The Relationship Between Family Support and Quality of Life of Patients with Diabetes Mellitus in the Melati Room of Vita Insani Hospital Pematangsiantar

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Article Info	ABSTRACT
  Corresponding Author: Muharti Sanjaya Department of Pharmacy, Faculty of Health, Universitas Efarina, Indonesia. Email: muhartisanjaya@gmail.com	Family support is needed to provide a person's physical and psychological comfort when experiencing illness. Family support is very important for the survival of DM sufferers, so that with good family support, the quality of support will be good. This study aims to determine the relationship of family support to the quality of life of DM sufferers. This is a quantitative study using a cross-sectional design approach. The sampling technique used was accidental sampling. This research was conducted in July-August 2019 in the Melati room at Vita Insani Hospital, Pematangsiantar. Hypothesis analysis used the 2x2 chi-square test. middle class, income Rp. 750 000.00 and Rp. 750,000.00 Rp. 1452 400.00, suffering from DM for an average of 6 years. Families with DM sufferers, mostly in the middle adult age, have a relationship between children and sufferers of DM, female sex. 42 respondents (80.8%) 37 respondents (71.2%) had a poor quality of life. There was a relationship between family support and the quality of life of DM sufferers (p-0.046). Family support was related to the quality of life of DM sufferers. Nurses should involve families of DM sufferers in providing nursing care. Further research should examine the analysis of the factors that most influence the quality of life of DM sufferers and conduct research in a hospital. *Keywords:* Family Support, Quality of Life, Diabetes Mellitus

1. INTRODUCTION

Diabetes mellitus (DM) is a condition in which the body is unable to use the insulin produced by the pancreas [26]. In the world, people with DM in 2002 reached 171 million people and will continue to increase to 366 million people in 2030 [26]. In Indonesia, DM sufferers are very numerous. In 2013, Indonesia was ranked seventh at the world level with the number of DM sufferers of 7.6 million people and this number is expected to continue to increase every year by 6 percent [17].

DM is a chronic disease, so it requires fashionable treatment for a long time to prevent complications (Ministry of Health of the Republic of Indonesia [9]. DM complications include an increased risk of heart disease and stroke, neuropathy (nerve damage), diabetic retinopathy and kidney failure (Ministry of Health). RI, 2014) These various complications can affect the quality of life of DM sufferers [21].

Quality of life is an individual's perception of values, concepts, culture in which they live and are interconnected to achieve goals and life expectancies [26]. Research by [11], the quality of life of DM sufferers was measured by the WHO questionnaire showing the results as many as 52 patients (20.7%) had a good quality of life, 164 (65 4%) had a fairly good quality of life and 35 (13.9%) had a good quality of life low. This quality of life research can be compared with the quality of life of other chronic diseases such as cancer. The quality of life of cancer has been studied by [8], with the results of 19 respondents (22.4%) with poor quality of life, 10 (11.8%) with moderate quality of life and 61 (71.8%) with good quality of life. Based on the two studies above, it can be concluded that the quality of life for DM patients tends to be lower than the quality of life for cancer patients.

According to [11], the low quality of life of DM patients is influenced by various complications of diabetes mellitus such as obesity, hypertension, and changes in sexual function. In addition to complicating factors, the quality

of life of DM sufferers is strongly influenced by family support and is the most important factor to maintain quality of life [6].

Formulation of the problem
Based on the above background, the research problem can be formulated in the form of a question as follows "What is the relationship between family support and the quality of life of people with diabetes mellitus in the Melati Room of RS Vita Insani Pematangsiantar"

2. METHOD
Research design
This research is a quantitative study with a cross-sectional design approach that links two variables, namely family support and quality of life for people with diabetes mellitus at Vita Insani Hospital, Pematangsiantar.

Research sites
Research location in the Melati Room of the Vita Insani Hospital Pematangsiantar 4.2.2 Time of Research The research was carried out in July 2022.

