



## THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND PSYCHOLOGICAL WELL-BEING AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS AT SUKODADI PUBLIC HEALTH CENTER, LAMONGAN REGENCY

Khotibul Umam<sup>\*</sup>, Iswatun Iswatun, Joko Susanto, Endah Sri Wijayanti

Faculty of Vocational Studies, Universitas Airlangga, Surabaya, Indonesia

### Original Research

### ABSTRACT

**Introduction:** Type 2 diabetes mellitus is a chronic disease that commonly affects many individuals. It can lead to a lack of self-acceptance, depression, and high levels of anxiety. This can negatively impact a person's psychological well-being, making family support crucial. This study aims to analyze the relationship between family support and psychological well-being among patients with type 2 diabetes mellitus at Sukodadi Public Health Center, Lamongan Regency. **Methods:** This research used a quantitative correlational design with a cross-sectional study approach. The sample consisted of 50 subjects selected through consecutive sampling. The research instruments used were Hensarling's Diabetes Family Support Scale (HDFSS) and Ryff's Psychological Well-Being Scale (RPWB). **Results:** The results showed that almost all respondents had high family support, with 88% of respondents reporting this. More than half of the respondents demonstrated good psychological well-being, accounting for 52%. Based on the Chi-Square test, highly significant results were obtained, as evidenced by the Asymp. Sig value of  $P = 0.000$ . **Conclusions:** There was a significant relationship between family support and psychological well-being among patients with type 2 diabetes mellitus at Sukodadi Public Health Center, Lamongan Regency. The results of this study are expected to provide information, serve as a guideline, and offer input regarding the importance of psychological well-being, which can positively influence the health outcomes of patients with type 2 diabetes mellitus.

### INTRODUCTION

Psychological well-being is a condition in which an individual experiences happiness, peace, comfort, and positive relationships with others, and is able to solve problems in a healthy and positive manner. Psychological well-being is based on the extent to which a person has a purpose in life, is aware of their potential, maintains quality relationships with others, and takes responsibility for their own life (Tanjung, 2018).

The prevalence of chronic diseases has been increasing globally every year and has been designated as one of the major public health challenges worldwide. The World Health Organization (WHO) explains that chronic diseases are long-term conditions that progress slowly, such as heart disease, stroke, cancer, chronic respiratory disease, depression, and diabetes (WHO, 2015). Globally, Indonesia ranks fourth in the number of diabetes mellitus sufferers, after the United States, China, and India (Sosialita & Hamidah, 2019). The International Diabetes Federation (IDF) stated that at least 463 million people, or 9.3% of the world's population aged 20–79 years, suffered from diabetes in 2019. The results of the 2018 Basic Health Research (Riskesdas) showed a prevalence rate of 8.5% in Indonesia. The prevalence of diabetes mellitus according to the 2018 Basic Health

Research (Riskesdas), East Java province has a prevalence rate of 2.6%. In Lamongan Regency, at the Lamongan Regency Statistics Agency in 2016, diabetes sufferers were at 9,494. (Ministry of Health of the Republic of Indonesia, 2020).

The existence of the chronic disease Type 2 Diabetes Mellitus can disrupt an individual's psychological well-being. Individuals may experience difficulty accepting themselves, depression, and high levels of anxiety, which can lead to low psychological well-being. Ryff stated that psychological well-being is the realization and full achievement of an individual's potential, where the individual can accept their strengths and weaknesses, be independent, build positive relationships with others, manage their environment by modifying it to suit their needs, have a purpose in life, and continuously develop their personality (Rahayu, 2014). Diabetes requires individuals to make significant lifestyle changes, including adjustments to their diet and exercise routines, as well as taking oral medication regularly (Angraeni, T., & Cahyanti, 2012).

