

Spiritual Well-Being and Depression of Indonesian Adults with Diabetes Mellitus

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Key Words: Spiritual Well-being, Depression and Diabetes Mellitus

Abstract: Diabetes mellitus is a chronic disease characterized by increased blood sugar levels. Complementary complaints arising from chronic complications experienced and complex diabetes management can affect the patient's physiological and psychological conditions. One psychological disorder that can arise is spiritual well-being and depression. The spiritual well-being of the situation that underlies satisfaction in life and the ability to express relationship with the creator is called His spiritual prosperity. Psychological changes such as anxiety and depression experienced by people with diabetes mellitus can adversely affect the development of diabetes mellitus. This study aims to determine the description of spiritual well-being and depression in diabetes mellitus patients at primary health care center. This research is a descriptive study conducted on 52 respondents with purposive sampling technique, data collection using spiritual wellbeing scale and PHQ-9 questionnaires and statistic by descriptive analysis. Based on the results of the study and a description of the discussion in this study it can be concluded that diabetes mellitus patients have a high spiritual wellbeing of 48 people (92.3%) and experienced mild depression as many as 26 people (53.8%). The high spiritual wellbeing because respondents still have hope, that hope is a multi-dimensional concept that provides comfort as long as individuals experience life-threatening situations. Activities need to be made to stimulate patients to care about mental health and physical health, such as screening the health condition of people with diabetes mellitus at the primary health care center.

1 INTRODUCTION

Diabetes mellitus (DM) is a degenerative disease, which is predicted to continue to increase in prevalence. According to WHO in 2011, diabetes mellitus is one of the most common diseases suffered by people worldwide for degenerative diseases. The prevalence of diabetes mellitus in adult populations around the world is expected to increase by 35% in two decades and contract 300 million adults by 2025. The biggest part of this increased prevalence will occur in developing countries (Gibney, 2009). Based on the data from the International Diabetes Federation (2014) that the prevalence of diabetes mellitus (DM) in 2011 was 366 million sufferers and increased in 2013 to 382 million sufferers with the notion that 46% of sufferers did not realize that they had been

conditioned diabetes mellitus (IDF, 2014). North Sumatra Province is one of the provinces with the highest prevalence of diabetes mellitus in Indonesia with a 2.3% prevalence diagnosed by doctors based on symptoms, this makes North Sumatra Province one of the top 10 provinces with the highest prevalence of diabetes mellitus in Indonesia (Ministry of Health, 2014). In 2012, the city of Medan included the largest number of patients with diabetes mellitus, which continued to increase in number. Based on data obtained from the Medan City Health Office in 2012, the highest number of cases after hypertension was diabetes mellitus. Until 2012 there were 10.347 people with diabetes mellitus who went to 39 health centers in the city of Medan. These data show that diabetes mellitus patients in Medan City are very high (Medan City Health Office, 2012).

Primary health care center in Indonesia has a DM clinic with 1.010 visits and a total of 115 patients. This shows that DM patients at the DM clinic at the primary health care center often tend not to carry out outpatient treatment routinely according to the prescribed schedule. DM Clinic Health Center of Community of Health is the first DM clinic in Medan, DM primary health care center often established in 2008 and is one of the hopes of the Medan City Health Office to prevent an increase in DM cases and all complications of DM. One of the supporters of spiritual resources is the fulfillment of spiritual wellbeing. Spiritual well-being is stated by Ellison (1983) that the conditions underlying satisfaction in his life and the ability to express His relationship with the creator are called His spiritual prosperity. Also affirmed by the National Interfaith Coalition on Aging (NICA) in Washington proposing spiritual wellbeing as an affirmation of life in establishing a special relationship with God, oneself, society and the environment by nurturing faith, integrity to be together in personal peace (Fisher, 2009).

Spiritual well-being is an integrated aspect of humanity as a whole which is characterized by meaning and hope. Spiritual health or well-being is a sense of harmony that is close together between oneself and others, nature and with the highest life. This sense of harmony is achieved when one finds a balance between the values, goals and belief systems of individuals with their relationships within themselves and with others. This belief is often rooted in the person's spirituality. Throughout the life of an individual may be spiritual will grow more so that individuals become more aware of the meaning, purpose and value of life (Ellison, 1983).

