

The Psychological Experiences of the Diabetes Patients in a Community Life

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ABSTRACT

Background: Psychological response is one of the group symptoms that is crucial to control to achieve positive coping mechanisms. Some patients adequately manage the problem; on the other hand, others appear unable to handle anxieties, fear, and depression. Understanding the psychological responses like anxiety is essential to prevent the next severe problem so that the nurse can determine the appropriate nursing care. This study purposes of exploring the diabetic patients' experiences of psychological responses in community life.

Methodology: A qualitative approach was applied to investigate the participants' perception and explore the lived experiences of patients with Diabetes. First, we identified the 63 participants' perceptions and then continued in-depth interviews for ten patients who had a negative perception. Finally, the information then analyzed using Braun and Clarke's thematic analysis.

Result: The study found that 84% of participants had positive illness perception, and 16% showed negative perception toward Diabetes. Three main themes emerged from the information: the boring experience, making sense of anxiety, the need for support.

Conclusion: Psychosocial distress was likely among patients with Diabetes in community life. The chronic condition of the disease makes the patient discouraged and requires support from the surrounding environment.

Keywords: *Psychological responses, Diabetes, Community life*

1. INTRODUCTION

The prevalence of diabetes has been significantly increasing in the past few decades. Diabetes is an essential metabolic disorder with a significant prevalence increasing every year. There was a 5% increase in premature death from diabetes.[1] Indonesia was recorded as the sixth country with the highest burden of diabetes mellitus globally. International Diabetes Federation data shows that more than 10 million Indonesians are introduced to increase over time, as evidenced by reports Basic Health Research, which shows the prevalence of diabetes mellitus in the adult population of Indonesia by 6.9% in 2013, and jumped to 8.5% in 2018.[2] World health organization (WHO), even predicting disease diabetes mellitus will afflict more than 21 million people of Indonesia by 2030.

Diabetes is a complicated chronic disease caused by insulin hormone regulation, which

impacts blood sugar levels; This disease is one of the crucial public health problems, and four priority noncommunicable diseases (NCDs) are targeted.[3] Diabetes distress is rather difficult to standardize because it overlaps with several related conditions, including depression, anxiety, and stress. Some patients report high levels of stress, and actual symptoms of depression are not clinically depressed. In other words, Diabetes the sufferer has a unique emotional problem directly related to the burden and concerns of living with chronic illness.[4–6] Diabetic patients should control several things, including checking blood glucose, taking medication, injecting insulin, a carbohydrate diet, cooking healthy foods, and thinking about the effects of the disease. As a result, the patients' burden of life in diabetes is called diabetes distress.[7,8]

It is argued that the patients with high levels of blood sugar likely show distress diabetes;

Patients with distress diabetes not only treatment for anxiety and depression but also require controlling of blood sugar levels.[5] Health education is one of strategy plays an essential role in this activity. Two examples that can be conducted for the patients to reduce anxiety and depression include appropriate diet and exercise.[9] Therefore, health professional staff must identify psychosocial aspects through studies in diabetic patients. The assessment results can be used as a basis for preventing the occurrence of diabetes distress and the basis for early treatment if there is diabetes distress.[7]

Psychological assessment of diabetic patients is usually conducted when a patient visits a hospital or diabetes clinic. A study found that describes the need for the psychosocial evaluation for diabetic patients intended to educate patients and enable them to monitor and manage their Diabetes as well as possible.[10] The health staff in teaching effective coping or self-defense mechanisms in diabetic patients with distress is dependent on the type and level of Suffering.[11] The patient should know that an individual is not able to control everything in life, so the health staff should help the patient to identify the support factor that can be used, including informational support, spiritual support, emotional and social support, and financial support.[12] The health professional staffs have a crucial role in overcoming psychosocial problems of chronic diseases such as Diabetes. This problem needs a systematic stage because the health staff is a profession. One of the fundamental stages that a professional health staff must apply of the appropriate treatment after identifying the patient's problem, including psychosocial aspects assessment.