In patients with Type 2 Diabetes Mellitus, there is a significant relationship between social support and psychological well-being, amounting of 37.1% (Rahayu, 2014). Fellow-Smith (2012) argues that the prevalence

### ARTICLE INFO

Received June 22, 2024  
Accepted August 25, 2025  
Online October 30, 2025

\*Correspondence:  
Khotibul Umam

E-mail :  
[khotibul.umam@vokasi.unair.ac.id](mailto:khotibul.umam@vokasi.unair.ac.id)

**Keywords:**  
Family Support, Psychological Well-Being, Diabetes Mellitus Type 2



of depression and anxiety is higher among patients with Diabetes Mellitus. Several studies on diabetes have found that depression is twice as common in patients with Diabetes Mellitus compared to the general population, with a prevalence of 41% of patients experiencing poor psychological well-being. This shows that depression and anxiety can worsen the condition of Diabetes Mellitus patients, potentially leading to complications.

Thus, the condition experienced by Type 2 Diabetes Mellitus patients can be better managed in terms of self-management and psychological well-being if adequate social support is provided. This is supported by several studies that show a strong relationship between psychological well-being and social support. Social support is essential for Diabetes Mellitus patients as it enables them to carry out self-management and improve their psychological well-being.

Adejoh (2012) argues that family support is very important during the treatment period for Diabetes Mellitus patients. Individuals who receive emotional support from their families feel loved, allowing them to view themselves positively and achieve self-acceptance (Desiningrum, 2010). Smet (1994) defines family support as verbal or non-verbal information, advice, tangible assistance, or behavior provided by people familiar to the individual, which can offer emotional benefits and influence the recipient's behavior. In this case, individuals who feel emotionally supported will feel happy and cared for. (Yosep, 2007) states that the presence of a serious or chronic illness in a family member often profoundly affects the family system, especially the role structure and family functioning. Therefore, the family serves as the main support system capable of providing direct attention and care to patients with Type 2 Diabetes Mellitus.

Diabetes Mellitus is caused by several factors. Unmodifiable risk factors include age ( $\geq 40$  years), a family history of Diabetes Mellitus, pregnancy with high blood sugar, mothers with a history of giving birth to babies weighing more than 4 kg, and babies born with a low birth weight ( $< 2.5$  kg). Modifiable risk factors include obesity ( $\text{BMI} > 23 \text{ kg/m}^2$ ), waist circumference (men  $> 90$  cm, women  $> 80$  cm), lack of physical activity, hypertension (blood pressure  $> 140/90$  mmHg), dyslipidemia (HDL cholesterol  $\leq 35$  mg/dL in men and  $\leq 45$  mg/dL in women, triglycerides  $\geq 250$  mg/dL), history of heart disease, unbalanced diet (high in sugar, salt, and fat but low in fiber), and smoking or exposure to cigarette smoke (Ministry of Health of the Republic of Indonesia, 2019).

Factors that influence psychological well-being consist of two types: internal and external factors. Internal factors include age, gender, religiosity, personality and stress, while external factors include culture and social support (Tanjung, 2018). According to Ryff & Keyes (1995), gender affects differences in the dimensions of psychological well-being. Gender differences also play a role, as men are often described as aggressive and independent, while women are seen

as passive, dependent, and sensitive to the feelings of others (Papalia, Feldman & Gross, 2001).

Religiosity has a positive relationship with well-being and mental health (Amadiyati & Utami, 2007). Personality or self-esteem includes two components, namely feelings of personal competence and feelings of personal self-esteem. A person will realize and appreciate themselves if they are able to accept themselves. Stress, according to Rathi and Rastogi (2007), is one of the key factors affecting the level of psychological well-being; stress can lower psychological well-being in people with diabetes due to health-related changes. External factors, namely culture, influence psychological well-being. The dimensions of self-acceptance and autonomy are more commonly found in societies with individualistic cultures (Ryff & Singer, 1996), whereas societies with collective and interdependent cultures—such as those in Eastern contexts—tend to emphasize positive relationships with others, especially family-like connections. Social support also plays an important role. The results of research conducted by Salovey, Rothman, Detweiler, and Stewart (2000) show that there is a strong relationship between social support and well-being. People who have close relationships are better able to cope with stressors (e.g., losing a job, experiencing illness, or separating from a life partner).

Based on this background, good self-management among patients with Type 2 Diabetes Mellitus, supported by family involvement in managing daily life, can help control and reduce the impact of the disease, thereby enhancing their psychological well-being.

The purpose of this study was to analyze the relationship between family support and psychological well-being among patients with Type 2 Diabetes Mellitus at Sukodadi Public Health Center, Lamongan Regency.

