INNOVATIVE: Journal Of Social Science Research
Volume 3 Nomor 1 Tahun 2023 Page 733-743
E-ISSN 2807-4238 and P-ISSN 2807-4246
Website: https://j-innovative.org/index.php/Innovative

The Relationship Between Family Support And The Emotional Response Of Diabetes Mellietus Patients In The Internal Disease Clinic Room Gambiran Hospital, Kediri City

Anik nuridayanti[1], Dyah Novi Wulansari[2], Yoyok Yulianto[3]
Program studi pendidikan Ners,Stikes Ganesha Husada Kediri
Email : anik.nuridayanti@gmail.com[1]✉

Abstrak

Diabetes melitus memberikan dampak psikologis berupa stres dan kecemasan, sehingga dukunga keluarga sangat diperlukan agar respon emosional pasien diabetes melitus baik. Penelitian ini bertujua untuk mengetahui hubungan dukungan keluarga dengan respon emosional pasien diabetes melitus Ruang Poli Klinik Penyakit Dalam RSUD Gambiran Kota Kediri. Desain penelitian adalah analit korelasional dengan pendekatan cross-sectional. Sampel dalam penelitian ini adalah 61 pasien diabet melitus yang diambil dengan menggunakan teknik Accidental Sampling. Data variabel independen da variabel dependen dikumpulkan dengan menggunakan kuesioner. Data dianalisis menggunakan u Spearman Rho. Hasil penelitian menunjukkan bahwa 33 responden (54,1%) memiliki dukungan keluarg yang baik, dan 37 responden (60,7%) memiliki respon emosional yang baik. Terdapat hubungan yar signifikan antara dukungan keluarga dengan respon emosional pasien diabetes melitus (p-value = 0,00 α<0,05). Semakin baik dukungan keluarga yang Anda dapatkan, semakin baik respons emosionalny Kecemasan pasien menjelang operasi dapat menurun dengan adanya dukungan keluarga yang bai Kurangnya dukungan dari keluarga mengakibatkan rendahnya kepatuhan terhadap pengobata diabetes dan buruknya kontrol glikemik

Kata Kunci : *Dukungan Keluarga, Diabetes Melitus, Respon Emosional*

Abstract

Diabetes mellitus has a psychological impact in the form of stress and anxiety, so family support is really needed so that the emotional response of diabetes mellitus patients is good. This research aimed to determine the relationship between family support and the emotional response of diabetes mellitus patients in the Internal Medicine Clinic Poly Room at Gambiran Regional Hospital, Kediri City. The research design was correlational analytic with a cross-sectional approach. The sample in this study was 61 diabetes mellitus patients taken using an accidental sampling technique. Data on the independent variable and dependent variable were collected using a questionnaire. Data were analyzed using the Spearman Rho test. The research results showed that 33 respondents (54.1%) had good family support, and 37 respondents (60.7%) had good emotional responses. There was a significant relationship between family support and the emotional response of diabetes mellitus patients (p-value = 0.000; α <0.05). The better family support you get, the better the emotional response will be. Patients with anxiety before surgery can decrease with good family support. The absence of support from the family results in poor adherence to diabetes treatment and poor glycemic control

Keywords: *Family Support, Diabetes Mellitus, Emotional Response*

INTRODUCTION

Diabetes mellitus (DM) is a dangerous disease that often occurs and is a major health problem. This disease occurs over a long period of time, due to abnormalities in insulin secretion, insulin action, or both (Perkeni, 2014). This disease will last a lifetime and cannot be cured, so it is hoped that Diabetes Mellitus patients can be prevented or eliminated by controlling the instability of glucose levels in the blood which can cause more severe complications (Kusniyah & Urip, 2011). Not only physical problems, however, they can also affect the psychological, social and economic conditions of the sufferer. The psychological impact in the form of stress and anxiety regarding Diabetes Mellitus is not only felt by Diabetes Mellitus patients, but their families also feel the disruption in social interactions and interpersonal relationships caused by the feeling of hopelessness the sufferer feels. Those who have experienced complications of diabetes mellitus, such as nephropathy and diabetic ulcers, will need a long period of treatment so they require quite a lot of money to treat. Prince & Wilson 2007. In people with diabetes, there are several emotions, these emotional aspect includes obsessive denial, anger, fear, mistakes, disappointment and the feeling that it has limited all aspects of life. The emotional aspect must be maintained so blood glucose levels do not increase (Hidayati, 2009).

