SUPPORT FAMILY RELATIONSHIP WITH QUALITY LIFE OF A DIABETIC MELLITUS PATIENT AT ESHMUN HOSPITAL

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ABSTRAK

Tujuan dari penelitian ini ialah untuk mengkaji hubungan antara kadar hidup dan dukungan keluarga pasien diabetes di RSUD Eshmun. Sokongan keluarga sangat penting dalam meningkatkan kadar hidup pasien diabetes melitus, kondisi kronis yang perlu dikelola dalam jangka panjang. Penelitian ini menggunakan desain penelitian cross-sectional dan metodologi kuantitatif. Dengan menggunakan teknik purposive sampling, sampel penelitian terdiri dari pasien diabetes melitus yang berkunjung ke RSUD Eshmun. Data dikumpulkan menggunakan kuesioner terstruktur yang mencakup aspek dukungan keluarga dan kadar hidup pasien, kemudian dianalisis menggunakan uji statistik chi-square. Hasil penelitian menunjukkan adanya hubungan yang signifikan antara sokongan keluarga dan kadar hidup pasien diabetes mellitus (*p-value* < 0,05). Sokongan keluarga yang baik, seperti sokongan emosional, instrumental, evaluatif, dan informasional, terbukti berpengaruh positif terhadap kadar hidup pasien. Penelitian ini merekomendasikan pentingnya peran keluarga dalam mendukung pasien diabetes mellitus untuk meningkatkan kadar hidup mereka.

Kata Kunci: Sokongan Keluarga, Kadar Hidup, Diabetes Mellitus.

ABSTRACT

This study examines how family support and the quality of life of patients with diabetes at Eshmun Hospital are related. Diabetes melitus is chronic disase that reqires longtem management, where family support has an important role in imprving the patint's quality of life. This study uses a quanttative method with a crosectional research design. The research sample is a diabetic mellitus patient who visited Eshmun Hospital, with a purposive sampling techniq. Data were collected using a structured questionaire that included aspects of family support and the patient's quality of life, then analyz using a chi-square statistical test. The results showed a signficant relationship betwen family support and quality of life in patients with diabetes melitus (p-value < 0.05). in Eshmun Hospital. Good family support, such as emotional, instrumental, evaluative, and informational support, has ben shown to have a positive effect on the patient's quality of life. With the support of family, patients feel more motivated to undergo treatment and maintain a healthy lifestyle. This is study recommends the importance of the role of the family in supporting diabetic mellitus patients to improve their quality of life
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Keywords: Family Support, Quality of Life, Diabetes Mellitus.

1. INTRODUCTION

Chronic conditions that are associated with an increase in kadar gula darah and diabetes mellitus are associated with hyperglycemia related to protein, fat, and carbohydrate metabolism that is caused by a decrease in insulin sensitivity or sekresi, or both,

which affect mikrovaskular, makrovaskular, and neuropatic issues. There are two categories of diabetes mellitus. I: due to an autoimmune mechanism that diverts beta cells from the islets of Langerhans. Insulin resistance and relative beta cell failure are the causes of type II diabetes. (Nurarif & Kusuma, 2015).

Diabetes mellitus is not a curable disease, but it can be prevented. But there are still very many people who do not maintain their diet, so the incidence of diabetes mellitus continues to increase. There are many incidence rates of diabetes mellitus as according to the World Health Organization (WHO) is the highest in the country with 140.9 million people suffering from diabetes mellitus, China leads the world, followed by India with 74.2 million. An estimated 537 million people between the ages of 27 and 79 worldwide have diabetes, with a current incidence of 10.5%.

According to Riskesdas 2018 in Indonesia sufferers According to a doctor's diagnosis, diabetes mellitus usually affects people over the age of 15, and up to 2% of people suffer from this disease. Which showed that 1.5% of people over 15 years of age had the disease from the KGD decision. The prevalence of diabetes also increased from 66.9% in 2013 to 8.5% in 2018. From 2013 to 2018, the highest prevalence was 3.4% in Jakarta and 2.2% in Aceh province, up from 1.8% in 2013 (Hijriana et al., 2023).