## MATERIALS AND METHODS

This study used a quantitative correlational design with a cross-sectional approach, which is a one-time observation and not continuous over a specific period. The activities carried out included data collection for both the dependent and independent variables.

The population in this study consisted of patients with Type 2 Diabetes Mellitus who were undergoing outpatient treatment at the Sukodadi Lamongan Community Health Center. The study was conducted in April 2022. The sampling technique used was consecutive sampling, where all subjects who met the selection criteria were included as research respondents until the required number of 50 participants was reached.

This study used two measuring instruments. The first instrument was the Hensarling's Diabetes Family Support Scale (HDFSS) developed by Hensarling (2009), which aims to measure the perception of Diabetes Mellitus patients regarding the family support they receive. The response options were scored as Always (4), Often (3), Rarely (2), and Never (1), and categorized as High (75–116) and Low ( $< 75$ ).

The second instrument was the Ryff's Psychological Well-Being Scale (RPWB), used to measure psychological well-being among patients with Type 2 Diabetes Mellitus. The RPWB questionnaire was scored as Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree (1), and categorized as High (111–168), Medium (98–110), and Low (91–97).

The research data collection began after obtaining research permits from the National Unity and

Politics Agency and ethical approval from the Faculty of Nursing, Airlangga University (No. 2474-KEPK). The data collected in this study were primary data, obtained from interviews using questionnaires. The questionnaires were distributed after receiving confirmation that the ethical review had been approved. Data were analyzed both univariately and bivariately using the Chi-Square test with a significance level of  $p < 0.05$ , processed through the SPSS application.

## RESULTS

**Table 1.** Characteristics of respondents based on Age, Gender, Education, Marital Status, Work, and Income in Sukodadi Health Center Lamongan Regency 2022.

| Age (years)         | Frequency (f) | Percentage (%) |
|---------------------|---------------|----------------|
| 30-45               | 2             | 4              |
| 46-60               | 48            | 96             |
| Gender              | Frequency (f) | Percentage (%) |
| Man                 | 14            | 30             |
| Woman               | 35            | 70             |
| Education           | Frequency (f) | Percentage (%) |
| Elementary School   | 29            | 58             |
| Middle School       | 7             | 14             |
| High School         | 14            | 28             |
| Marital Status      | Frequency (f) | Percentage (%) |
| Married             | 40            | 80             |
| Divorce             | 3             | 6              |
| Divorce by death    | 7             | 14             |
| Work                | Frequency (f) | Percentage (%) |
| Unemployed          | 11            | 22             |
| Worker              | 2             | 4              |
| Self-Employed       | 16            | 32             |
| Civil Servant       | 2             | 4              |
| Other               | 19            | 38             |
| Income              | Frequency (f) | Percentage (%) |
| 0                   | 9             | 18             |
| <2.500.000          | 33            | 66             |
| 2.500.000-5.000.000 | 8             | 16             |
| <b>Total</b>        | <b>50</b>     | <b>100</b>     |

Based on Table 1, it can be seen that of the 50 respondents, the majority were aged 40-60 years, namely 48 respondents (96%). Most of the respondents were female, namely 35 respondents (70%). The majority had elementary school education, namely 29 respondents (58%). Most of the respondents were married, namely 40 respondents (80%). A small number worked as laborers and civil servants, each amounting to 2 respondents (4%). The majority of respondents had an income of <2,500,000, namely 33 respondents (66%).

**Table 2.** Characteristics of respondents based on Family Support Sukodadi Health Center, Lamongan Regency 2022.

| Family Support | Frequency (f) | Percentage (%) |
|----------------|---------------|----------------|
| High           | 44            | 88             |
| Low            | 6             | 12             |
| <b>Total</b>   | <b>50</b>     | <b>100</b>     |

Based on table 2, it can be seen that almost all respondents have high social support from family factors, namely 44 respondents or 88%.

