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## Patients with Diabetes Mellitus without Complications at The Public Health Center Putri Ayu Jambi City

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**Abstract:** Diabetes mellitus is a set of metabolic disorders characterized by increased blood glucose levels (hyperglycemia) due to damage to the insulin system, insulin action, or both. Diabetes mellitus will accompany patients for life so that it will affect the anxiety of patients both from the state of physical, psychological, social and environmental health. This is a qualitative research by using phenomenological approach. This study aimed to determine the experience of psychological adaptation to patients with diabetes mellitus at the public health center Putri Ayu. This study used *in-depth interview*. Taking participants in this study as many as 5 people and 5 informants, it used *purposive sampling* technique, interview, observation and document review toward patients with diabetes mellitus. This study uses *Colaizzi* data analysis. The finding answer obtained 3 themes, namely: theme 1 response to loss of people with diabetes mellitus, theme 2 family support for people with diabetes mellitus, theme 3 coping strategies used by people with diabetes mellitus. The loss response indicated when diagnosed with diabetes mellitus is in the form of an acceptance and (*acceptance*) response (*denial*). Family support obtained by people with diabetes mellitus in the form of emotional support and information. Coping strategies used by people with diabetes mellitus are *problem focused coping* and *emotional focused coping*. For other researchers to conduct and continue qualitative research on the physiological adaptation experience of people with diabetes mellitus.

**Keywords:** experience, diabetes mellitus, psychological adaptation

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## INTRODUCTION

Diabetes mellitus is one of the non-communicable diseases that will increase in number in the future. Diabetes Mellitus has now become a serious threat to global health. WHO (World Health Organization) noted that the prevalence rate of diabetes mellitus worldwide regionally in 2015 was 415 million adults, this has increased 4-fold from 108 million in the 1980s. Nearly 80% are in low- and middle-income countries. The World Health Organization 2016 recorded 70% of the total deaths in the world.

Indonesia is ranked sixth in the world after China, India, the United States, Brazil and Mexico with the number of people with diabetes mellitus aged 20-79 years around 10.3 million people. In line with this, the Basic Health Research (RISKESDAS) shows a significant increase in the prevalence of diabetes mellitus, from 6.9% in 2013 to 8.5% in 2018, so that the estimated number of sufferers in Indonesia reaches more than 16 million. people who are then at risk for other diseases such as heart attacks, strokes, blindness, and kidney failure can even cause paralysis and death. RISKESDAS (2018) noted that the prevalence of diabetes mellitus in Jambi province also increased from 1.2% in 2013 to 1.4% in 2018.

The Jambi City Health Office noted that the prevalence of diabetes mellitus in Jambi City from 2017 and 2018 had increased. In 2017, the Jambi City Health Office recorded that there were 3,696 people with diabetes mellitus in Jambi City and the highest was at the Olak Kemang Health Center as many as 919 sufferers. In 2018 there were 5,245 people with diabetes mellitus in Jambi City and the highest was in Putri Ayu Health Center as many as 1,036 patients, in 2018 diabetes mellitus was also the second most common disease in Jambi City.

Diabetes mellitus is a group of metabolic disorders characterized by increased blood glucose levels (hyperglycemia) due to damage to the insulin system, insulin action, or both. The three main acute complications of diabetes mellitus related to glucose imbalance that occur in the short term are hypoglycemia, diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar nonketotic syndrome (Brunner & Suddarth, 2013).

Diabetes mellitus is a chronic disease that requires lifelong therapeutic intervention. Diabetes mellitus will accompany the patient for life so that it will affect the anxiety of the sufferer from the state of physical, psychological, social and environmental health. Anxiety occurs because a person feels threatened both physically and psychologically that's why people with diabetes mellitus must be able to adapt to the disease. Patients with diabetes mellitus will experience a transition process from a healthy condition to a sick condition which will affect their psychological well-being. From the beginning, knowing that they have diabetes mellitus, the patient will experience a loss response through 5 stages, namely denial, anger, bargaining, depression and acceptance. This feeling of loss occurs fluctuatingly and repeatedly even though people with diabetes mellitus have reached the stage of acceptance, namely when people with diabetes mellitus encounter a situation that causes the feeling of loss to return (Tristiana et al., 2016).



