



Family support in caring for older people with diabetes mellitus: a phenomenology study

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KEYWORDS

Diabetes mellitus;
Family support;
Older people

Abstract

Objective: This study was conducted to gain a deep understanding of the experience of older people with diabetes mellitus (DM) about their family support in Tasikmalaya, Indonesia.

Method: The qualitative design was used with a phenomenological approach. Data were collected through in-depth semi-structured interviews of eight older people with DM. Ethical clearance was obtained from The Ethics Committee of the Faculty of Nursing, University of Indonesia. All the participants were provided with information about the purpose and the type of the study. Participants' type of participation in this research was voluntary. The recorded interviews were reported anonymously. Data were analyzed using the seven steps of Colaizzi include reading the transcript, listening to the transcript, choosing keywords, categorizing grouping, creating narratives, validating, and translating findings into a complete narrative.

Results: Three themes were identified about family support toward older people with DM such as the changes in older people with DM, optimum family support and suboptimal family support.

Conclusions: The physical and psychological changes which older people with DM had experienced affect the family support they had received. Therefore, this study will give a valuable contribution to the improvement of health service for older people with DM in Indonesia.

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Introduction

One of the indicators of health development in a country is heightened life expectancy or in Indonesia known as Usia Harapan Hidup (UHH). Indonesia Center Agency of Statistic shows there is an ascension in life expectancy from 70.1 in 2010 to 70.9 in 2015¹. This condition has led to an increase in the proportion of older people from year to year. It also has an impact on the health especially risk of the emergence of a variety of health problems and one of them is diabetes mellitus (DM).

The percentage of DM cases in Indonesia in individuals aged 55 to 64 years was 4.8%, in individuals aged 65-74 years was 4.2%, and for those aged 75 years and above it amounted to 2.8%². Although these are low incidence rates, diabetes is a serious illness which can impair the functions of the heart, kidneys, nerves, eyes, and blood vessels. The percentage of complications of DM in the National Referral Hospital, Cipto Mangkunkusmo Hospital, can be broken down as follows: 33.40% diabetic retinopathy, 34% neuropathy, 1.3% amputation, 13.3% heart disease (angina: 5.3%, MCI: 5.3%, heart failure: 2.7%), 5.3% stroke, and 10.9% peripheral arterial disease³.

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Tasikmalaya is one of the cities in West Java, Indonesia that had an increase in cases of diabetes in the older people from 313 cases in 2013 to 570 cases in 2014, an increase of approximately 50% of outpatients from 321 to 656 patients, as well as an increase in inpatient cases of type 2 DM from 64 patients to 262 patients⁴. This phenomenon shows that when programs and efforts to control blood sugar have not been comprehensively and only focus on individual procedures. If these programs and efforts continue, it can cause the rise of cases of DM with various complications. Therefore, family members support in caring their older parents at home is so important.

Most of the people in Tasikmalaya are Moslems and Sundanese (an ethnic in Indonesia). They have high respect for their parents. Commonly, all older people are cared by their family. This fact implies that older people can achieve good health status if they get optimal support from their family who take care of them. However, in reality, the number of DM cases in older people in Tasikmalaya is still increasing. Therefore, it is necessary to investigate the support provided by the family, which can be known through the experiences of older people with DM. According to facts and urgency to enhance health status of older people with DM, researcher got a research question. The research question is "How is the experience of older people with DM toward their family support in Tasikmalaya?"

Method

This study was conducted using a qualitative approach in order to explore and understand the phenomenon of family supports for older people with DM. Thus, to analyze and explain the phenomenon in detail, deep, and broad.

The participants of this research were eight participants who recruited by purposive sampling from three primary health care centers with the highest number of older people with DM in Tasikmalaya. The inclusion criteria were as follows: age 60 years and over, willingness to become respondents, and be able to recount experiences associated with their illness. In addition, the number of 8 participants, as research's samples were determined when it meets saturation from twenty candidate participants. This number was in accordance with Duke's recommendation⁵. The number of samples in a qualitative research study should be as much as 3 to 10, or by saturation. In this study, the data collection took place between September and October 2016, with a total of 18 interview sessions.

The method of participant selection in this study involved key informants who were primary health care nurses and *Kader* (volunteers in health care centers). The researchers met the participants in their homes, where participants have experience the family support. Data were collected using individual in-depth semi-structured interviews, field notes, and voice recorded with tape recorders.

Ethical clearance was obtained from The Ethics Committee of the Faculty of Nursing, University of Indonesia (ethics approval number 058/UN2.F12.D/HKP.02.04/2016). All participants were provided with information about the purpose and the type of the study. They also had signed a consent signifying acceptance of the procedures involved in study,

the voluntary condition of their participation, and anonymous reporting of recorded interviews.

Data were analyzed using the seven steps of Colaizzi include reading the transcript, listening back transcript of interviews, selecting keywords, classifying categories, making narratives, and seeking validation from the participants about their actual experiences compared with the researchers' transcribed interview data.

A test of the trustworthiness of the data was conducted based on Lincoln and Guba's gold standards involve credibility, dependability, confirmability, and transferability⁶. The data's credibility in the transcript had through the recheck process if a statement was found to be confusing or poorly understood. It was clarified by consulting the statement with the participants. Dependability and confirmability in this study were tested by showing how the results were gotten from data collection and the analysis process by involving the promoter of this research as the external reviewer. The external reviewer checked the accuracy of the data and confirmed the analysis of the results. Transferability was ensured by describing the themes which identified by older people participants with DM from other place to check the participants' understanding about the delivered themes.

Results

Eight participants were interviewed, one of whom was male. The ages ranged from 63 to 74 years. The participants included individuals whose education varied from elementary school to university degrees. Three participants lived in a nuclear family and four in an extended family. Five were married, and three were widowed and had not remarried. The amount of time the participants had lived with DM varied from two to sixteen years, and all participants were Sundanese.

The results highlighted three main themes: changes in older people with DM, optimum family support, and suboptimal optimal family support. Psychological, physical, and spiritual changes were identified as subthemes of changes in older people with DM. The second theme, optimum family support contained several subthemes such as the provision of information, facilitation, and appreciation of the role played by older family members. Thus, the subtheme of suboptimal family support was limited facilities.

Changes in older people with diabetes mellitus

Psychological change was found to be one of the most prominent subthemes of the changes experienced by older people with DM. The psychological change was identified from several categories, including depression, anger, and acceptance, as indicated by the following statements of participants:

"I feel sad. I want to be alone and I always ask to my heart why the others do not have a disease like me ... even though I did not have any offspring diabetes, at the night before I go to bed I often cry, why when I so old became a sickly like this, I want to be healthy" (NS).

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