



## FAMILY NURSING CARE WITH DIABETES MELLITUS PROBLEMS READINESS TO INCREASE FAMILY COPING: A CASE STUDY IN LAMONGAN

Endah Sri Wijayanti, Iswatun, Rizka Kurniawati

Research Report

Faculty of Vocational Studies, Universitas Airlangga

### ABSTRACT

**Introduction:** Family is an important aspect in nursing. Family members need care, supervision, and attention if they suffer from health problems such as Diabetes Mellitus. Families must have effective and competent coping to overcome health problems of family members. Global diabetes mellitus prevalence in 2019 an estimated 9,3% (463 million people). Diabetes mellitus patients in Lamongan regency are 1,4% with a total of 4,138 cases per year and are ranked 4<sup>th</sup> in Java Province. According to an integrated disease surveillance report based on Puskesmas in Lamongan. **Methods:** Method this research uses a qualitative descriptive method in the form of a case study to explore the problem of family nursing care in the case of Diabetes Mellitus with nursing problems of increasing family coping readiness in Banjarejo village, Sukodadi district, Lamongan regency. The approach used is a nursing care approach that includes assessment, nursing diagnosis, planning, implementation, and evaluation. **Results:** Patients usually then do things that are not allowed in the treatment process, such as not maintaining a pattern of nutrition, activity, and wound care. **Conclusion:** The role of the family is needed because it has a duty in health so that they understand the health problems of family members with each other so that they can have a positive impact.

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\*Correspondence:  
Endah Sri Wijayanti

\*Email:  
[endahsri@vokasi.unair.ac.id](mailto:endahsri@vokasi.unair.ac.id)

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### INTRODUCTION

Family is an important aspect in nursing. The family plays a role in overcoming the health problems of family members. Family members need care, supervision, and attention if they suffer from health problems such as diabetes mellitus. Families must have effective and competent coping in overcoming the health problems of their family members. (Mustamu & Hasim, 2020)

Diabetes mellitus as a global problem continues to increase in prevalence from year to year both in the world and in Indonesia. Based on data from the International Diabetes Federation (IDF), the global prevalence of diabetes mellitus in 2019 is estimated at 9.3% (463 million people), increasing to 10.2% (578 million) in 2030 and 10.9% (700 million) in 2015. 2045(Classification, 2014) In 2015, Indonesia was ranked 7th as the country with the most diabetes mellitus sufferers in the world, and is expected to rise to rank 6th by 2040 (PERKENI, 2019)

East Java Province was ranked 6 out of 10 provinces in Indonesia for the highest diabetes prevalence 2.1% which is 1% higher than the national average DIABETES MELLITUS prevalence of 1.5% (East Java Health Office, 2020). In East Java, the number of diabetes mellitus sufferers increased from 275,462 in 2007 to 605,974 patients in Indonesia 2013. . Based on blood tests, the percentage of people with diabetes mellitus aged more than or equal to 15 years was 6.9% in 2013 and increased to 10.9% in 2018. Most diabetes mellitus occurs in people over 40 years old, and 1,8% diabetes mellitus patient are women.

In diabetes mellitus patients in Lamongan Regency, 1.4% with 4,138 cases per year, ranks 4th in Java Province. According to an integrated disease surveillance report based on Health Community Centers in Lamongan. ( public health Office, East Java, 2020) The percentage of Diabetes Mellitus disease with readiness for the last 2 years was 12 cases, based on data from Banjarejo

Village, Sukodadi District, Lamongan Regency in 2020 as many as 6 patients (1.2%) of 450 patients.

Patients with diabetes mellitus on average do not comply with the care and treatment program. Usually, this is because the patient is not familiar with the disease process, the pain that is suffered does not seem to go away, the treatment does not show better results, and there are differences in perception between the patient and his family. Patients usually then do things that are not allowed in the treatment process, such as not maintaining a pattern of nutrition, activity, and wound care. Patients who can be invited to work together, can create a family have decreased coping to help and make family members withdraw from the sufferer.

The role of the family is very necessary because the family must maintain the health of its family members so that the family understands the health problems of family members with each other so that they are able to have a positive impact, one of which is by caring for and seeking perfect health services. Families are able to carry out their duties and roles, it is necessary to take an action, namely family nursing care for people with diabetes mellitus in order to provide knowledge and understanding to each family member in maintaining family health.

From the description above, I took the title of family nursing care in the case of diabetes mellitus with readiness to increase family coping in Banjarejo Village, Sukodadi District, Lamongan Regency for research as one of the requirements for this final project.

## **MATERIALS AND METHODS**

The methods in this research is qualitative descriptive with case study. The purpose of this study was to prove the role of the family in caring for family members with diabetes mellitus with nursing problems of increasing family coping readiness.

This article is case study to explore descriptive in the form of a case study to explore the problem of family nursing care in the case of Diabetes Mellitus with the problem of nursing readiness to increase family coping in the village of Banjararejo, Sukodadi District, Lamongan Regency. The approach used is a nursing care approach which includes assessment, nursing diagnosis, planning, implementation, and evaluation.

## **RESULT**

At the assessment stage, it was found that there was a match and a gap between the literature review and the case review. This

assessment was carried out following the format contained in the literature review. Case studies were carried out on Mrs. K, Mrs. D, Mrs. K, Mrs. K, Mrs. S with diabetes mellitus in Banjarejo Village, Sukodadi District, Lamongan Regency. Data collection techniques were carried out through interviews with both sick family members and other family members (healthy family members) as well as direct observation of the condition of family members and the environment.

Based on (Nursalam, 2011) which describes the assessment of family nursing care which includes general data, history and current stage of family development, environmental assessment, family structure, family function, family stress and coping, physical examination and family expectations.