**Table 3.** Characteristics of respondents based on Psychological Well Being in Type 2 DM Patients in Sukodadi Health Center, Lamongan Regency 2022

| Psychological Well Being | Frequency (f) | Percentage (%) |
|--------------------------|---------------|----------------|
| High                     | 18            | 36             |
| Medium                   | 26            | 52             |
| Low                      | 6             | 12             |
| <b>Total</b>             | <b>50</b>     | <b>100</b>     |

Based on Table 3, it can be seen that most respondents had moderate psychological well-being, with 26 respondents (52%), while a small number had low psychological well-being (6 respondents or 12%).

**Tabel 4.** Crosstabulation Distribution of Family Support And Psychological Well-Being Among Patients With Type 2 Diabetes Mellitus At Sukodadi Public Health Center, Lamongan Regency 2022

| Family support | Psychological Well Being |           |           |           |          |           |           |            |
|----------------|--------------------------|-----------|-----------|-----------|----------|-----------|-----------|------------|
|                | High                     |           | Medium    |           | Low      |           | Total     |            |
|                | f                        | %         | f         | %         | f        | %         | f         | %          |
| High           | 18                       | 36        | 24        | 48        | 2        | 4         | 44        | 88         |
| Low            | 0                        | 0         | 2         | 4         | 4        | 8         | 6         | 12         |
| <b>Total</b>   | <b>18</b>                | <b>36</b> | <b>26</b> | <b>52</b> | <b>6</b> | <b>12</b> | <b>50</b> | <b>100</b> |
| <b>P-Value</b> | <b>p = 0.000</b>         |           |           |           |          |           |           |            |

Based on Table 4, it can be seen that almost all respondents with high family support exhibited psychological well-being levels ranging from high to moderate, with 44 respondents (88%) showing positive well-being outcomes.

Based on the Chi-Square test, very significant results were obtained, as evidenced by the p-value = 0.000 ( $p < 0.05$ ). Therefore, it can be concluded that there is a significant relationship between family support and psychological well-being among patients with Type 2 Diabetes Mellitus at Sukodadi Public Health Center, Lamongan Regency. This means that the hypothesis of this study is accepted.

## DISCUSSION

### Family Support

Based on Table 2, it can be seen that almost all respondents had high family social support, while only a few respondents had low family support.

According to Setiadi (2008), the factors that influence family support are internal and external factors. Internal factors include developmental stage, education or level of knowledge, and emotional and spiritual factors, while external factors include family practices, socio-economic conditions, and cultural background. According to Friedman (2010), family social support refers to the attitudes, actions, and acceptance demonstrated by family members, both in health and illness. The family functions as a support system for its members and is always ready to provide assistance when needed. According to Sarafino (2011), family support is the attitude and behavior of family members that contribute to the care process for relatives suffering from Diabetes Mellitus. Friedman (1998) explains that family support consists of several types, namely instrumental, informational, appraisal, and emotional support. Instrumental support refers to the role of the family in providing financial assistance, time, and energy in seeking care and ensuring dietary and medication compliance, where the family acts as a source of practical and tangible help. Informational support involves giving advice, suggestions, and input regarding diabetes management, with the family functioning as a valuable source of information. Appraisal support includes providing feedback, guidance, and mediation

in problem-solving, serving as a source and validator of family identity. Lastly, emotional support refers to the family providing a safe and peaceful environment for rest and recovery, helping to control emotions, and offering understanding, attention, affection, motivation, and encouragement.

According to Taylor (2009) Family support becomes more meaningful when it is provided by people who have a significant emotional relationship with the individual — in other words, support is received from the family. Friedman (2010) also explains that family support provides many benefits for individuals with Type 2 Diabetes Mellitus, as it enables families to function effectively, using intelligence and reasoning to adapt and maintain health.

The researcher assumes that family support is essential for patients with Type 2 Diabetes Mellitus because they need to make many adjustments in their lives. When patients receive strong family support, they feel cared for and loved, which helps them develop a positive self-view. This is in line with research conducted by Damayanti, S., N, N., & Kurniawan, T. (2015) entitled "Family Support in Type 2 Diabetes Mellitus Patients in Carrying Out Diabetes Self-Management", which found that more than half of the respondents reported high levels of family support.

