



The Description of Diabetics' Acceptance Stage Toward Diabetes Mellitus' Diagnoses

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Abstrak

Diabetes Mellitus (DM) merupakan kondisi kronik yang membutuhkan berbagai perawatan seumur hidup yang menimbulkan keduakaan. Berduka memiliki tahapan yang seharusnya dapat dilalui dengan normal (adaptif) melalui pencapaian tahap acceptance (penerimaan). Pencapaian penerimaan memberikan gambaran bahwa berduka dalam prosesnya dilalui dengan normal. Diabetisi yang mampu mencapai tahap penerimaan, akan memiliki kontrol glikemi yang lebih baik. Sedangkan diabetisi dengan penerimaan rendah berimplikasi pada coping yang tidak efektif, perawatan diri yang rendah, peningkatan distress, serta berakhir pada buruknya kontrol glikemik yang menyebabkan berbagai komplikasi fisik. Sehingga gambaran tahap penerimaan pada diabetisi penting untuk diidentifikasi. Tujuan penelitian ini yaitu mengidentifikasi dan menganalisis gambaran tahap penerimaan diabetisi terhadap diagnosis diabetes mellitus. Metode yang digunakan yaitu deskriptif observasional, dengan mengumpulkan data melalui kuesioner "Acceptance of Disease and Impairments" Questionnaire (ADIQ). Analisis yang digunakan dalam penelitian ini menggunakan analisis deskriptif. Teknik sampling yang digunakan yaitu consecutive sampling. Hasil penelitian menunjukkan bahwa Berdasarkan diagram ADIQ pada 20 orang diabetisi didapatkan hasil yaitu pada tahap penerimaan (acceptance) sebanyak 30%. Sedangkan yang belum mencapai penerimaan sebanyak 70% yang terdiri dari penyangkalan 20%, perlawanan 10% dan kesedihan 40%. Kegagalan dalam mencapai tahap penerimaan dikarenakan diabetisi masih berada dalam kondisi penolakan, perlawanan dan kesedihan. Berdasarkan hasil penelitian, dapat disimpulkan bahwa secara dominan berada pada tahap belum mencapai penerimaan. Penderita diabetes yang telah mencapai penerimaan mungkin masih terpapar risiko mengalami respon maladaptif yang dapat mencetuskan terjadinya depresi, kecemasan, kesehatan fisik yang memburuk, berhenti merawat diri, ketidakberdayaan, harga diri rendah, hingga isolasi sosial bahkan keinginan bunuh diri. Ini semua disebabkan oleh keduakaan yang merupakan kondisi fluktuatif dimana setiap diabetisi dapat berkontribusi untuk menggambarkan kondisinya di setiap tahap.

Kata Kunci: *tahap berduka; penerimaan; penolakan; perlawanan; kesedihan*

Abstract

Diabetes Mellitus (DM) is a chronic condition which requires various kinds of lifetime treatment which cause grief. Grief has stages which can be passed though normally with the attainment of acceptance stage. Acceptance attainment renders a description maintaining that grief in its process is undergone normally through uncomplicated grief reaction and emotional responsiveness. A diabetics who manages to attain the acceptance stage will have a better glycemic control, while a diabetics with a low acceptance stage may experience an ineffective coping, improper self-treatment, and distress increase, all of which end up in a bad glycemic control which causes physical complications. This suggests that a description of s' acceptance stage is important to identify. Accordingly, the

aim of this research is to identify and analyze the description of diabetics' acceptance of DM diagnoses. The method utilized is descriptive-observational, the data collected using the 'Acceptance of Disease and Impairments Questionnaire' (ADIQ). The analysis employed in this research is a descriptive analysis. The sampling technique used is consecutive sampling. The research result shows that, based on the diagram of ADIQ administered on 20 s, there are 30% found to be in the stage of acceptance, while there exist 70% to be in the stage of not yet attaining acceptance, which comprises denial (20%), resistance (10%), and sorrow (40%). Failure in attaining the acceptance stage is caused by the s' still being in the states of denial, resistance, and sorrow. Based on the research result, it can be concluded that the s dominantly stay at the stage of not yet attaining acceptance. The diabetics who have attained acceptance may still be exposed to the risk of undergoing a maladaptive response which may trigger depression, anxiety, worsened physical health, self-treatment discontinuation, powerlessness, low self-esteem, social isolation, even suicidal drive. This is all caused by grief which constitutes a fluctuate condition where every diabetes can contribute to describing his or her condition at every stage.

Keywords: stages of grief, acceptance, denial, resistance, sorrow.

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INTRODUCTION

According to the *International of Diabetic Federation* (IDF), the global prevalence of Diabetes Mellitus (DM) in 2014 is 8.3% with the amount of 387 million cases (1). *World Health Organization* (WHO) in 2016 stated that DM is one death case in Indonesia (2). The report Semarang City Health Office in 2015, noted that the number of cases of diabetes in Semarang is ranked second highest (3,4). In 2013 to 2015 there was an increased the number of diabetes cases in the city, from 13 112 cases to 17,900 cases (3,4).