Failure of people with diabetes mellitus to adapt can cause dangerous complications such as decreased sensation, risk of heart disease and stroke, and gangrene injuries, this is because people with diabetes mellitus are unable to adapt to a healthy lifestyle and maintain their diet. In addition, diabetes mellitus can also cause changes in emotions and behavior such as anxiety, rejection, anger and withdrawal. Patients who experience changes in self-concept due to their illness are no longer able to meet the needs of their families which will eventually lead to tension and conflict. For this reason, a person must be able to adapt and use coping mechanisms in order to accept and make peace with his condition.

Adaptation is a constant and continuous process that requires changes in terms of structure, function and behavior so that a person is more suited to a particular environment. This process involves the interaction between the individual and the environment. The end result depends on the degree of congruence between a person's skills capacity and sources of social support on the one hand and the type of challenge or stressor encountered on the other. So adaptation is an individual process where each individual has the ability to overcome problems or respond to different levels.

Psychological adaptation is a process of psychological adjustment by means of self-defense mechanisms or coping mechanisms that aim to protect or defend from attacks or unpleasant things (Hidayat, 2014). Psychological adaptation behavior helps a person's ability to deal with stressors, directed at stress management, which is obtained through learning and experience of acceptable and successful behavior. Psychological adaptation behavior can be both constructive and destructive. Constructive behavior helps individuals accept challenges to resolve conflicts. Destructive behavior affects reality orientation, problem-solving abilities, personality and very severe situations and the ability to function (Hartono, 2016).

## **METHODS**

This research is a qualitative research with a phenomenological approach. This study uses an in-depth interview technique where the first instrument is the researcher himself (the interviewer) with supporting instruments in the form of an in-depth interview guide (interview guide), observation guide, document review guide. Participants were taken by means of purposive sampling, by interviewing, observing and reviewing documents for people with diabetes mellitus. The study was conducted on January 01, 2020 – January 20, 2020 using colazizi data analysis.

## **RESULT AND DISCUSSION**

### **Theme 1: Loss Response (Feelings when diagnosed with diabetes mellitus)**

The first theme of this study is the response to the loss of participants when diagnosed with diabetes mellitus, this theme is described by a depression response and bargaining. One in 5 participants has a depression response indicated by a sense of wanting to die, while the other 5 participants have a bargaining response (bargaining) indicated by surrender, normalcy, and anxiety.



Based on the results of in-depth interviews about feelings when they found out that diabetes mellitus was diagnosed, 5 participants said they felt resigned, normal, anxious and wanted to die for the diagnosis of diabetes mellitus, this was expressed by the participants below:

"...but my mother is indeed a descendant of the deck, the doctor said that you are descended, aren't you? mom said, so that's where ah maybe it's a hereditary disease again, mommy always gives up on people, dek....". **(Participant 1)**.

"...but mother does have descendants, the doctor said there are descendants or not, ma'am? there is my mother, so from there maybe the disease, the mother is always resigned to the deck..." **(Participant 1)**.

"... all his life katonyo has to take medicine, so we try to treat him as a good eater, so he surrenders to being a samo and prays..." **(Participant 2)**

"...all his life he said he had to take medicine so we just tried to treat it and watch it, so let's just give up and pray..." **(Participant 2)**

"... already resigned, because we are among those who drink extrasjos, kukubima but now never again..." **(Participant 3)**.

"I have resigned myself to it, because I was drinking extrajos at the market, kukubima, and now never again..." **(Participant 3)**.

"...that feeling doesn't affect me, I don't give up, if you want to die, just die, don't feel bad about it..." **(Participant 4)**

"...the feeling doesn't exist and it doesn't affect me. I just give up if I want to die, just die, I don't feel anything..." **(Participant 4)**

"... your feelings are okay, it's okay if mom isn't biased, because you keep walking, it's not like that person is steady, you're not surprised and you don't have any descendants, it's okay, just because illness comes from God, let it go, you guys Are you playing the game, aren't you?..." **(Participant 5)**.

"...the feeling is that there is no ordinary mother because I continue to carry out activities unlike other people who are silent, not surprised and there are no offspring, it's normal because disease comes from God so just give up, it's just us who take care of it ...". **(Participant 5)**.