There were 225,587 cases of diabetes mellitus in 2022, according to the North Sumatra Provincial Health Office. Medan City has the second highest number of cases of diabetes mellitus in Deliserdang Regency and the highest number of diabetics in 2022, with 39,980 million people living with the disease, of which 25,176 do not check themselves at hospitals or health centers (Adolph, 2016)

Acute and chronic diabetes problems may arise from the high prevalence of diabetes mellitus. If left untreated, it can lead to catastrophic diseases such as stroke, erectile dysfunction, kidney failure, and harm the brain system. Diabetic patients have a variety of difficulties, which can be caused by social, psychological, and physical reasons (Runtuwarow et al., 2020).

In this study, respondents' quality of life and their group dynamics were found to be significantly correlated. Having supportive family members also indicates self-care management and a high quality of life. Effective self-care management shows positive actions or behaviors related to self-care that also improve the quality of life. Additional investigation by (Zanzibar & Akbar, 2023).

From a survey conducted on October 14, 2024 at Eshmun Regional Hospital, data on diabetes mellitus patients from January to August were obtained. Data on the number of outpatient and inpatient visits were 2,500 people with an average of 30 outpatient diabetes mellitus cases and 24 inpatient cases per month. And data on diabetes mellitus patients in the last 3 months were obtained as many as 100 people. From the prevalence of diabetes mellitus patients, the researcher will analyze the relationship between family support and the quality of life of Diabetes Mellitus patients at Eshmun Regional Hospital.

2. RESEARCH METHODOLOGY

This study uses a cross-sectional analytical descriptive survey design that simultaneously examines independent and dependent variables. The study was conducted at Eshmun Hospital, which has an average of 2500 inpatient and outpatient visits each month, with 24 inpatients and 30 outpatients. According to the data, over the past three months, 100 people have been diagnosed with diabetes mellitus.

The population of the study consisted of all 100 people with diabetes mellitus at Eshmun Hospital. 50 people formed a study sample, which was determined using the Slovin formula with a margin of error of 10% (e = 0.1). Probability sampling combined with a basic random sampling approach is the sampling strategy used. Direct interviews with individuals with diabetes mellitus were used to collect data. There are several steps involved in collecting data, including requesting and receiving study permits, as well as collecting primary data from patients and secondary data The instrument used to assess quality of life is WHO QoL. In addition, researchers also measured family support by providing questionnaires. Researchers needed 1 month to collect the data.

Then it was evaluated by analyzing the data obtained using the Wilcoxon Rank Test at the level of significance (α = 5%).

3. RESEARCH RESULTS AND DISCUSSION

Based on research on family support relationship with quality life of a diabetic mellitus patient at Eshmun hospital the results obtained can be seen in the following table:

Table 1. Family Support of DM Patients

Family Support	f	%
Emotional Support		
Low	21	42
High	29	58
Instrumental Support		
Low	32	64
High	18	36
Informational Support		
Low	24	48
High	26	52
Assessment Support		
Low	32	64
High	18	36

From table 1 above, the results were obtained that based on emotional support, the majority of respondents with high support were 29 people (58%)

and the minority with low support was 18 people (36%). From instrumental support, the majority of low support is 32 people (64%) and the minority is high support as many as 18 people (36%).

From informational support, the majority of support is high as 26 people (52%) and the minority support is low as many as 24 people (48%). From the assessment support, the majority of low support is 32 people (64%) and the minority is high support as many as 18 people (36%).