According to WHO (World Health Organization), Indonesia is the 4th country with the highest number of diabetes mellitus sufferers after the US, India and China (Perkeni, 2014). According to estimates by the International Diabetes Federation (IDF), there are 81 million

people with Diabetes Mellitus in Southeast Asian countries. This number is expected to increase from 7.0% in the 20-79 year age group in 2010 to 8.4% in 2030 (WHO, 2014). WHO predicts an increase in the number of people with Diabetes Mellitus in Indonesia from 8.4 million in 2000 to around 21.3 million in 2030. IDF estimates that there will be an increase in the number of people with Diabetes Mellitus from 7.0 million in 2009 to 12.0 million in 2030. Data from WHO and IDF shows differences in prevalence rates. However, both reports show an increase in the number of people with Diabetes Mellitus by 2-3 times in 2030 (Ministry of Health, 2014). According to the 2013 East Java Province Health Profile data, Diabetes mellitus is a non-communicable disease which is included in the 10 diseases of inpatients the second most common in East Java after hypertension (Dinkes, 2014). According to Suyono (2009), the prevalence of Diabetes Mellitus in East Java Province is 1.43% - 1.47%. With a population of approximately 38,052,950 people in East Java Province, it is estimated that the number of Diabetes Mellitus patients in East Java is 544,157–559,378 people. Meanwhile, in East Java in the city of Surabaya, the incidence of diabetes mellitus was 50.9%, in Kediri it was 68% based on a preliminary study conducted at the Gambiran Regional Hospital, Kediri City on November 20 2017. The results of interviews with 10 patients who visited the internal medicine clinic at the Gambiran City Regional Hospital were obtained. Kediri interviewed 8 patients.

Diabetes Mellitus and the family: the patient said that family support is very important because without family support he would not be able to treat his own disease the family said that they always provide support to the patient and always accept the patient's condition sincerely. 2 other people said there was a problem with the family such as the problem of their children being difficult to manage and not wanting to listen to their parents' words as well as the increasing number of needs in the family and feeling that their income is not sufficient to meet these needs so they find it difficult to avoid these problems and they often find it difficult to control their emotions, get angry easily and irritable, and feel heart palpitations, find it difficult to sleep and often wake up in the middle of the night.

Family support is support in the form of information, certain things or material that can make individuals feel loved, cared for and loved (Ali, 2009). Family members are involved in many aspects of the healthcare activities that diabetes patients require. The absence of support from the family results in poor adherence to diabetes treatment and poor glycemic control (Chung, 2013). Another problem for diabetes mellitus sufferers is a psychological problem, namely psychological burden (stress), negative emotional responses, anxiety, and depression, social problems can arise in diabetes mellitus patients in the form of a lack of social interaction and interpersonal relationships due to hopelessness. (Price & Wilson, 2007). Complications that

occur in Diabetes Mellitus have an impact on quality of life, high healthcare costs and morbidity and are the main cause of death (Goh, Rusli, & Khalid, 2015).

Prevention efforts to treat diabetes mellitus (DM) according to Lanywati (2011) include undergoing primary therapy consisting of a diabetes mellitus diet, physical exercise (exercise and health education), using anti-diabetic drugs and a pancreas transplant if blood sugar levels remain high. Meanwhile, according to Ramaiah (2008), it consists of a program of insulin injections, diet, exercise, medication, relaxation, and water and mud therapy to improve pancreatic function in the legs and eliminate toxins. Based on the background of the phenomenon explained above, researchers are interested in conducting research on "The Relationship Between Family Support and the Emotional Response of Diabetes Mellitus Patients in the Internal Medicine Polyclinic Room at Gambiran Regional Hospital, Kediri City".

METHOD

The research design was correlational analytic with a cross-sectional approach. The sample in this study was 61 diabetes mellitus patients taken using an accidental sampling technique. Data on the independent variable and dependent variable were collected using a questionnaire.

RESULT

Table 1 Frequency Distribution of Respondents Based on Age in the Internal Medicine Polyclinic Room at Gambiran Regional Hospital, Kediri City 2018

Age (Years)	n	%
45-59	21	34,4
60-74	28	45,9
75-90	12	19,7

Based on table 1, it shows that almost half of the respondents were aged 60-74 years, namely 28 respondents (45.9%) out of a total of 61 respondents.