### Psychological Well Being

Based on Table 5.8, it can be seen that most respondents had moderate psychological well-being, while a smaller number had high psychological well-



being, and very few respondents had low psychological well-being. According to Hardjo et al., (2020), individuals who have high psychological well-being fulfill six dimensions of well-being. High self-acceptance enables a person to have a positive attitude toward themselves, acknowledge and accept various aspects of their personality—both positive and negative—and maintain a positive view of their past. Positive relationships with others foster warm, satisfying, and trusting interactions, accompanied by strong affection and empathy. High autonomy allows individuals to resist social pressure, behave according to personal values, and evaluate themselves based on internal standards. A strong sense of purpose in life provides direction, meaning, and motivation, as individuals believe their past and present experiences have significance and strive toward personal goals. High personal growth reflects a continuous desire for self-improvement and development, recognizing potential, and making behavioral progress over time. Lastly, high environmental mastery enables individuals to manage circumstances according to their needs and values, while engaging creatively in both physical and mental activities.

The researchers assume that psychological well-being is essential for individuals with Type 2 Diabetes Mellitus to maintain their quality of life. Patients with good psychological well-being are better able to reduce the risk of complications, manage stress effectively, and adapt well to their environment.

This is in line with the research conducted by Bidjuni & Kallo (2019), which found that the psychological well-being level of patients was generally good, influenced in part by strong family social support.

### **The Relationship Between Family Support And Psychological Well-Being Among Patients With Type 2 Diabetes Mellitus**

Based on the Chi-Square test, very significant results were obtained, as indicated by the Asymp. Sig value of  $p = 0.000$  ( $p < 0.05$ ). This finding indicates that there is a significant relationship between family support and psychological well-being among patients with Type 2 Diabetes Mellitus at Sukodadi Health Center, Lamongan Regency.

From this study, the researchers conclude that the higher or greater the family support received, the better the psychological well-being of patients with Type 2 Diabetes Mellitus. Conversely, the lower the level of family support, the poorer the psychological well-being of these patients.

According to Hurlock (2006), support from various parties—such as acceptance, attention, and trust—can increase a person's happiness. The closest and most influential support comes from the family, which provides affection, attention, trust, and encouragement. Such support has a positive impact on patients with Type 2 Diabetes Mellitus, helping them develop motivation and optimism in living their daily lives.

This finding aligns with research conducted by Arine Fransisca (2017), entitled "The Relationship

Between Family Support and Psychological Well-Being in Type 2 Diabetes Mellitus Patients," which also found a significant relationship between family support and psychological well-being.

### **CONCLUSIONS**

Based on the data analysis that has been carried out, it can be concluded that almost all respondents had high family support, most respondents had moderate psychological well-being, and there was a significant relationship between family support and psychological well-being among patients with Type 2 Diabetes Mellitus at Sukodadi Public Health Center, Lamongan Regency.

### **ACKNOWLEDGEMENTS**

All authors would like to express their gratitude to all parties and institutions that supported, assisted, and contributed to the implementation of the research, preparation, submission, and publication of this article.

### **AUTHORS' CONTRIBUTIONS**

All authors contributed to their respective tasks, from applying for research permits to data collection, analysis, article preparation, submission, and final acceptance of this article.

### **CONFLICT OF INTEREST**

There was no conflict of interest in conducting this research or during the submission of this article, whether from individuals, educational institutions, or research organizations.

### **FUNDING**

This research was self-funded by the research team. No external funding was received for journal publication.

### **REFERENCES**

- Adejoh, S. (2014). Diabetes Knowledge, Health Belief, And Diabetes Management Among The Igala Nigeria. *SAGE Journals*, 4(2), 1-8. <https://doi.org/10.1177/2158244014539966>
- Angraeni, T., & Cahyanti, I. Y. (2012). Perbedaan psychological well-being pada penderita diabetes tipe 2 usia dewasa madya ditinjau dari strategi coping. *Jurnal Psikologi Klinis dan kesehatan Mental*, 1(2), 32– 33.
- Arine Fransisca.(2017). Hubungan antara Dukungan Keluarga dengan Psychological Well-Being Pada Penderita Diabetes Mellitus Tipe 2. Retrieved April 4, 2022, from [https://digilib.ubaya.ac.id/index.php?page=view/daftarpustaka\\_detail&mode=&key=i0EVUMRXSWcnAGo9i3k8kw--](https://digilib.ubaya.ac.id/index.php?page=view/daftarpustaka_detail&mode=&key=i0EVUMRXSWcnAGo9i3k8kw--)
- Bidjuni, H., & Kallo, V. (2019). Hubungan Religiusitas Dengan Kesejahteraan Psikologis Pada Pasien Diabetes Melitus Di Klinik Husada Kimia Farma Sario Manado. *E-Journal Keperawatan*, 7(1), 1-8. <https://doi.org/10.35790/jkp.v7i1.25201>
- Damayanti, S., N, N., & Kurniawan, T. (2015). Dukungan Keluarga pada Pasien Diabetes Melitus Tipe 2 dalam Menjalankan Self-Management Diabetes.

