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The Relation between Self-Efficacy and Quality of Life of Patients with Type 2 Diabetes Mellitus in Pelamonia Hospital Makassar

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Abstract

Objective: The purpose of this study was to determine the relationship between self-efficacy and quality of life of patients with type 2 Diabetes Mellitus at Pelamonia Hospital Makassar.

Method: This Quantitative research using correlation design with a cross-sectional study approach. The sample in this study was 54 respondents who met the inclusion criteria.

Result: The results showed that there was a relationship between self-efficacy and quality of life of patients with type 2 diabetes mellitus ($p = 0.006$).

Conclusion: This finding suggests to nurses for educating their patients about self-efficacy. Nurses have to enhance their patient's self-efficacy so that they help patients improve their quality of life better.

Keywords: Self-efficacy, quality of life, diabetes mellitus.

Introduction

Diabetes mellitus (DM) is a chronic metabolic disorder with the characteristics of hyperglycemia. Various complications can arise due to uncontrolled blood sugar levels, such as neuropathy, hypertension, coronary heart disease, retinopathy, nephropathy and gangrene.¹

The reported prevalence of diabetes mellitus in Indonesia based on the physician's interviews and diagnoses at 1.5%. DM was diagnosed by a physician and the symptom at 2.1%. The highest prevalence of

diagnosed diabetes mellitus was found in DI Yogyakarta (2.6%). South Sulawesi was the third-highest prevalence of DM in diagnosed or symptomatic 1.6%.²

Patients with diabetes mellitus in Indonesia are large in number. They need treatment from all health teams and have to involve individuals with diabetes mellitus themselves. Diabetes mellitus is a chronic disease that will sustain for a lifetime. Diabetes mellitus has an impact on the quality of human resources and a considerable increase in health costs. Management of diabetes mellitus must be arranged by physicians, nurses, nutritionists and other health workers. The role of patients and families becomes very important.³

People with diabetes mellitus must have efficacy about the conditions they experienced and all recommended therapies. According to Bandura (1994), efficacy is self-assessment, whether a person can do well or poor actions, right or wrong, able or unable to work according to what is required. This efficacy is different

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from aspirations (ideals) because ideals describe something ideal that should be (achievable), while efficacy describes self-worthiness assessment.⁴

One study over 85 respondents found that 67 respondents of diabetes mellitus had a poor quality of life.⁵ In general, respondents felt their lives were not satisfied due to physical changes experienced. A small scale study stated that most respondents were very satisfied with the current treatment, duration of patient treatment of diabetes mellitus. The results collected from the impact and concern of respondents were having poor sleep quality.⁶

A recent study reports that most respondents have no complications, moderate anxiety and low quality of life. There was a significant relationship that affects the quality of life of DM patients. The World Health Organization¹¹ (WHO) predicts that Indonesia will experience an increase in the number of people with DM from 8.4 million in 2000 to around 21.3 million in 2030. International Diabetes Federation (IDF) also predicts in 2009 to be 12.0 million in the year 2030. Based on the data obtained it is concluded 2-3 times in 2030.⁴

Increased cases of DM also occur at the district level, especially in Makassar. Diabetes mellitus occupies the fifth-ranked out of ten main causes¹³ death in Makassar in 2007 with a total of 65 cases. Based on data from the Makassar Health Office, the incidence of diabetes mellitus in 2011 was 5700 cases. In 2012 the incidence of DM cases increased to 7000 cases.⁷ Based on data collected from Pelamonia Hospital Makassar, 228 cases were diabetes mellitus in the last three months. People with DM had uncontrolled blood glucose.

Patients behave a negative attitude towards diabetes mellitus, will have complications and eventually lead to death. Interventions needed to maintain quality of life and avoid complications in patients with diabetes mellitus. Based on these descriptions the researchers need to examine how self-efficacy affects the quality of life of patients with diabetes mellitus.

Method

This research³ was conducted in June-September 2018 at Pelamonia Hospital Makassar. This study used quantitative research by correlation design with a cross-sectional study approach. This was intended to gain an overview relation between two or more research variables.

The population was all Diabetes Mellitus patients treated at Pelamonia Makassar Hospital. The population was infinite. The sample in this study comprised 54 respondents who meet the inclusion criteria. The sampling technique is accidental sampling.