3. RESULTS AND DISCUSSION
Family support
Family Support for People with Diabetes Mellitus Based on Age in the Melati Room of RS Vita Insani Pematangsiantar

Quality of Life
Quality of Life of Families with Diabetes Mellitus Based on Age in the Melati Room of Vita Vita Insani Hospital Pematangsiantar.

Family support
Family support for DM sufferers is dominated by the good category, totaling 42 respondents (79.2%) Family support is a form of assistance provided by a family member to provide physical and psychological comfort when someone is sick (Friedman, 2014) . given by the family to DM sufferers in the form of emotional support, appreciation support, instrumental support and informational support Emotional support in the form of attention or empathy, appreciation support, namely positive appreciation of family members so that family members feel valued, instrumental support, namely support given in the form of equipment or tangible objects such as providing money for the treatment of sick family members, and informational support, namely support given in the form of advice or suggestions for family members, for example giving advice to family members for regular treatment [1].

The results of this study are high family support Family support is not influenced by age, relationship with the patient, religion, gender, education, occupation, beliefs about the illness suffered by the family, feelings when facing family DM, income, actions taken when family members are sick, and tribe because the results of the analysis of all these factors are not related to family support Menunit [23], high family support can be influenced by family form factors. the family support provided will be low, on the contrary the extended family consists of many family members so that it can provide higher family support Practices in the family also affect family support because families provide positive support, family support will be high, but if families provide negative support, family support will family will be low [1].

Family support can also be influenced by cultural background According to [12], cultural background determines the level of health behavior and family health values, so that with ethnicity family support will increase. In addition, spiritual well-being also affects family support.

Quality of Life of DM Patients
Based on table 8 shows that, the most respondents are poor quality of life totaling 37 respondents (71.2%) In this study poor quality of life Quality of life is an individual's perception of values and concepts in relation to achieving life expectancy [26].

The quality of life in this study was influenced by income and long-suffering factors. Viewed based on the income of DM sufferers in table 9, it shows that, the most income among DM sufferers is below the minimum wage, amounting to 30 respondents and the highest quality of life is poor in patients with income above the minimum wage, 20 respondents (90 .9%) The results of the analysis between the income of DM sufferers and the quality of life of DM sufferers show that there is a relationship between the two with a p value <0.05 (0.007) and the strength of the relationship is 0.373. The results of this study are in line with (Isa & Baryewu, 2006) A person's income will very influential on quality of life because low income will hinder DM treatment so quality of life will be low, while higher

income will make it easier for DM sufferers to access information and get health care so that quality of life will increase [10].

Relationship of Family Support to the Quality of Life of DM Sufferers

In table 10 which shows the relationship between family support and the quality of life of DM sufferers, it was found that 42 DM sufferers who received good family support, 15 people (35.7%) had a good quality of life and 27 people (64.3%) had a poor quality of life Meanwhile, for respondents with poor family support, all 10 people (100.00%) had a poor quality of life.

4. CONCLUSION

DM sufferers in this study had an average age of 54 years, including middle adulthood (41-60 years), on average had experienced DM for 6 years, all of whom were Muslim. most are female, most have high school and elementary school education, most work as entrepreneurs, most have a monthly income of Rp. 750 000.00 and Rp. 750 000.00-Rp. 1 452 400.00, and most had hypertension complications. Families with DM in this study had an average age of 42 years including middle adulthood (41-60 years), most had children with DM sufferers, all were Muslim, most were female, most had high school education, most worked as housewives and self-employed, the most income is IDR 750 000.00, the most believe that DM disease suffered by the family is a provision from God, the most have feelings of sadness when facing DM disease suffered by the family, the most. Taking action to bring to the health center/hospital when a family member is sick, and all of them are of Javanese ethnicity. Family support for DM sufferers is mostly in the good category. The quality of life of DM sufferers is mostly in the poor category. There is a relationship between family support and the quality of life of DM patients in the Melati room at Vita Insani Hospital.

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