This is also reinforced by the opinion of the following participant families:

"... we were surprised when the old man was tall, how come we were so afraid, why did the old man do it, we were afraid of the risk, our parents were worried, we were worried about the effect, so we gave up trying to fight again..." **(Informant 1)**

"...we were all surprised how come we were afraid of why, we were afraid of the same risk, our parents were worried, we were afraid the effect would be everywhere, so just let it go and try..." **(Informant 1)**

"...it's just that you have to give up, don't worry about what to do with your mother, the important thing is that we try to..." **(Informant 2)**

"...that's it, just give up what else to do, my mother said, the important thing is to just try..." **(Informant 2)**



"...Mom, thank you, Sis, I'm resigned to that, because maybe our mother realizes that your lifestyle is not healthy...". **(Informant 3)**

"...my mom accepted it and gave up, because my mom realized that her lifestyle was unhealthy...". **(Informant 3)**

"...our uncu is really cool, sis, so you don't really think about where you are, so let's just give up like that, bae la...". **(Informant 4)**

"...my aunt is an indifferent person, sis so I don't really think about her DM so I just give up...". **(Informant 4)**

"... we looked at my mother, thank you bae karno, thank God I didn't interfere with her activities, you just gave up but still tried to do it, dek...". **(Informant 5)**

"...I saw that my mother accepted it because thank God it didn't interfere with her activities either. Just give up but keep trying too deck ...". **(Informant 5)**

### **Current feelings**

Based on the results of in-depth interviews about feelings when they found out that diabetes mellitus was diagnosed, 5 participants said that they now felt calm and felt comfortable with the diagnosis of diabetes mellitus, this was expressed by the participants below:

"... now he's comfortable, because he already knows...". **(Participant 1)**

"...if now it feels comfortable because you already know...". **(Participant 1)**

"... now the feeling is Alhamdulillah, it's calm, calm down because he knows caro handles mano, let's be smart again...". **(Participant 2)**

"... now the feeling is Alhamdulillah, I have calmed down, calm down because we already know how to handle it, so let's be smart again...". **(Participant 2)**

"... now you have calmed down a bit, because when you ditungan you are 200s high but your body feels comfortable, but sometimes you feel numb, sometimes you don't, you can already adjust yourself to food because you are 2 years old...". **(Participant 3)**

"... now it's a bit calmer, because if you count the sugar in 200s but the body feels comfortable, it's just that sometimes there is numbness sometimes not, I can also adjust to food because it's been 2 years...". **(Participant 3)**

"...now this is going to be destiny again (laughing) the medicine is taken when it's too late, go to DKT asking for a referral again, you know it's okay to handle it so it's a bit calm, slow down a bit...". **(Participant 4)**

"... for now, just live with destiny, the medicine is still there, if you have a relapse, go to DKT and ask for a referral again, you already know how to handle it, so it's a bit calm, just slow down a bit...". **(Participant 4)**

"...now he is calm, the important thing is that we can adapt to our diet...". **(Participant 5)**

"...now it's calm, the important thing is that we can adjust to our diet...". **(Participant 5)**



**This is also reinforced by the opinion of the following participant families:**

"...it's getting here, yo, we all learned how old mano was sick, mano got over it, you can't say anything, bae, we've been studying since the old man was sick, so we and the old man have calmed down a bit...". (**Informant 1**)

"...it's getting here, yes, we have learned everything about DM pain, how to deal with it, you can't do anything, we have learned since the old man was sick, so we and our parents have calmed down a bit...". (**Informant 1**)

"... now you feel a little calmer because the medicine is also good, our mother also regularly goes to the health center and our mother also happens to be a cadre, so often you get information or chat with friends or the health center person...". (**Informant 2**)

"... now the feeling is a bit calmer because the medicine is also there. My mother also regularly visits the Puskesmas and my mother also happens to be a cadre so I often get information or ask friends or people from the Puskesmas...". (**Informant 2**)

"... we're looking at it now, don't complain often. He's calm, because he's a biso, isn't he drinking like that anymore, yo, hold on tight, sis...". (**Informant 3**)

"...I see that now there are no frequent complaints, just calm down, because you can manage it, don't drink like that anymore, just hold on to your appetite, sis...". (**Informant 3**)

"...if now, let's slow down, brother, let's relax, our uncu ...". (**Informant 4**)

"...if now, just take it easy, sis, the person is relaxed, my auntie...". (**Informant 4**)

"...if now you're feeling better, you've calmed down because la biso mak enjoys eating, we are also looking for information about DMs, so he knows how good mano caro can handle it...". (**Informant 5**)

"...if now it's better if you're calm because you can manage your food, I'm also looking for information about DM so I already know how to deal with it...". (**Informant 5**)

Loss is an actual or potential situation that an individual can experience when parting with something that previously existed, either partially or completely, or there is a change in life resulting in a feeling of loss. Loss is an experience that every individual has experienced during his life span. Since birth, individuals have experienced loss and tend to experience it again, although in a different form. Every individual will react to loss. The final response to loss is strongly influenced by the individual's response to previous losses. Loss is also a stressor (Hidayat, 2014).