Data collection was carried out in two ways, namely primary data and secondary data collection, primary data collected by direct observation of patients using the self-efficacy questionnaire. the quality of life data collected using standard questionnaires adapted from the diabetes self-efficacy scale⁸ which comprises 15 questions with the Likert scale.

Data analysis was intended to answer the research objectives and examine the research hypotheses to determine the association of independent variables toward the dependent variable by using a statistical test with a significance level (α) = 0.05. The statistic test used was Chi-square with an alternative is the Fisher exact test (if the expected value of one or more cells less than 5).

Results

Univariate analysis in this study aims to¹² an overview of frequency distribution based on the characteristics of respondents (age, gender, education level and occupation).

Table 1. Characteristic of respondents

Characteristics	Frequency n=54	Percent
Gender		
Male	18	33,3
Female	36	66,7
Age Group		
40-50 years	1	1,9
51-60 years	2	3,7
61-70 years	15	27,8
71-80 years	36	66,7
Education Level		
Not school	2	3,7
Elementary	8	14,8
Yunior high school	9	16,7
Senior high scholl	22	40,7
Higher education	13	24,1
Occupation	32	59,3
Unemployed		
Private sector	9	16,7
Civil servant	13	24,1

It is apparent from¹⁷ Table 1 that the majority of

respondents were female 36 subjects (66.7%), most of the respondents aged 71-80 years were 36 subjects (66.7%), with the highest level of education was senior high school or equivalent level, there were 22 subjects (40.7%) and most of them were unemployed by 32 subjects (59.3%).

Table 2. Characteristics respondents based on variables

Variables	Frequency n=54	Percent
Self-efficacy		
High	43	79,6
Low	11	20,4
Quality of life		
High	39	72,2
Low	15	27,8

As Table 2 shows, from 54 respondents participated in this study, 43 respondents (79,6%) showing had high self-efficacy dan 39 respondents (72,2%) revealed a high in quality of life. This result shows that most of the subjects in this study dominantly experienced high self-efficacy and high in quality of life.

Evaluation of the relationship between self-efficacy and quality of life in patients with diabetes mellitus in this study carried out by data analyses using Chi-square statistical tests with significance level 95% ($\alpha=0.05$) or confidence interval $p<0.05$. The result of data analysis can be seen in Table 3 below:

Table 3. The Relation between Self-efficacy and Quality of life patients with Type 2 Diabetes Mellitus

Self-efficacy	Quality of life				Total		p
	High		Low		n	%	
	n	%	n	%			
High	35	81,4	8	18,6	43	100,0	0,006
Low	4	36,4	7	63,3	11	100,0	

Based on the analysis results of the relationship between variables self-efficacy and quality of life in Table 3 above, it shows that out of 43 subjects with high self-efficacy, 35 respondents (81,4%) had a high quality of life and 8 others subjects had a low quality of life. Besides, out of 11 respondents with a low quality of life, 4 respondents (36,4%) still had a high quality of life, while 7 respondents (63,3%) presenting a low quality of life. Referred to the Chi-square test, the analysis of the results shows a significant relationship between self-efficacy and quality of life among type 2 Diabetes

mellitus patients in Pelamonia Hospital Makassar ($p=0,006<\alpha 0,05$).

Discussion

An overview of the self-efficacy of type-2 diabetes mellitus patients at Pelamonia Hospital Makassar based on the analysis results found that 43 respondents (79.6%) had high self-efficacy and 39 respondents (72.2%) with high quality of life. Among the respondents who had high self-efficacy, 35 respondents (81.4%) had a high quality of life. The results of the statistical analysis using the Chi-square test in this study showed a significant relationship between self-efficacy and quality of life toward type-2 diabetes mellitus patients ($p = 0.006$) in Pelamonia Hospital Makassar. The higher the self-efficacy of patients with diabetes mellitus, the higher the quality of their life, while the lower the self-efficacy of patients with diabetes mellitus, the lower the quality of their life.