- Jurnal Keperawatan Padjadjaran*, 2(1), 43-50. <https://doi.org/10.24198/jkp.v2i1.81>
- Friedman, M., Bowden, O., & Jones, M. (2010). Buku Ajar Keperawatan Keluarga: Riset, Teori dan Praktek. Jakarta: Penerbit Buku Kedokteran EGC
- Hardjo, S., Aisyah, S., & Mayasari, S. I. (2020). Bagaimana Psychological well being Pada Remaja ? Sebuah Analisis Berkaitan Dengan Faktor Meaning In Life. *Jurnal Diversita*, 6(1), 63-76. <https://doi.org/10.31289/diversita.v6i1.2894>
- Hurlock, E.B. (2006). Psikologi Perkembangan : Suatu Pendekatan Sepanjang rentang Kehidupan. (terjemahan Istiwidayati). Jakarta: Erlangga.
- Kemendes RI. (2019). Buku Pintar Kader Posbindu. In Buku Pintar Kader Posbindu. Retrieved January 15, 2022, from <https://repository.kemdes.go.id/book/370>
- Kementrian kesehatan republik indonesia. (2020). Tetap Produktif, Cegah Dan Atasi Diabetes Mellitus. In pusat data dan informasi kementrian kesehatan RI. Retrieved January 15, 2022, from [https://kemdes.go.id/app\\_asset/file\\_content\\_download/1737347004678dcfbc66f892.86462222.pdf](https://kemdes.go.id/app_asset/file_content_download/1737347004678dcfbc66f892.86462222.pdf)
- Setiadi. (2008). Konsep dan Proses Keperawatan Keluarga. Yogyakarta: Penerbit Graha Ilmu.
- Sarafino, E. P., & Smith, T. W. (2011). Health psychology: Biopsychosocial interactions. *John Wiley & Sons. self-management and quality of life*. Diabetes Spectrum, 14, 33-41.
- Sosialita, T. D., & Hamidah, H. (2019). Hope-Based Intervention untuk Menurunkan Stres Serta Meningkatkan Harapan dan Subjective Well-being pada Penderita Diabetes Mellitus Tipe 2. *Psikoislamika : Jurnal Psikologi Dan Psikologi Islam*, 12(1), 55-63. <https://doi.org/10.18860/psi.v12i1.6396>
- Rahayu, T., & Karyani, Usmi. (2014). Hubungan Antara Dukungan Sosial Dengan Kesejahteraan Psikologis Pada Penderita Diabetes Mellitus Tipe 2. Retrieved January 15, 2022, from <https://eprints.ums.ac.id/31960/>
- Ryff, C.D., & Keyes, M.KI., (1995). The Structure of Psychological Well Being Revisited. *Journal of Personality and Social Psychology*, 69(4),719-727.
- Ryff, C.D., (1989). Happiness is everything, or is it? explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069– 1081. <https://psycnet.apa.org/doi/10.1037/0022-3514.57.6.1069>
- Taylor, S.E. (2009). Health Psychology. New York : McGraw Hill Inc.
- Tanjung, E. A. S. (2018). Studi Identifikasi Faktor-Faktor Yang Mempengaruhi Psychological Well-Being Pada Lansia Di Panti Jompo Yayasan Guna Budhi Bakti Medan. Retrieved January 15, 2022, from <http://repository.uma.ac.id/handle/123456789/9373>
- WHO. (2015). Diabetes mellitus. WHO [on-line]. Retrieved 15, 2022, from <http://www.who.int/topics/diabetes/en/>