Psychological adaptation behavior helps a person's ability to deal with stressors, directed at stress management, which is obtained through learning and experience of acceptable and successful behavior. Psychological adaptation behavior can be both constructive and destructive. Constructive behavior helps individuals accept challenges to resolve conflicts. Destructive behavior affects reality orientation, problem solving ability





## Theme 2: Family Support

The second theme of this study is the family support obtained from people with diabetes mellitus. In this case, the family support obtained is emotional support and information obtained from family members and other health workers by being reminded to take medicine and maintain a healthy diet, to be reminded regularly to seek treatment at the health center and to feel cared for.

Based on the results of in-depth interviews about family support for 5 participants who said they received support and felt cared for by their family members, this was revealed by the following participants:

". (Participant 1)

"...the mother's activities are assisted, the sick mother is taken for treatment, the mother when the children are sick, the mother is worried...". (Participant 1)

"...my family reminds us the most if we eat, be careful, remember the disease...".

(Participant 2)

"...the family reminds us to eat carefully, remember when there is an illness...".

(Participant 2)

"...the child reminds me not to drink it again, mother, we learned we can't drink it...".

(Participant 3)

"...the child reminded me not to drink it again, I learned that drinking is not allowed...".

(Participant 3)

"...only if you eat a lot you will get sick...". (Participant 4).

"... if you eat a lot, you've been reminded of la aunty, that auntie has a disease...".

(Participant 4)

"... if your children care, no one doesn't care, right, especially the drug problem, this money problem..." (Participant 5)

"...if the mother's children care no one doesn't care, let alone the drug problem, this money problem...". (Participant 5)

This is also reinforced by the opinion of the following participant families:

"...we are our children, family, please support us, yo, by being reminded to take the medicine, we support you...". (Informant 1)

"... we the children and the family support it, yes by being reminded to take the medicine ...". (Informant 1)

"...ooh, if you are the ones who support us, we are ready again, sometimes if you eat something like that, we remind you not to eat it, remember it hurts gulo...". (Informant 2)

"...ooh, who supports us all, sometimes if you eat something like that, I remind you not to eat it, remember that you have diabetes...". (Informant 2)

"...support from us, sis, because we live together, and it just so happens that when we are sick, we remind each other, for example, when we used to take herbal medicine, let's give it to mom...". (Informant 3)

"... a support from me, sis, because we are alone and coincidentally, when I am also sick, I have to remind each other, for example, when I have herbal medicine, I give it to my mother...". (Informant 3)



". (Informant 4)

"...yes, although I'm rarely home, but I often remind auntie, don't eat this, eat it, it's enough that the sugar will rise later...". (Informant 4)

"... if it's a matter of caring or who supports us, it's not far from us, the children are ready, if not us ...". (Informant 5)

"... if it's a matter of caring or who supports it, it's not far from our family, whose children will it be if not us ...". (Informant 5)

Research conducted by Fuji Rahmawati et al (2018) is that adequate family support will improve the physical health of people with diabetes mellitus by reducing symptoms of depression. In addition, family support can also improve adaptive cognitive abilities, including increasing optimism in people with diabetes mellitus, reducing loneliness and increasing self-efficacy in managing diabetes mellitus. This will reduce the risk of complications and improve the quality of life.

### **Theme 3: Coping Strategy**

The third theme of this research is the coping strategy used by people with diabetes mellitus which is reflected in the way people with diabetes mellitus deal with the problems that arise from their disease. Based on the results of the study, it was found that the 5 participants used coping strategies, namely problem focused coping and emotional focused coping. Problem focused coping that is used is in the form of planful coping which is indicated by taking medicine from a doctor, consuming leaves, controlling diet and exercising/meraton, while emotional focused coping is used in the form of positive reappraisal which is indicated by surrender to God.