The purpose of this study is to investigate the diabetic patients' perceptions of their illness and explore why they have a negative perception of Diabetes. This study investigation included assessing the problem in the glycaemic control to detect diabetic complications. Furthermore, the result of this research can be used as advice for patients; in addition, Patients living with chronic Diabetes can manage their lifestyle and appropriate treatment.

2. METHOD

We carried out this research in one of the districts in a community in Indonesia. This study involved 63 patients with diabetes living in the community. The sample criteria included were diagnosed diabetes Type 2 diabetes mellitus based on ICD-10-CM diagnosis Code E11, suffering from diabetes of five years minimum, adult, and no complications and literacy. This study applied a qualitative design to explore diabetic patients with negative perceptions. This study used two stages in the data analysis process.

First, we identified 63 respondents of diabetic patients using a demographic questionnaire and identified the patient's perception. Participants' perception of diabetes was obtained through a questionnaire that consisted of 25 question items. Respondents' answers are categorized into two categories based on the empirical average score: negative perceptions with scores below the mean and positive when the score is above the mean. In the first stage, we used descriptive analysis.

Second, we found ten respondents female, seven housewives and three an active employee with a negative perception; then continued exploring them using open-ended questions. The respondents who had a negative perception were interviewed their perception of illness. We conducted a focus group four times to explore why they had a negative perception of diabetes and one face-to-face in-depth interview lasting between 60 and 90 minutes. During the interview, the researchers triggered new ideas with probing strategies that could be developed and helped participants think, confirming participants' opinions and interpretations. Finally, we utilized a thematic analysis approach to analyze the respondents' information.

3. RESULTS

The baseline characteristics of respondents are presented in Table 1. Of 63 diabetic patients as respondents were identified using a demographic questionnaire.

Table 1. Respondent demographics data

Characteristics	Frequency	Percentage	Total
Gender			
Male	25	39,7	63 (100%)
Female	38	60,3	
Ages			
36 – 50 tahun	19	30,2	63 (100%)
51 – 65 tahun	44	69,8	
Job			
Employers	26	41,3	63 (100%)
Non-employers	37	58,7	

Table 1 shows that respondents' distribution majority was female, 60,3%; the range of ages 51 to 65 years old more than less than 50 years old was 69,8%. The bulk of respondents were non-employers (58,7%).

The evaluation of respondents` perception was a measurement of insight toward their disease. Based on the determination of the scores obtained results in the table 2 below.

Table 2. Respondent illness perception

Perception	Frequency	Percentage
Negative Perception	10	15,9
Positive Perception	53	84,1
Total	63	100

Table 2 shows illness perception toward Diabetes disease; 15,9% of respondents had a negative perception, and 84,1% had a positive perception. Of the ten patients who have a negative perception; means the diabetes is a severe disease that interferes with their lives.

sugar tea, and candy. I can not enjoy of my life” (P7).

“I should obey a time of blood sugar control, ... hhh... glucose check is a big problem in diabetes” (P8).

Next, we conducted interviews with ten respondents with negative perceptions. We found themes based on data analysis using Braun and Clarke's thematic analysis.[13] In general, based on the results of the information analysis, three themes emerged from the patients: the boring experience, making sense of anxiety, and the need for support.

Theme 2: Making sense of anxiety

Diabetes is one of the chronic illnesses often related to genes that can create bothersome health problems for those affected around the family members. Problems that can stand overtime is included physical and psychological problems like emotional distress and anxiety. Lingering distress sometimes makes the sufferer hopeless, frustrated, and scared of the illness. Pratiwi, McEldowney, and Richardson found that families with a family member chronic illness such as mental illness experienced frustration. Theme 2 was supported as a participants said:

Theme 1: The boring experience

Theme 1 described that majority responded felt boring life with diabetes. They should control food and glucose level. Diabetes patients are very focused on regular habits. They articulated their bland, limited food and blood sugar check. They were aware that the food the diabetic patient is eating differs from others. As the participants said:

“If I remember about my diabetes, I feel frustration, anger, and discouragement” (P1)

“I can do anything when I joined in the party; there were so many kinds of foods, but it just likes dreaming; sometimes I am bored life with my disease” (P3).

