



Positive Spiritual Value of Elderly Diabetics in “Rumah Peduli Diabetes Mellitus”

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Elderly diabetics as vulnerable populations in the community need for support. One of the supports in the community is self-help groups. This descriptive phenomenology research explores the experience of elderly diabetics in following the Rumpi Pendiam. The design of this research is descriptive phenomenology. The data were collected using in-depth interviews and field notes. Verbatim results were analyzed using the Colaizzi method. The result of this research is to develop positive spiritual values. These spiritual values developed because the elderly have been able to receive the DM and still trying to maintain the health condition, and sincerely for the trials given by God.

Keywords: Elderly, Diabetics, Self-Help Groups, Spiritual.

1. INTRODUCTION

The data from the Coordinating Ministry for People’s Welfare (2012) shows that Indonesia is among the top five countries with the world’s largest elderly population with 19.51 million people in 2012 or 7.56% of the population. Smeltzer and Bare¹ said that the increases in life expectancy population cause the number of elderly continues to rise yearly. Yogyakarta Special Region is one of the places in Indonesia that has the highest life expectancy compared to other provinces. The Central Bureau of Statistics Yogyakarta (2010) has results that there are 461,463 thousand people or about 33.71% elderly of the total population living in Yogyakarta. The International Diabetes Federation (IDF, 2013) explains that 177 million people worldwide suffer from DM in 2002, and WHO² predicts DM data will rise to 333 million over the next 25 years. The number of diabetics patients in Indonesia, according to the IDF in 2014 amounted to 9.1 million and by 2035 there will be 14.1 million people aged over 20 years and assuming DM prevalence of 4.6% will get 8.2 million DM patients.

The role of community nurses as educators, facilitators, and counselors are instrumental in providing appropriate information to people with diabetes about prevention, complications, treatment, and management of DM so that could minimize negative impacts from DM. One way to overcome the DM problem is the formation of the self-help groups. Rumpi Pendiam is one example of the self-help groups that formed in Tlogo Hamlet, Tirtonirmolo Village, Kasihan District, Bantul Regency, Yogyakarta.

Based on the phenomenon, the researcher felt to know more in elderly experience following Rumpi Pendiam in Tlogo Hamlet, Tirtonirmolo Village, Kasihan Sub-district, Bantul Regency, Yogyakarta. The elderly experience can be described using the phenomenological research to know directly about the elderly experience on the research subject.² Through descriptive phenomenology research, the researcher hopes to understand the meaning of elderly experience following Rumpi Pendiam, because from the evaluation result there is an influence of Rumpi Pendiam for coping with diabetes.

2. EXPERIMENTAL DETAILS

The research design used was qualitative research with the descriptive-phenomenology approach. This research selected to describe the meaning of elderly diabetic experience following Rumpi Pendiam. The study was conducted on 7 participants of elderly diabetic and followed Rumpi Pendiam, understand Indonesian well and be able to speak Indonesian fluently, not dementia, willing to be respondent by signing informed consent. Sampling technique in this qualitative research using purposive sampling, a technique based on the purpose of research.³

Researchers use him/her self to collect data, in accordance with what has said Streubert and Carpenter⁴ that qualitative research with phenomenology design uses self-researcher to collect data. Other data collection tools used in this study are interview guides, field notes, and digital recorders. Researchers interviewed participants with the help of interview guidelines. Researchers develop interview guidelines based on general goals.

Implementation of ethical principles in the form of autonomy, beneficence and maleficence, veracity, confidentiality, and also

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justice to prevent negative risks or impacts that would arise in this research following Rumpi Pendiam. In-depth interviews conducted within 45–60 minutes for each participant. The result of a typed record is formed into a verbatim transcript, and then analyzed using the Colaizzi method.⁴

3. RESULTS AND DISCUSSION

Participants in this research were people aged between 60 years to 69 years, four women and three men with the male gender. Their educational background: one vocational school graduate, four graduated from junior high school, and two elementary school graduates. Mini Mental State Examination (MMSE) examination results are 26–30, which means no cognitive impairment. The duration for participants following Rumpi Pendiam about four to twelve months. Six people live with their husband, children, and grandchildren. One person lives with children and grandchildren because her husband already passed away.

The result of this research obtained the theme that answers purpose to get the meaning of elderly diabetes experience while following Rumpi Pendiam is: Following activities in Rumpi Pendiam develops positive spiritual value for participants. Positive spiritual values required participants to be always enthusiastic in life and sincere in accepting DM disease.

Sub Theme: Developing Positive Spiritual Value

Developing positive spiritual values felt by three participants. It will then illustrate how to grow a positive spiritual value based on its category.

(1) Having more vibrant life

Two participants had a more vivid life experience after following the Rumpi Pendiam. Participants express their feelings by the following phrase:

“Life has a meaning, not hopeless, have the spirit of life” (P1)

“I do not nglokro (excited), I want to recover from diabetes” (P5).