At this stage of the study, it was found that there was a match between the literature review and the case review, such as in the current family health history based on a case review, such as in the medical history of Members. A case study was carried out on 5 participants with Diabetes Mellitus in Banjarejo Village, Sukodadi District, Lamongan Regency. Mrs. K is 48 years old with a history of diabetes mellitus for the last 6 years, Mrs. D is 50 years old with a history of diabetes mellitus 8 years ago, Mrs K is 53 years old with a history of diabetes mellitus 3 years ago, Mrs K is 53 years with a history of the disease 6 years ago, the last is diabetes mellitus and Mrs. S is 58 years old with a history of the disease 10 years ago, the last is diabetes mellitus

The importance of maintaining a healthy lifestyle, exercising frequently, maintaining a healthy diet, not consuming fatty or ready-to-eat foods, and maintaining adherence to the given diet.

In theoretical nursing, diagnoses found 10 diagnoses, namely Readiness to Improve Family Coping, Instability of Blood Glucose Levels, Disorders of Urinary Elimination, Acute Pain, Sleep Pattern Disorders (PPNI, 2017).

Nursing diagnoses in the case found 5 diagnoses, namely Readiness to Improve Family Coping, Instability of Blood Glucose Levels, Disorders of Urinary Elimination, Acute Pain, Sleep disorder (SDKI PPNI 2016).

One of the factors causing the readiness to increase family coping that I studied was from the assessment of the readiness to increase family coping in the care and knowledge of DIIT Diabetes Mellitus clients, almost all participants showed good readiness of the family to provide preventive health care and jointly care for family members who are sick due to illness. The family is the

smallest unit of society that is most closely related to the client. With family support, it can increase the readiness to increase Diet knowledge to clients in the management of therapy programs.

## **DISCUSSION**

### **Nursing Intervention**

In the nursing intervention, the author found a match between the review and the case review, the intervention after it was arranged according to the order of priority diagnosis, namely Readiness to Improve Family Coping Associated with readiness to receive knowledge (D. 0090 HAL 199), Instability of blood glucose levels associated with weakness and decreased appetite (D. 0027 p. 71), Impaired Urinary Elimination.

Associated with the inability to access the toilet (IDHS. D. 0040, p. 96), Severe pain Associated with dizziness and feeling weak (D.0077. p. 172), Sleep Pattern Disorders Associated with Lack of Sleep Control (D. 0055 Page 126) The theory review is in accordance with the intervention book standard, (PPNI, 2018)

Improved family coping is that families can further improve family health and overcome concerns about family members, know the ability to meet the needs of family members (improved), to increase commitment to care or treatment (improved), to improve communication between family members (improved)

### **Nursing Implementation**

In the implementation of nursing, the authors carry out nursing actions on clients. Implementation is carried out following the interventions made previously according to PPNI SIKI 2018. The author did not find any problems that could hinder the implementation of the previously planned implementations and activities. This is because the client and family of Mrs. K, Mrs. D, Mrs. K, Mrs. K, and Mrs. S are cooperative and open, making it easier for the author to carry out an implementation that aims to prepare readiness in increasing the knowledge of Diet clients and families in dealing with or overcoming a problem. health in the family

### **Nursing Evaluation**

Evaluation on readiness to increase family coping related to Dietary Compliance of Diabetes Mellitus Patients Based on Knowledge Level with 6 home visits. Implementation of diagnosis on readiness to increase family coping related to Dietary Compliance of Diabetes Mellitus Patients Based on Knowledge Level with 6 home visits. Implementation of the diagnosis of diagnostic

readiness, namely readiness to improve family coping, instability of blood glucose levels, urinary elimination disorders, acute pain, sleep pattern disorders (PPNI, 2017)

Evaluation of readiness to increase family coping related to Dietary Compliance of Diabetes Mellitus Patients Based on Knowledge Level of the client's family can understand health problems in the family and then be able to make readiness in diabetes mellitus treatment with the knowledge that has been given, Blood Glucose Level Instability Associated with Less Adherence to Diabetes Management Plan The client can keep his blood sugar balanced and adhere to the diet that has been explained. Impaired Urinary Elimination is related to increased urethral pressure. The client can maintain his drinking pattern, limit his drinking. readiness for an increased family coping Acute pain associated with. Injury agents, namely clients can control their pain by knowing how to deal with pain by breathing relaxation techniques or taking anti-pain medications, and maintaining their activity patterns. Physiologically the client can overcome pain by using relaxation techniques, namely by deep breathing, Sleep Pattern Disorders Associated with Lack of Sleep Control, namely the client can control by knowing what are the inhibiting factors for sleep and how to overcome and always maintain eating patterns before and after sleep.

## **CONCLUSION**

In the assessment stage, there is the suitability of literature review and case review on general data, history and developmental stage, environmental assessment, family structure, family function, stress, family coping, and family expectations. Meanwhile, there is a gap, namely in the previous family history, it must be able to increase the readiness of families who have a history of Diabetes Mellitus. In the literature review, there are 7 nursing diagnoses that may appear frequently, while in the case review 6 diagnoses appear.

Evaluation of the 2 nursing diagnoses, the readiness to improve family coping was resolved, blood glucose level instability, urinary elimination disorders, the problem was partially resolved, acute pain and sleep pattern disturbances were all resolved, the readiness to increase family coping was resolved in 3 home visits by explaining the meaning of diabetes mellitus, signs, symptoms, and causes, providing education about DIIT compliance, maintaining and caring for eating patterns, training to control Blood sugar and have the readiness to improve family coping.

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