Diabetes Mellitus (DM) is a chronic condition that affects every aspect of life of the sufferer one of which is the psychological aspect (5,6). The previous research mentioned that diabetics are psychologically disturbed will affect their physical condition (6,7). This can be caused due to diabetic patient requires a wide range of lifestyle changes during the life of sufferers (8,9). The changes are intended on the regularity in controlling blood sugar levels, physical activity on

a regular basis, compliance in taked medication and dietary restrictions (7).

Various changes to do a long-term stressor for patients with diabetes mellitus (10), and raises the bereaved (*grief*). Based on grief theory, grieved has stages (*stages of grief*) (11–15). Patients who are diagnosed with chronic conditions should be able to complete each stage of the grieving, so that eventually reaches the stage of acceptance. Marjorie explained that the success of adaptation to chronic disease diagnosis is when an individual can complete the grieving that happened (16). This is shown through individual ability in accepting their disease rationally. (16). Acceptance gives description that that the mourning in the process passed with the normal (adaptive) is *uncomplicated grief reaction* and *emotional responsiveness* (17). Diabetics require high acceptance yang to the condition to be able to perform self-care and glycemic control (18,19). Reception high against diseases experienced has a correlation with the adaptability (19). *self-management* is

high (20), and a better quality of life in people with diabetes (21). Diabetes that can reach the acceptance stage, will have the better glycemic control than diabetics who rejected the conditions and depress (22).

Based on the previous explanation, the low acceptance has implications on ineffective coping, low self-esteem treatment, distress increased, and end to poor glycemic control (23). Uncontrolled blood glucose causes various physical complications such as retinopathy, chronic renal failure, heart disease, foot perfusion disorders and amputation (24). WHO states that there are many physical complications that can result from diabetes such as retinopathy, chronic kidney failure, heart disease, and the incidence of reperfusion foot amputations (25). These various complications can increase the cost of care (26), and lead to a decrease in quality of life even death (24). Based on these phenomena, this study aims to identify the stage of achievement admission to diagnosis of diabetes mellitus.

MATERIALS AND METHODS

The method used is descriptive observational (27). The sampling technique used is *consecutive sampling* (28). Data collection was by surveys or direct observation using *Acceptance of Disease and Impairments Questionnaire* (ADIQ) (29,30). ADIQ consists of four (4) items that interpret *the stages of grief* with a total of 14 questions. *Denial* consists of four items of questions, *the resistance* 3 item questions, *Sorrow* 3 item questions and the *acceptanc* four items of questions (29). Each item has a selection of scores answer questions 1, 2, 3 and 4. Answer 1 "disagree", 2 "slightly agree", 3 "strongly agree", and the r" entirely agree". Scoring in ADIQ not using "cut of point", because there is no right or false .Data Analysis used in this research using descriptive analysis (univariate) (31). Data collection was conducted for 5 days on 20 diabetics in Tugurejo Hospitals Semarang.

RESULTS AND DISCUSSION

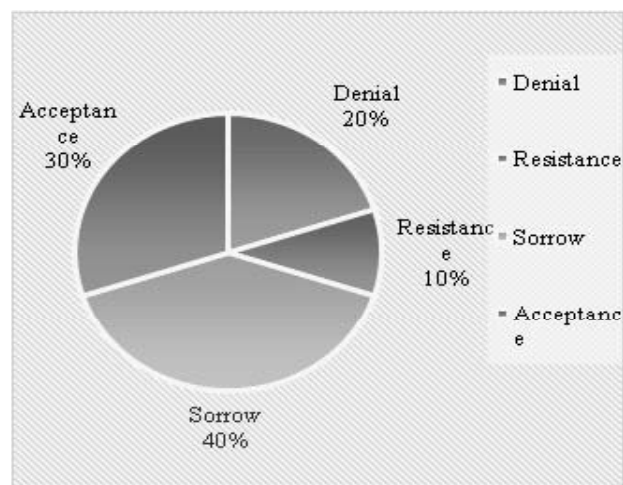


Figure 1. Acceptance of Disease and Impairments in diabetes people

TABLE 1. Frequency Distribution Acceptance of Disease and Impairments in people with diabetes

Stages Of Grief	Frequency	Percentage (%)
Denial	6	20%
Resistance	3	10%
Sorrow	12	40%
Acceptance	9	30%

Based on the diagram *Acceptance of Disease and Impairments Questionnaire* on the 20 people who have been diagnosed with diabetes mellitus showed that at the stage of acceptance (*acceptance*) was 30%. While there was 70% unreached acceptance consisted of *denial*, *resistance* and *sorrow*. Scoring in ADIQ does not use "cut of point", because there is no right or false. Each individual can contribute to answer any *stages* that describe his condition. So that a diabetic can experience the whole state in each *stages*. However, the determination of the patient's condition can be seen from the highest scoring in the *stages of grief* which the highest stages value indicates the diabetics condition.

Grieving is a psychological reaction as a response of losing something, one of which is health that effects on the emotional behavior, physical, spiritual, social and intellectual person. The health loss response is a valuable part of an individual's life. In accordance with The Grief to

Personal Growth Theory that was conveyed by Nancy S. Hogan. The theory explains that grieving and adaptation are inseparable processes, which consist of components when diagnosed with the disease. It also occurs in Individuals diagnosed with diabetes mellitus, then the psychological reaction that arises is grieving.