(2) Surrender and endeavor

Two participants had experiences of surrender and endeavor after following the Rumpi Pendiam. Each participant’s statement is:

“This diabetic never be healed, this is the reward from the Almighty so we have to control it to stay healthy because we want to see our children and grandchildren grow into adulthood” (P1).

“Even though I have tried to keep the sugar low, no inconsequential eating, have taken the medicine, but later if I died because of diabetic it’s okay because God will call His servant through anyway He wants to” (P2).

This research resulted in elderly diabetics after participating in Rumpi Pendiam activities to develop positive spiritual values for accepting their health condition. Spiritual can be interpreted as things that are spirit. Spiritual has a more spiritual or psychological character than a physical or material thing.⁵ Spiritual role as a source of support for someone who has weakness to arouse spirit in reaching prosperity. Activities related to the spiritual can provide the highest value for the elderly in finding the meaning and sense of self-worth by doing and performing many religious services.⁶ Elderly diabetics who is able to perform and perform regular worship will become more calm in his life, so that anxiety can be minimized. Decision-making to take appropriate action is one example of elderly living with a passion in the face of

diabetes. WHO² states that the spiritual aspect (spirituality or religion) is one element of the definition of health completely able to complement other aspects of physical health, psychological and social.

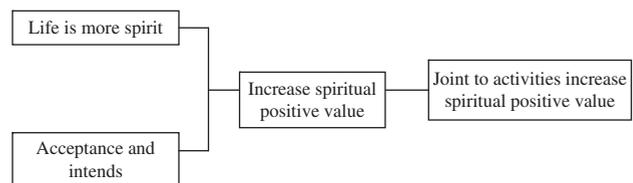
Some participants expressed would accept their condition and try to maintain their health and pray according to their beliefs for good health. This condition makes participants more diligent for worshipping, and still try to maintain health.⁷ The results of research conducted by Gupta and Ananda Rajah⁸ about “the role of spirituality in diabetic self-management in an urban, underserved population: a qualitative exploratory study” have found that spiritual gives a significant effect on the daily life of diabetics. Spiritual is able to eliminate the fear of diabetics and families and develops motivation in behavior change. Spirituality also gives greater hope for the healing and utilization of the power possessed maximally by diabetes.

Pender⁹ suggests that there are three categories related to the spiritual name, human relationships with God, human relationships with himself, and human relationships with the environment, or others. Spirituality in diabetics can help and support positive coping of the chronic illness.¹⁰ The consequence of the chronic DM disease experienced by diabetics can be a mental and a spiritual confrontation. Spiritual crises can significantly affect the changes in the lifestyle of diabetics because the spiritual is an important aspect of human life. Spiritual in diabetics could raise the curiosity for information and knowledge about the treatment for the illness.¹¹

Based on a study from Newlin et al.¹² found that spiritually related to controlling blood sugar levels. It is evident that the spiritual is able to overcome psychosocial problems that usually give negative pressure to the patient. Other research conducted by Chang et al.¹³ on Taiwan’s “decision-making related to complementary and complimentary use of people with Type 2 diabetes: a qualitative study” results that participants who followed the complementary and alternative medicine psychological program will be relaxed, calmer while facing problems, can do DM treatment, and increases his/her spiritual value.

Spiritual factors can be a source of support if a person experiences weakness to arouse spirit and achieve prosperity.¹² Elderly diabetics who have surrendered and sought to gain strength from God and ask for ease and help, so that activities related to spirituality can provide calm and reduce anxiety.

Sub Theme: Developing Positive Spiritual Value



Konopack¹⁴ in his research got that result spirituality influence on quality of live operates largely through mental health status, and physical activities influence on quality of live is chiefly through physical health status. The results suggest that those who are more spiritual and physically active report greater quality of live, and the effects of these factors on quality of live may be partially mediated by perception of self efficacy. This study is similar with the results obtained by diabetics elderly during the Rumpi Pendiam, the elderly gained knowledge about health

care and indirectly gave awareness that sickness was a God-given trial.

Amadi¹⁵ research revealed that religion, coping and out patient with depression or diabetes mellitus. Positive coping skills, high intrinsic religiosities are associated with better treatment outcome in booths diabetes mellitus and depression. This study also revealed that negative coping strategies correlated with poorer care out come. It is expected that elderly diabetics who have followed Rumpi Pendiam have good coping, so it can improve health status.

Elderly diabetics are seen as socially visible in the context of individuals, families, and communities. Elderly who is able to interact socially is the ability of the elderly to interact with the environment around the community residence. Elderly become vulnerable population if elderly are not able to interact with the environment where he lived, this is because diabetic elderly feel ostracized with the disease he suffered. Support available in the environment that can be utilized elderly diabetics is to follow social support for elderly. A study conducted by Sholichah¹⁶ found that social support has a positive correlation with self-acceptance of people with diabetes mellitus. The higher the social support the patient receives, the higher his self-acceptance. And conversely, the lower the social support the patient receives, the lower his self-acceptance.

