JogomertoPustu, the SurodadiPustu, and the SumberkildPustu. The population is DM patients in the working area of the Tanjunganom Community Health Center in Nganjuk Regency as many as 61 people. A sample of 27 respondents using cluster random sampling technique. Statistical tests using the Spearman Rank SPSS 16 with significance $\alpha = 0.05$.

RESULTS

Table 1 Well Being Spiritual Cross Tabulation with Quality Of Life in DM Patients in the Work Area of Tanjunganom Health Center Nganjuk Regency February 1, 2018, and 18 March 2018

Spiritual Well Being	Quality Of Life						Sum	
	Low		Intermediate		High		F	%
	F	%	F	%	F	%		
Low	8	29,6	0	0	0	0	8	29,6
Intermediate	1	3,7	12	44,4	0	0	13	48,1
High	0	0	0	0	6	22,2	6	22,2
Sum	9	33,3	12	44,4	6	22,2	27	100

Spearman Ranktest ρ value = 0,000 with $\alpha = 0,05$ and level of correlation (r) = 0,963

Shows that of 27 respondents, almost half of them, 12 respondents (44.4%) had moderate spiritual well being and moderate quality of life. Spearman Rank test results obtained ρ value = 0,000 at $\alpha = 0.05$ and $r = 0.963$. Because ρ value $\leq \alpha$ ($\alpha = 0.05$) H_a is accepted so there is a spiritual well being a relationship with quality of life in DM patients in the working area of the Tanjunganom Health Center in Nganjuk District with a very strong relationship level.

DISCUSSION

After the results of data collection through a questionnaire sheet are then interpreted and analyzed with the Spearman Rank statistical test, then the following discussion:

1. Spiritual well being in DM patients in the working area of the Tanjunganom Health Center in Nganjuk Regency. The results of the 27 respondents were almost half, namely, 13 respondents (48.1%) had moderate spiritual well being. This data is supported by the characteristics of respondents from 13 respondents who have spiritual well being, while almost all respondents aged 51-60 years are 10 respondents (76.9%), most respondents have a junior high school education of 9 respondents (69.2%). This is evidenced by ρ value age = 0.036 and ρ value education level = 0,000. Because ρ value of age and ρ value of education level $\leq \alpha$ ($\alpha = 0.05$), so spiritual well being is influenced by age and education level.
2. Quality of Life in DM Patients in the Work Area of Tanjunganom Health Center, Nganjuk Regency. The results of the 27 respondents were almost half, namely, 14 respondents (44.4%) had a moderate quality of life. The data is supported by the characteristics of respondents from 14 respondents who have a quality of life, while almost all respondents aged 51-60 years as many as 9 respondents (75.0%), almost all respondents have a junior

high school education of 9 respondents (75.0%), most respondents have an income of Rp.750,000.00-Rp.1,500,000.00 of 7 respondents (58.3%). This is evidenced by ρ value age = 0.045, ρ value of education level = 0,000 and ρ value of income = 0,000. Because ρ value of age, ρ value of education level, and ρ value of income $\leq \alpha$ ($\alpha = 0.05$), so the quality of life is influenced by age, level of education and income. Research conducted by Schmidt, et al (2005) that in chronic diseases in patients with age ≥ 70 years decreased quality of life compared to patients age ≤ 69 years. Research by Coelho et al (2003) shows the results of patients with poor quality of life on average lower education levels compared to patients who have a good quality of life. Education is an important factor in understanding the self-care and management of DM, blood sugar control, and pain perception (Tyas, 2008). According to Butler (2002) socioeconomic status and knowledge about DM influence a person to perform DM self-care management. Financial limitations will restrict respondents from seeking information, care, and treatment for themselves (Yusra, 2010).

As a person ages, DM patients will increase glucose tolerance disorders and insulin resistance, this will certainly cause various problems both physical, psychological, and social so that it will cause various limitations which lead to a decrease in quality of life. The education of the respondents, which is almost half to the elementary level, has a less than an optimal understanding of the information so that the individual has not been able to take appropriate and beneficial actions related to the implementation of DM. The income of respondents which is almost half is worth Rp.750,000.00-Rp.1,500,000.00 whose value is still below the Nganjuk City UMK will limit DM care and treatment for him so that it can affect the quality of life of the respondent.

3. Spiritual Relationship of Well Being with Quality of Life in DM Patients in the Work Area of Tanjunganom Health Center, Nganjuk Regency Spearman Rank test results obtained p value = 0,000 at $\alpha = 0.05$ and $r = 0.963$ because p value $\leq \alpha$ ($\alpha = 0.05$) then H_a is accepted and H_o is rejected, so there is a relationship between spiritual well being and quality of life in DM patients in the working area of Tanjunganom Health Center with a very strong relationship. DM patients need effective coping strategies to deal with physical and psychological stressors due to DM disease. The condition of this disturbance will ultimately affect the quality of life (Ardian, 2016).
Spiritual well being gives strength for DM patients to deal with the stressor by providing provisions for DM sufferers to interpret the disease as a positive life event (Muhammad, 2015). DM patients who have good spiritual well being tend to have a more positive outlook and good quality of life. Good quality of life in DM patients is associated with adherence to the management of DM therapy (Schelp, et al in Muhammad, 2015). The relationship between spiritual well being and quality of life in DM patients in the working area of the

Tanjunganom Health Center in Nganjuk District is very strong. The role of spiritual well being is very important in implementing interventions to improve the quality of life of DM patients. A spiritual approach through religious activities such as regular worship and reading of the holy book is a means of communicating with God that can be used as a strategy to deal with the stresses and feelings of suffering from DM disease.

CONCLUSION

Nearly half of the DM patients in the working area of the Tanjunganom Health Center in Nganjuk District have moderate spiritual well being. Nearly half of the DM patients in the working area of the Tanjunganom Health Center in Nganjuk Regency have a moderate quality of life. Spiritual well being is associated with quality of life in DM patients in the working area of the Tanjunganom Health Center in Nganjuk District with a very strong relationship level. It is expected that the results of this study can add insight into DM patients to improve their spiritual well being to get a good quality of life.

The role of spiritual well being is very important in implementing interventions to improve the quality of life of DM patients. A spiritual approach through religious activities such as regular worship and reading of the holy book is a means of communicating with God that can be used as a strategy to deal with the stresses and feelings of suffering from DM disease.

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