Table 2 Frequency Distribution of Respondents Based on Gender in the Internal Medicine Polyclinic Room at Gambiran Regional Hospital, Kediri City 2018

Gender	n	%
Man	28	45.9
Women	33	54.1

Based on table 2 above, it shows that the majority of respondents were female, namely 33 respondents (54.1%) out of a total of 61 respondents.

Table 3 Frequency Distribution of Respondents Based on Education Level in the Internal Medicine Polyclinic Room at Regional Hospital, Overview of Kediri City 2018

Education Level	n	%
Illiteratte	10	16.4
Elementary School	11	18.0
Junior High School	14	23.0
Senior High School	26	42.6

Based on table 3 above, it shows that almost half of the respondents attended high school, namely 26 respondents (42.6%) out of a total of 61 respondents.

Table 4 Frequency Distribution of Respondents Based on Family Support with Diabetes Mellitus Patients in the Internal Medicine Clinic Poly Room at Gambiran Regional Hospital, Kediri City 2018

Family Support	n	%
Good	33	54.1
Enough	19	31.1
Less	9	14.8

Based on table 4 above, it shows that the majority of family support is good, 33 respondents (54.1%)

Table 5 Frequency Distribution and Respondents Based on Emotional Responses with Diabetes Mellitus Patients in the Internal Medicine Clinic Poly Room at Gambiran Regional Hospital, Kediri City

Emotional Support	n	%
Good	37	60.7
Enough	14	23.0
Less	10	16.4

Based on table 5, it shows that the majority who experienced an emotional response to the patient were good, namely 37 respondents (60.7%).

Table 6 Correlation Analysis of Family Support with the Emotional Response of Diabetes

Mellitus Patients

Variable	Corelation Coeffisien	P-value
Dukungan-Respon Emosional	0,610	0,000
N = 61		
α = 0,05		

Based on table 6, it is known that there is a relationship between family support and the emotional response of diabetes mellitus patients in the internal medicine clinic room at Gambiran Hospital, Kediri City (Spearman, p = value 0.000 < 0.05, so Ho is rejected). Correlation Coefficient (r) of 0.610 indicates a positive correlation with high correlation strength.

DISCUSSION

Family Support with Diabetes Mellitus Patients

Based on the research results, it was found that most of the respondents' family support for diabetes mellitus patients in the internal medicine clinic room at Gambiran Hospital, Kediri City was included in the good category, namely, 33 respondents (54.1%). According to L anddy and Conte (2007) support is comfort, assistance, or information received by someone through formal or informal contact with individuals. Social support can come from various environments, one of which is family, such as support from husband, wife, children, grandchildren, and siblings (Achy, 2009). According to Purnawan (2008) the factors that influence family support are internal factors, development stage, education or level of knowledge, spiritual, external factors, socio-economic and background.

Most respondents have good family support because the family is the smallest social group in society that pays attention to and cares about the health conditions of other family members, the family provides emotional comfort when stress occurs, provides security and support, helps other family members in their development stages, The family knows the problems or illnesses that usually occur in the patient, the family knows the cause of the patient's illness, the family recognizes the symptoms that occur when the patient experiences problems or is sick and the family considers patient care to be important. The family provides support to the patient in the internal medicine clinic room, such as accompanying the patient, accompanying the patient during health checks, and reminding the patient when the control schedule is carried out.

Emotional Responses with Diabetes Mellitus Patients

Based on the results, it was found that the majority of respondents had an emotional response to diabetes mellitus patients in the internal medicine polyclinic room at Gambiran Regional Hospital, Kediri City, including in the good category, namely 37 respondents (60.7%). Santrock (2007) emotional response is a feeling or desire within oneself that involves physical arousal and real behaviour. Emotions are an interpretation of an event. The emotional process begins when an individual gives personal characteristics to events. The same situation will not necessarily produce the same emotions because it depends on a person's nature towards the situation (Mendatu, 2007). There are several factors that influence the emotional response of diabetes mellitus patients, namely internal factors from a physical aspect, and a psychological aspect. External factors, stimulus itself, saturation, environmental stimulus.

Most of the respondents had a good emotional response caused. because family always provides love, attention, security and warmth. They feel calmer after a health check is carried out by a health worker, such as checking blood pressure, checking blood sugar levels. When the results are good, the patient feels calm, because the body's health condition is good and there is nothing to worry about, but if the test results are not good, then the patient will immediately receive further treatment so that their health condition is maintained and serious complications do not occur. Apart from that, patients feel comforted by coming to the internal medicine clinic room because they can meet other patients and can reduce the level of boredom and stress experienced by patients when at home alone while their family members are busy with their other activities.