Spirituality gives a broad dimension to a holistic view of humanity. The definition of spirituality or dimension of spirituality will be unique and different for each individual. Individual definitions of spirituality are influenced by their own culture, development, life experiences and ideas about life. The spiritual dimension seeks to maintain harmony or harmony with the outside world, trying to answer or gain strength when facing emotional stress, physical illness, or death, which is a force that arises beyond human strength. Depression is a serious mental disorder characterized by feelings of sadness and anxiety. This disorder will usually disappear within a few days but can also be sustainable which can affect daily activities (National Institute of Mental Health, 2010).

According to WHO, depression is a mental disorder characterized by the appearance of

symptoms of decreased mood, loss of interest in something, feelings of guilt, sleep disturbances or appetite, loss of energy, and decreased concentration (World Health Organization, 2010). Depression is a mood disorder with sadness, feeling alone, low self-esteem, despair, usually accompanied by signs of psychomotor retardation or sometimes agitation, withdrawal and physiological disorders such as insomnia and anorexia (Kaplan, 2010). Depression is a mood disorder characterized by loss of feeling of control and subjective experience of severe suffering. Mood is an internal emotional state that permeates a person (Kaplan, 2010).

Psychological changes such as anxiety and depression experienced by people with diabetes mellitus can adversely affect the development of diabetes mellitus. The prevalence of depression may be higher in DM patients who have multiple complications. Depression in DM patients is often undetectable, and depression is a major barrier to effective diabetes management.

The purpose of this research is to find out the description of spiritual well-being and depression in diabetes mellitus patients at the Primary Health Care Center Indonesia.

2 METHODS

The time of this research was conducted in January - June 2018. Sampling technique in this study uses non probability sampling. Inclusion of the criteria specified in the study are diabetes mellitus patients who got treatment frequently at health care centers, DM patients ≥ 2 years old, can read and write, can communicate as well, the sample in this study were 52 patients with diabetes mellitus, data collection using spiritual well-being scale and PHQ-9 questionnaire, statistic by descriptive analysis.

3 FINDINGS

Based on the research that has been done, the following are the results of respondent characteristic, their spiritual well-being and their level of depression.

The results on patient characteristics obtained data that female patients were 26 people (50.0%) and male sex as many as 26 people (50.0%). Other patients, 18 people (34.6%). Most patients were 41-60 years old as many as 27 people (51.9%). The

majority of respondents who were the subject of this study had a long history of suffering from 6-10 years of diabetes mellitus as many as 34 people (65.4%).

The majority of other respondents' jobs were 24 people (46.2%). Furthermore, data on the spiritual well-being of the respondent presented in table 2.

Table 1: Respondent characteristics (N=52).

Characteristics	Frequency	Percentage (%)
Sex		
Male	26	50
Female	26	50
Race		
Javanese	14	26.9
Bataknese	15	28.8
Sundanese	5	9.6
Others	18	34.6
Age (years)		
21-40	20	38.5
41-60	27	51.9
61-80	5	9.6
Duration of diabetes (years)		
6-10	34	65.4
11-15	17	32.7
16-20	1	1.9
Occupation		
Government employee	7	13.5
Non-Government employee	12	23.1

Table 2: Respondent's level of spiritual well-being and depression (N=52).

	Level	Frequency	Percentage (%)
Spiritual well-being	Medium	4	7.7
	High	48	92.3
Depression	Minimum	20	38.5
	Mild	28	53.8
	Moderate	4	7.7
	Total	52	100

Spiritual well-being as shown in table 2, the majority of diabetes mellitus patients have a high spiritual welfare of 48 people (92.3%). According to researchers, high spiritual well-being in patients shows that patients have a hope of spiritual strengthening in the patient According to Utama (2015) the spiritual well-being of patients before heart surgery approaches the highest value. From the results of this study it can be concluded that spiritual well-being is in the high category, this is influenced by the age of respondents who are generally in middle age and elderly. The results of the study found that the majority of diabetes mellitus patients in Primary Health Care Center had a high spiritual wellbeing of 48 people (92.3%).