The results of in-depth interviews about after being diagnosed with diabetes mellitus, 5 participants said they took medicine from a doctor, consumed leaves, controlled diet and exercise and surrendered to God as stated by the following participants:

"...the advice from my mother is to follow, try to go for treatment while leaving it to God...". (Participant 1)

"...the advice from mothers is to follow, try to get treatment as well as leave it to God...". (Participant 1)

"...every month routine treatment at Putri Ayu...". (Participant 2)

"...every month routine treatment at Putri Ayu...". (Participant 2)

"...control your eating because you're afraid of gulo, you're always afraid of complications, so you're good at eating scary things there...". (Participant 2)

"...control your eating because you are afraid of sugar, you are afraid of complications too, so watch out for eating...". (Participant 2)

"...routine treatment in the village, the leaves of series ado, the leaves of continued nyawo, the leaves of the durian belando...". (Participant 3)

"...routine treatment in the village, leaf series, leaves continue to live, leaves dutch durian...". (Participant 3)

"...sports are also good among those who walk sweaty, and those who are offered to eat durian, we don't want to...". Participants 3)





"...sports in the market goes on and on and on, and if you are offered durian at the market, I don't want to...". (**Participant 3**)

"...if the terrazzo leaves have leaves, but don't go on without it. If you don't have the henna leaf series, it's boiled if you use henna leaves, it's delicious...". (**Participant 4**)

"...if it feels like the leaves are rising, but don't keep going, if not, the leaves of the henna leaf series are boiled, if you use henna leaves it tastes really good...". (**Participant 4**)

"...now this is being lived by destiny again (laughing)...". (**Participant 4**)

"...now it's just being lived because of fate...". (**Participant 4**)

"... solve it with our diet, let's fix it...". (**Participant 5**)

"... solve it with our diet...". (**Participant 5**)

"...medicine if now once a day twice a day...". (**Participant 5**)

"...medicine if now once a day twice a day...". (**Participant 5**)

"... it's normal bae anyway, because disease comes from God, surrender bae, you're still playing games, aren't you?...". (**Participant 5**)

"...just get used to it, because disease comes from God, just let it go, we'll take care of it...". (**Participant 5**)

This is also reinforced by the opinion of the following participant families:

"...To solve diabetes, you're better off eating, the old man, you can usually eat basing, it's up to you, now it's more researched, you'll want to keep control of the medicine...". (**Informant 1**)

"...to deal with diabetes, eating is more guarded by parents, usually eating carelessly is up to him now to be more careful, the drug is constantly controlled...". (**Informant 1**)

"...what you did earlier was for routine treatment at the Puskesmas, you are good at eating, if people eat food, you are the champion, after that, pray for God to multiply, don't let your mother get sick everywhere...". (**Informant 2**)

"...what he did was that he went to the health center for regular treatment. Watch out for food, right, if people eat it, that's what they take care of, pray to God so that you don't get sick everywhere, my mother...". (**Informant 2**)

"... at least I use leaves like that, I go to the health center regularly, even though we are often late, because our mother has gone to the Belanjo market at dawn, so the important thing is to get treatment, even though it's late...". (**Informant 3**)

"... at least I use leaves like that, I also go to the Puskesmas regularly, even though I am often determined, my mother has gone to the shopping market in the morning, so the important thing is to get treatment rather than not at all even though it's late...". (**Informant 3**)

"... for treatment at the Puskesmas or the hospital, he's never been knocked out because he moved to DKT so he's lazy, maybe he wants to go there, we want to take you to college or not, we just go to the village for treatment. that's what he often boils...". (**Informant 4**)

"...it's never been like going to the health center or hospital, because I've moved to DKT so I'm lazy maybe I want to go there I can't deliver because of college, I just get



treatment in the village like leaves, I see that series leaves are often boiled... ".  
(Informant 4)

"...Mom, we are diligent in doing the marathon, Ma'am, you can control your diet, man, it doesn't affect the blood sugar deck.

## CONCLUSION

The conclusion of this study was that three themes were found, namely the response to loss that was shown when diabetes mellitus was diagnosed in the form of a bargaining response (bargaining) and a depression response. After some time suffering from diabetes mellitus, participants said they could accept their condition. Family support was obtained by people with diabetes mellitus in the form of emotional support and information. Coping strategies used by people with diabetes mellitus are problem focused coping and emotional focused coping.

Based on these three themes, the researcher got the meaning that the experience of people with diabetes mellitus was an unpleasant and unexpected experience, but the experience was still accepted and lived with the efforts made to maintain their health condition by means of regular treatment, changing habits that can improve their health. Triggering the worsening of diabetes mellitus, the support from families of people with diabetes mellitus is very important and draws closer to God Almighty.

## AUTHOR CONTRIBUTION

Author research and analyzes research result. Co-Author helps researchers in searching the literature.

## CONFLICT OF INTEREST

That the study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest".

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