Emotional Responses with Diabetes Mellitus Patients

Based on the results, it was found that the majority of respondents had an emotional response to diabetes mellitus patients in the internal medicine polyclinic room at Gambiran Regional Hospital, Kediri City, including in the good category, namely 37 respondents (60.7%). Santrock (2007) emotional response is a feeling or desire within oneself that involves physical arousal and real behaviour. Emotions are an interpretation of an event. The emotional process begins when an individual gives personal characteristics to events. The same situation will not necessarily produce the same emotions because it depends on a person's nature towards the situation (Mendatu, 2007). There are several factors that influence the emotional response of diabetes mellitus patients, namely internal factors from a physical aspect, and a psychological aspect. External factors, stimulus itself, saturation, environmental stimulus.

Most of the respondents had a good emotional response caused. because family always provides love, attention, security and warmth. They feel calmer after a health check is carried out by a health worker, such as checking blood pressure, checking blood sugar levels. When the results are good, the patient feels calm, because the body's health condition is good and there is nothing to worry about, but if the test results are not good, then the patient will immediately receive further treatment so that their health condition is maintained and serious complications do not occur. Apart from that, patients feel comforted by coming to the internal medicine clinic room because they can meet other patients and can reduce the level of boredom and stress experienced by patients when at home alone while his family members are busy with their other activities.

The Relationship Between Family Support and the Emotional Response of Diabetes Mellitus Patients

Based on the results, it is known that there is a relationship between family support and the emotional response of diabetes mellitus patients in the internal medicine clinic room at Gambiran Regional Hospital, Kediri City (Spearman, p value 0.000 < 0.05, so Ho is rejected). The strength of the relationship is included in the high category (Correlation Coefficient: 0.610), so the better the support provided by the family, the better the emotional response of diabetes mellitus patients and good family support will produce a good emotional response.

Family support is help or support that individuals receive from certain people in their lives so that someone who receives support will feel cared for, appreciated and loved. By providing meaningful support, family adaptation can be improved (Suhita, 2007). What is meant by emotional response is feelings or desires within oneself that involve physical awakening and real behavior (Santrock, 2007). There are several factors that influence the emotional response of diabetes mellitus patients, namely internal factors, physical aspects, psychological aspects, external factors, the stimulus itself, boredom, environmental stimuli. Patients who receive support from their partners, children, grandchildren, or from family who are considered important will generate a response. emotional to behave. This is an external factor that comes from outside the individual. The presence of a high emotional response will increase the patient's desire to visit health services or the internal medicine clinic so that their health status can be monitored properly.

The family is the smallest social group in society that pays attention to each other and cares about the health conditions of other family members. always provide love, attention, security and warmth. They feel calmer after knowing that their body's health condition is good and there is nothing to worry about. Apart from this, a good emotional response to having their

illness checked at the internal medicine clinic room is also strengthened by the support of family members. As well as the family provides informational support explaining the benefits of checking your health at the internal medicine polyclinic and provide emotional support, namely the family always provides love, attention, a sense of security, and warmth to other family members.

CONCLUSION

The better family support you get, the better the emotional response will be. Patients with anxiety before surgery can decrease with good family support. The absence of support from the family results in poor adherence to diabetes treatment and poor glycemic control.

REFERENCES

American Diabetes Association. 2012. Standar of Medical Care in Diabetes. Diabetes care, 33(1),S11-S61.

_____(2014). Diagnosis and Classification of Diabetes Mellitus. Diabetes Care Vol 37, Supplement 1, January 2014

Ali, Z. (2009). Pengantar keperawatan keluarga. Jakarta: EGC.

Bitsch, V. 2008. Spirituality and Religion Developments in the management literature Relevant to agribusiness and Entrepreneurship? Annual World and symposium of the International Food and agribusiness Management Association. bitsch@msu.edu

Chung, J. O.(2013). Assessment of Factors Associated with the Quality of Life in Korean Diabetic Patients. Internal Medicine, 52,
179– 185.doi:10.2169/internalmedicine.52. 751347(4), 226–235

Chaplin, J. P. (2011). Kamus Lengkap Psikologi. Jakarta: PT Raja Grafindo Persada

Dinkes Prov. Jatim, 2012. Distribusi Penyakit Diabetes Melitus Menurut Orang, Tempat dan Waktu di Jawa Timur Tahun 2012. Surabaya: Dinas Kesehatan Provinsi Jawa Timur.