Rumpi Pendiam become one of the rides that can be used by elderly diabetics in order to get good copping and social support. Social support is other important factor which play vital role in protecting individuals from depression as it is negatively correlated with depression.¹⁷ Research conducted by Nam¹⁸ to get results that social support and spirituality can lose weight for Rural African-American women. In this study, groups were differentiated as spiritual versus non-spitualgroups rather than church and non church groups because all of the groups in the study met in churches. In the spiritual program of religions components, such as session on meditation as related to health.

Hamren¹⁹ in his study also revealed that religion, spirituality, social support and quality of live can be measurable and predictors can be socially isolated, marginalized and in extreme poverty. Rumpi Pendiam can be used as a means of elderly diabetics to be able to perform social activities and accepted in the environment so as not to be excommunicated for illness suffered. Hamren suggest that the CASP method is a valid and effective tool for measuring quality of live.

Research conducted Gilden²⁰ divide participants into three (3) groups. The first group consisted of eight (8) respondents who did not get the intervention. The second group consisted of thirteen (13) respondents and received six (6) meetings containing the DM health care education for self. The third group consisted of eleven (11) respondents and received eighteen (18) meetings about health education related to DM and performed by Self Help Group (SHG) method. The results of this study were obtained in the third group increased the treatment of DM, the quality of life increased, did not experience depression of the illness, the family involved in the treatment of DM, and sugar levels can be controlled. Another study conducted by Kyrouz,²¹ this research involves professionals (health workers) to provide assistance to the group. The result of this study is that the group responded positively to the activities undertaken, the group suggested that such activities help them to share information.

SHG can improve the quality of life of DM patients is evidenced by research conducted by Chaveepojnkamjorn,²² this

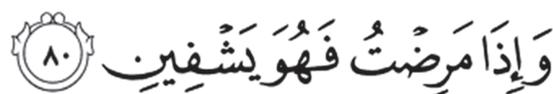
study divided into 2 groups, one group was formed SHG and given intervention about the related good relationship building, improving of know knowledge about diabetes, skills for dietary control, skill in physical exercise, improvement in training skills for group structure, self monitoring, motivation for self care activities and sharing experience. The other group is used as a control. The result of this research is in intervention group there is a significant improvement about quality of life with mean equal to 96,2% compared to control group which get mean result equal to 79,2%.

Elderly diabetics who follow Rumpi Pendiam activities get a good quality of life. Elderly who is aware of following the activities in Rumpi Pendiam regularly means having a good coping strategy. Niihata²³ points out that coping strategies were associated with longer survival and improvisation in physical function and mental health. Tso achieve greater longevity and improve quality of life in hemodialysis patients under ongoing stresses, problem-focused engagement should be encouraged.

The quality of life of diabetic patients is often an indicator of the success of treatment programs performed in diabetics. Koh²⁴ did research on establishing the thematic framework for a specific health related quality of live. In this study obtained 10 subthemes (neutral emotions, coping emotions, empowered to help others, supports from family, spend more time with family, relationships, financial burden on family, improved relationship, social support and religion/spirituality). This result is in accordance with that done by researchers on the elderly diabetics who follow Rumpi Pendiam. Researchers hope the quality of life elderly can be considered from the spirituality to get the elderly quality of care for them.

Although it is important, high functional ability is not absolutely necessary for high quality of life. Because many elderly have chronic disabilities, it is important to recognize this distinction and find ways to maximize quality of life through other means including spirituality, social engagement, environment, and connection in addition to physical activity programs. Spirituality is more than the response to a religion or set of beliefs. It relates to the core of the person's being and his or her connection to the universe.⁴ Ultimately, it has to do with one's meaning and purpose in life. As seniors review their lives often in the presence of disease, disability, and perhaps impending death their questions may reflect these issues. Certainly spirituality is an important and essential component of culture, but bears special mention here. Religion and spirituality are commonly used terms, but should be distinguished from each other. Religion is the organized worship or specific faith to which a person subscribes, whereas spirituality is a broader term referring to one's feelings of being connected with something higher than oneself, often with-out wishing to be called "religious."⁴

As Muslims who believe Allah (God), humans when given the ordeal of the sick are obliged never to despair of seeking treatment. God messenger in Al-Qur'an²⁵ Asy Syu'ara 80.



The meaning of Asy Syu'ara 80: "and when I become sick, He (God) is the One who given me the cure."

In the Asy Syu'ara 80 letter it can be concluded that people to commanded to seek healing for the illness suffered. Health

workers who provide treatment and care only as an intermediary for the healing of patients, God is the true giver of healing.

4. CONCLUSION

Following the activities foster positive spiritual values perceived by elderly. The spiritual value of elderly diabetics in “Rumpi Pendiam” was increase because they’ve already capable of receiving DM and still trying to maintain the health condition, and sincerely for the trials given by God.

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