Table 2. Quality of Life of DM Patients

Standard of Living	f	%
Low	22	44
High	28	56
Total	50	100

According to Table 2 above, 28 respondents (56%) reported having a good quality of life, while 22 respondents (44%), on the other hand, reported having a low quality of life

Table 3. Relationship between the quality of life of DM and the family environment

Family Support	Quality of Life				P Value
	Low		High		
	f	%	f	%	
Emotional Support					
Low	15	71,4	6	8,6	0,001
High	7	24,1	22	75,9	
Instrumental Support					
Low	20	62,5	12	37,5	0,000
High	2	11,1	16	88,9	
Informational Support					
Low	11	45,8	13	54,2	0,802
High	11	42,3	15	57,7	
Assessment Support					
Low	18	56,3	14	43,7	0,020
High	4	22,2	14	77,7	

As can be seen from table 3 above, the statistical results using Chi square with a significance level of α<0.05 indicate that there is a relationship between the DM patient's quality of life

and their emotional (p=0,001), instrumental (p=0,000), and penilaian (p=0,020) relationships. Conversely, Ha was analyzed for informational dukungan, which indicates that there is no relationship between informational dukungan (p=0,802) and DM patient quality of life.

4. DISCUSSION

The Relationship between Family Emotional Support and Quality of Life in Diabetes Mellitus Patients

The study demonstrates a significant relationship between the emotional support of family members and the quality of life of individuals with diabetes mellitus (DM). According to Liano et al. (2022), there is a correlation between the emotional bond between family members and life quality. Emotional support is linked to psychosocial issues, affecting psychological and emotional stability, and impacting daily interactions. For DM patients, psychosocial issues like stress, anxiety, and self-esteem influenced by their condition are common (Candra et al., 2023). Family support is crucial in problem-solving and maintaining health, positively influencing patient care and diabetes management (Ambarwati et al., 2024; Noor et al., 2022).

The Relationship between Family Instrumental Support and Quality of Life in DM Patients

Studies indicate a relationship between DM patients' quality of life and their family's instrumental support. Help with everyday tasks, money, and medical care are examples of practical help that raises spirits and demonstrates concern. According to Widiastuty et al. (2024), quality of life and instrumental support are significantly correlated. Family-provided instrumental assistance has a major impact on quality of life and effective diabetes treatment (Erda et al., 2020).

The Relationship between Family Informational Support and Quality of Life in DM Patients

Studies indicate no significant relationship between informational support and quality of life in DM patients. Although informational support—providing advice, guidance, and education—helps manage chronic conditions like DM, busy family schedules often hinder its effectiveness (Arini et al., 2022). According to Subekti and Dewi (2022), there is no discernible link between senior DM patients' quality of life and family informational assistance.

The Relationship between Family Appraisal Support and Quality of Life in DM Patients

Studies reveal a strong correlation between DM patients' quality of life and their family's evaluative support. Family serves as a mentor, offering encouragement, recognition, and emotional support, which enhances patients' mental health and self-esteem (Putri, 2021). Aryanto et al. (2024) reported a strong correlation between family support and quality of life in DM patients.

5. CONCLUSION

a. The majority of respondents received high emotional support (58%), while 36% received low emotional support. In terms of instrumental support, 64% of respondents received low support, and 36% received high support. High informational support was received by 52% of respondents, while 48% received low support. Lastly, 64% of respondents received low appraisal support, while 36% received high support.

b. Twenty-eight respondents, or 56 percent, reported having a great quality of life, whereas 22 respondents, or 44 percent, reported having a low quality of life.
c. The quality of life of DM patients is correlated with emotional support (p=0.001).
d. The quality of life of DM patients is correlated with instrumental support (p=0.000).
e. There is no correlation between DM patients' quality of life and informational support (p=0.802).
f. The quality of life of DM patients is correlated with assessment support (p=0.020).

RECOMMENDATIONS

a. It is recommended to conduct training programs for families and companions of patients with Diabetes Mellitus to improve their ability to provide more effective emotional support.
b. It is recommended to establish a support group for patients, which serves as a forum for sharing experiences and providing emotional support to each other.
c. It is recommended to improve access to health facilities and services, as well as provide social assistance programs to ease the financial burden faced by patients.
d. It is recommended to organize regular education sessions for patients and families, as well as utilize various media to improve access to information related to diabetes management.
e. It is recommended that healthcare workers provide positive and constructive feedback, to strengthen the assessment support received by patients.
f. It is recommended to develop a holistic diabetes management program, integrating emotional, instrumental, informational, and assessment support to improve the patient's quality of life.

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