Friedman, M.M.2010. Buku Ajar Keperawatan Keluarga: Riset, Teori dan Praktik. 5th ed. Jakarta: EGC.

Goleman D. Emotional Intelegence. Jakarta: PT Gramedia. 2015.

Goh, S. G. K., Rusli, B. N., & Khalid, B. A. K. (2015). Evolution of diabetes management in the 21st century : the contribution of quality of life measurement in Asians. Asia Pacific Journal of Clinical Nutrition, 24(2), 190–198. doi:10.6133/apjcn.2015.24.2.04

Hidayat. A.A.A. 2009. Metode Penelitian Keperawatan dan Tekhnik Analisa Jakarta: Salemba Medika

Hensarling, J. (2009). Depelovment and psychometric testing of Hensarling's diabetes family support scale, a dissertation. Degree of Doctor of Philosopy in thev Gradute School of the Texa's Women's University

Kusniawati. (2011). Analisis Faktor yang Berkontribusi terhadap Self Care Diabetes pada Klien Diabetes Mellitus Tipe Dua dirumah Sakit Umum Tangerang. (Tesis). Universitas Indonesia.

Lanywati, E (2011). Diabetes Mellitus. Yogyakarta: Kanisius

Lazarus, R.S&Folkman, S. Stress Appraisal and Coping. New York. Springer Publishing Company.

Perkeni. (2011). Konsensus Pengendalian dan Pencegahan Diabetes Melitus di Indonesia 2011.

Prati, L.M., Douglas, C., Ferris, R.G., Ammeter, P.A., Buckley, R.M. 2009. Emotional Intelligence, Leadership Effectiveness, and Team Outcomes. The International Journal Of Organizational Analysis. Vol 11. No.1.

Price, S. A., & Wilson, L. M. (2009). Patofisiologi konsep klinis proses-proses penyakit. (ed.6). Jakarta: EGC.

Rifki, N.N., 2011. Penatalaksanaan Diabetes dengan Pendekatan Keluarga. In S. Soegondo, P. Soewondo & I. Subekti, eds. Penatalaksanaan Diabetes Melitus Terpadu. 2nd ed. Jakarta: Balai Penerbit FKUI. pp. 217-230.

Ramaiah, S. (2009). Diabetes. Jakarta : PT Bhuana ilmu popular

Setiadi, 2009. Konsep dan Proses: Keperawatan Keluarga. Yogyakarta: Graha Ilmu

Suyono, S. (2010). Buku Ajar Ilmu Penyakit Dalam (3rd ed.). Jakarta: Pusat Penerbit Departemen Penyakit Dalam FKUI

_____, 2009, Diabetes Melitus di Indonesia. Di dalam: Sudoyo, A.W. et al., (Eds.), Buku Ajar Ilmu Penyakit Dalam Jilid III, Ed ke- V, InternaPublishing, Jakart

Smeltzer, S.C & Bare. (2010). Buku Ajar Keperawatan Medikal Bedah Brunner and Suddart. 8ed. Jakarta: EGC.

Santrock, john W,2007 *Life Span Development*:Perkembangan Masa Hidup ,Edisi 5,Jilid II,Jakarta:Erlangga

Soegondo S. & Sukardji K., 2008. Hidup Secara Mandiri dengan Diabetes Melitus Kencing Manis Sakit Gula. Jakarta: Balai Penerbit FK UI, pp. 17-21

Sousa, V.D, Hartman, S.W., Miller, E.H., & Carroll, M.A. 2009. New measure of diabetes self care agency, diabetes self efficacy, and diabetes self management for insulin-treath individual with type 2 diabetes. Journal Of Clinical Nursing, 18.

Maramis. 2009. Catatan Ilmu Kedokteran Jiwa. Edisi 2. Surabaya: Airlangga.

Nwanko, C.H, Nandy, B., & Nwako, B.O. 2010. Factor influencing diabetes managemen outcome among patients attending goverment health facilities in South East, Nigeria. International Journal of Tropical Medicine, 5 (2). 28-36.

Nursalam. (2013). Metodologi Penelitian: Pendekatan Praktis. Ed. Ketiga. Jakarta: Salemba Medika

Waspadji S., 2007. Komplikasi Kronik Diabetes: Mekanisme Terjadinya, Diagnosis dan Strategi Pengelolaan. Jakarta: Balai Penerbit FK UI, pp. 1884-88