“We should follow so many instructions if we want to feel well and being healthy; If I remember it, I get stressed” (P2)

“Hmm..... So, we should check our blood sugar level before taking some foods ...it does not look like common people, this life is boring” (P4)

“Diabetes is now a part of my life, it is inevitable. Sometimes I am so hopeless and worry”(P3)

“I have controlled my sugar consumption, but, why I got significant high for my glucose level, I like something sweet taste like chocolate,

“My father has been a diabetic patient last time, he was died, whereas, she controlled the blood sugar level every day, I always thinking every day, when the suffered would over. I am scared” (P10)

Theme 3: the need of support

The family is the closest relative in the participant's circle. Diabetes is a chronic disease accompanied by prolonged symptoms. Talking about issues with others is a great way to reduce sadness and anxiety. Diabetes patients with a negative perception of their disease have identified the lack of family support, which triggers sadness and anxiety, even they got difficulties sharing. A study found that most patients with diabetes in their study felt lonely and did not have a correlative for sharing the problems. All participants said: "I just need to discuss together, express my feeling, we can share of similar life experiences or action plans in daily life for diabetes patients." [14]

Other participants had a similar statement, as expressed by the two participants: "We want to our family are involved with our care as we need, like accompany to go to the health center and remind me to take medicine" (P6 and P8)

4. DISCUSSION

People experiencing diabetes illness have psychological responses that are very important to manage to reduce distress. The patients commonly are angry, scared, and depressed when they imagine Diabetes, and they describe that Diabetes controls their lives. They are also likely to express concern that they will end up with severe long-term complications and feel overwhelmed by the rule of living with Diabetes.

Most participants had positive illness perceptions; it may be due to diabetes knowledge significantly among participants. Furthermore, the illness perception is likely influenced by the patients' understanding of the benefit of diet and exercise. A study found that the perception of diabetes is influenced by the success of health workers who provide knowledge about diet, exercise, and the impact of blood sugar on health.[15] On the other hand, the participants with negative perceptions are more important to notice. They thought that the disease was unavoidable and incurable; they were always angry and resentful and thought destiny was unfair. A study found that argued that depression is linked to less optimal diabetes self-management, thus leading to the less optimal glycemic outcome.[16] Part of the participants in this study with harmful illness perception lack attention to self-care management mirrored in their statement about the boring experiences.

This study shows that part of participants living with distress Diabetes found in the first theme boring experience about their illness

especially should routinely check blood sugar and control food consumption every day. A research publication found that a relationship between blood sugar levels and anxiety in diabetic patients. It means patients who control blood sugar regularly feel bored, which affects anxiety.[17]

Participants experienced another psychological burden was anxiety. The majority of participants reported that they were sufferers hopeless, frustrated, and scared of the illness; it may seem due to self role, which was the activities daily living that affected the participants. A study conducted in the western region of Saudi Arabia found that 450 diabetes patients experienced depression and anxiety; This is also related to personal character factors such as age and gender.[18]

Family support is significant to play an active role in physical activity in the well-being of Diabetes patients.[19] This study found the last theme was the need for support; this means the patients necessitate some component contribution, including financial, physical dan physiological.

5. SUMMARY

Some people with Diabetes experience negative illness perception; they had the psychological burden. The patients commonly are angry, scared, and depressed when they imagine Diabetes, and they describe that Diabetes controls their lives. They are also likely to express concern that they will end up with severe long-term complications and feel overwhelmed by the rule of living with Diabetes. The psychological response is critical to managing as a strategy to reduce distress.

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