Based on the results of research on depression in patients with diabetes mellitus data obtained that at least 20 people depression (38.5%), mild depression as many as 28 people (53.8%), moderate depression as many as 4 people (7.7%).

4 DISCUSSION

According to Nugroho's opinion (2008), most of the spiritual level in an elderly person has increased, where the elderly are more organized in living their daily spiritual lives. Research by Ellison (1983) that the middle age group and the elderly have and provide more time for religious activities and try to understand religious values which are believed to be a response to individual awareness in living religious life. This can happen because the patient feels a meaningful relationship with God through prayer and the emergence of hope, strength in healing the disease. This is supported by Eom(2011) personal communication with God can provide strength, hope and is part of trust. This is evidenced in patient statement that "I believe that God loves me and cares about me. According to Chandler, Cynthia K, Holden, Janice Miner, &Kolander, Cheryl. (1992

(2004), hope is a multi-dimensional concept that provides comfort as long as individuals experience life-threatening situations.

Hope is energy that can give individuals motivation so that they help patients overcome life pressure. Improving spiritual welfare also occurs because the patient feels his life is prosperous and God is watching what happens to him and there is a meaningful belief in his life. This is also supported by McEvoy (2005) that spiritual beliefs will create a sense of self so that it can provide a purpose and meaning in life and gain a positive outlook and surrender to the disease that is natural.

This is in line with Gray (2006), that spiritual well-being will create spiritual health. Individuals get spiritual health by finding a balance between values, goals, beliefs and relationships in themselves and others. The spiritual well-being that has been explained above illustrates the need for meaning from life, whether it is from the creator or the individual effort de Wildman, (2012) that existential spiritual well-being is a process of how individuals respond to themselves and their lives. An existential welfare indicator of a good individual is that the individual can interpret the purpose of life and feel peaceful in his life.

Another thing that can affect is that culture in Indonesia is very thick with doctrine and puts forward a relationship with God in spiritual improvement. This is in accordance with the opinion of Bredle et al., (2011) that spiritual well being based on religious doctrine is more visible than based on the ex-Depression in patients with diabetes mellitus is a complex condition, where the known etiology is still very lacking. But many factors influence the occurrence of depression. Depression is also a risk factor of the most important psychological aspects in patients with diabetes mellitus that can reduce the quality of life of patients. This can occur because related to serotonin. In the neurons the presence of serotonin that binds to serotonin receptors can activate chemical signals that are believed to affect a person's psychological function (regulation of mood, sexual desire, sleep, appetite) (Bredle and Jason M,2011).

Depression in DM patients is the result of the fact that someone diagnosed with DM will experience (Paloutzian, R., Bufford, R., & Wildman, A. 2012) a pattern of life and the danger that threatens they life (This is as stated by depression is expected in 2020 to be the second most common cause of disability. Based on the results of the study, there was also a correlation between the occurrence of depression and age, which reminded health

workers of the importance of examining all factors related to aging and not only paying attention to one aspect. Depression screening in the elderly will help diagnose depression in the elderly better and be able to provide needed care (Singh, Padmanabhan & Arora, Pratap (2010). Elderly people aged 85 and older are more susceptible to depression than other age groups. Elderly patients with DM often have to deal with a variety of health problems and various complex health check schedules. In addition, the patient's family and elderly patients will find it difficult to differentiate the decline in the physical condition of the patient whether it is physiologically due to old age or due to the progression of DM complications experienced by the patient Eom, et.all (2011) that disease is a life threatening condition. For that disease is often a source of depression that is very high, and people who are suffering from a disease that does not understand what is experienced and treatment. On the other hand, diabetes and depression can be said to be a couple who often appear.

5 CONCLUSION

Based on the results of the study and a description of the discussion in this study it can be concluded that diabetes mellitus patients have a high spiritual welfare of 48 people (92.3%) and experienced mild depression as many as 26 people (53.8%). The high spiritual welfare because respondents still have hope, that hope is a multi-dimensional concept that provides comfort as long as individuals experience life-threatening situations.

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