DM is a chronic disease that requires ongoing medical supervision and patient care, requiring medical management and lifelong care to prevent complications. The various management that must be obeyed by her lifetime diabetes leads to feelings of loss. In accordance with the theory that one of the grieving etiologies is a long-term loss event (32). Reinforced by Isla Pera who mentions that DM has a large emotional impact, generates perception, assumes that the patient loses irreversible health and starts grieving both the patient and the family (33).

Achievement of *acceptance* is an important point in the lives of individuals diagnosed with chronic conditions. In accordance with the existing theory states that if an individual can receive a feeling of peace, then he can put an end to the grieving process and can cope with feelings of loss completely (34). However, failure to enter the acceptance stage will affect the individual's ability to overcome the feelings of subsequent loss (34). The acceptance stage in this study shows the number of 30%, which has a smaller percentage than those who have not reached the acceptance stage. In accordance with the results of this study, previous studies have shown that failure in grieving passes often occurs in DM patients (33).

This shows that diabetics who fail to achieve acceptance stage are more dominant than those who have reached the acceptance stage of 70% in denial, resistance and sorrow stage. The denial stage shows as much as 20% of DM patients, the survey showed that diabetes showed a feeling of pretending to have no illness, not wanting to be confronted by disease, ignoring

or trying to forget the pain. In accordance with John Harvey's Theory states that at first there will be a denial reaction and Rodebaugh, et al convey the feeling of the client feeling disbelief and denying (35).

In accordance with the theories and studies already mentioned, failure to achieve acceptance one of them is focused on the stage of denial that is often ignored. This is consistent with research that says that denial can last a long time, it was associated with the presence of symptoms and disorders are often overlooked, because the condition of aging or poor physical condition (29).

The resistance stage shows as much as 10%. The dominant resistance stage of emotion is frustration and anger (29). At this stage of resistance patients are very aware that they are sick and distracted but refuse to adapt (29). Anger is more emphasized in treatment-related demands (36), because it feels the value (health, safety and future plans) taken from life (37). The results of the survey from the patients shows the existence of anger when he realized his condition and frustrated over his illness. In accordance with previous research it is said that anger can address one of them to a situation or condition (33,38,39). Diabetics have anger and frustration to the condition of the illness that is diagnosed with chronic diseases that require lifelong care.

The *sorrow stage* results of this survey indicate that dominates as much as 40% in patients who have not achieved acceptance. Sorrow is dominated by feelings of sadness over loss (29), and emphasizes deep feelings of sadness without continuing functional disorder (40). It is in accordance with the survey results showing that patients choose the answer becomes sad when thinking about the pain and experience he suffered imperfections due DM today. It is supported by previous studies that explain that grief felt here because conditions are different from other people (33). Diabetics felt

different from others who do not have seemed ill. Other research revealed that there is a sadness of sadness like "I feel so bad, I see my friends go and I also come out, but I cannot do the same as them because I am different, at least I look different and I am very sad" (33). Stuart in his theory states that sustained and unsettled grief or failure to reach the acceptance stage will cause delayed of grief reaction and trigger the occurrence of depression (17).

Acceptance achievement can also be interpreted as an individual's ability to manage his illness (diabetes mellitus) according to current body function and still achieve effective function (41,42), using effective coping management strategies (15). The emotional response that is reflected in the grieving process, has its ultimate goal is an adaptive response. Adaptive responses can be interpreted as successful adaptation of individual solving grief experienced that can be caused due to chronic illness (16), in this case is DM. Acceptance of acceptance gives a picture that grieving in the process traversed with normal that is uncomplicated grief reaction and emotional responsiveness (17).

Likewise, if the acceptance in the process of grieving is not achieved and delayed (delayed of grief reaction), then the individual can fall on the condition of depression. Delayed of grief reaction and depression are maladaptive responses in the adaptation process (17). Carpenito explained that if mourning experienced by individuals are maladaptive, it will cause a detrimental response (likely damage) sustainable and long lasting (32). The previous study suggests that maladaptive coping through the grieving process causes depression, anxiety, worsening physical health, self-care, helplessness, low self-esteem, to social isolation and suicidal desire (32,40).

Thus, people who have reached or who have not achieved acceptance will have the risk to experience maladaptive coping because of the nature of chronic DM so as to provide a cycle of

susceptibility for the sufferer to return in a state of grief as early.

CONCLUSION

Based on the research result that people with diabetes are diagnosed diabetes mellitus is more dominated on unreached acceptance stage. In addition, although people with diabetes who have achieved acceptance, will still have the risk to experience a maladaptive response that can trigger the occurrence of depression, anxiety, deteriorating physical health, stop self-care, helplessness, low self-esteem, to social isolation and even suicidal desires. Caused by grieving fluctuated in which each individual can contribute in any *stages* that describe his condition. Therefore, it is necessary to have an advanced research related to the correlation of *the stages of grief* experienced by diabetics with maladaptive effect responses such as depression or another, so it can be seen how far the acceptance stage affect diabetes.

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