Based on the theory⁹, self-efficacy according to social cognitive theory by Albert Bandura states that self-efficacy is a person's belief that he will be able to carry out the required behavior. Self-efficacy can be formed and developed through four processes, specifically cognitive, motivational, affective and selection. The cognitive process of patients with diabetes mellitus required in determining the treatment to maintain blood sugar levels within normal. Patients should set their goals to be achieved for preventing complications in this case to get a normal life. Patients have to perform some preventive intervention by checking their sugar levels, choosing foods that are right according to diet diabetes, able to maintain ideal body weight, regular exercise and taking medication according to physician regiments.

The cognitive function allows people with diabetes mellitus to predict events that will affect the future. People with diabetes mellitus have the confidence to improve their lives by being able to meet the needs in normal life activities. The impact of illness on the quality of life associated with their disease appropriately can be improved. For achieving a high quality of life, patients need to do several activities according to daily needs such as enjoying and feeling life more meaningfully, being able to do activities well, accepting their body image, having the opportunity to reflect, sleeping well, feeling comfortable and satisfied with his abilities.

Respondents with low self-efficacy tend to have a lower quality of life. This is because some respondents

do not have confidence and motivation for themselves in their ability to perform something for achieving a goal. This statement is also supported by Bandura stated that self-efficacy can be influenced by several functions including the cognitive function. Strong self-efficacy will affect a patient's personal goals. Motivational function explains that a person will motivate themselves and guide action by using thoughts about the future, therefore, the individuals will form beliefs regarding what they can do.⁹

Most of the respondents aged 71-80 (66.7%), wherein this period, it easier to receive and participate in programs to improve health, therefore their confidence is higher. The results of the interview on respondents showed that they were more careful in setting patterns to eat, participate in healthy activities such as Prolanis gymnastic, diligently control sugar levels in the nearest health service. The more mature age the higher their self-efficacy and the higher the quality of life be. In addition, the education level of a person supports high self-efficacy and a high quality of life. This can be seen that the majority of respondents¹⁷ are graduated from high school education/equivalent as many as 22 respondents (40.7%) and higher education as many as 13 respondents (24.1%). Educat¹⁸ is not the main point in increasing self-confidence in patients with diabetes mellitus but the impact of respondents with higher education will be easier get an information and knowledge about everything that needs to be performed in keeping the blood sugar level stable and prevent complications of diabetes mellitus, therefore patients with diabetes mellitus can undergo daily activities normally and have high self-efficacy in improving their quality of life.

Based on the study results, there were 8 respondents (18.6%)¹⁵ with high self-efficacy while low in quality of life. Most of the respondents were female as many as 36 respondents (66.7%). Gender factor has no influence on the improvement of self-efficacy, but there were other determinants due to female respondents who tend to have engaging activities and easily stressed make them would be difficult to regulate diet, control blood glucose levels in the normal range. If this occurs continuously in a long period of time, this can result in unhealthy behavior that affect¹⁴ their self-efficacy who contribute to improving their quality of life.

Based on the results of interviews⁵ randomly. Respondents with high self-efficacy but have a low quality of life due to other factors that influence for

example a person has the confidence to achieve a goal but lack of support from family or closest people so that it will affect their quality of life. Likewise, conversely, the respondents who have low self-efficacy but have a high quality of life due to the lack of confidence and motivation in themselves to do something besides the support and caregivers of the family or from the closest person.

Behavioral change will only occur if any changes in efficacy in the individual concerned. Someone with high self-efficacy will encourage taking action to achieve success so that it can strengthen the efficacy of a person.⁹ Self-efficacy will regulate one's emotions in several ways. Someone who believes they will be able to manage threats will not be easily pressured by themselves, but vice versa if someone has high efficacy, it can reduce stress and anxiety. A person performs an action and a suitable environment will help establish themselves and achieve goals.

Based on the above research result, this study is supported research¹⁰ about the relationship of self-efficacy with quality of life in patients with type II Diabetes mellitus¹¹ Labuang Baji Hospital Makassar, the study showed a significant correlation between self-efficacy and quality of life ($p=0.001$). A small study¹¹ PKU Muhammadiyah Yogyakarta Hospital showing that there was a significant relationship between self-efficacy and quality of life ($p=0.000$) with a correlation value ($r=0.745$). The results of¹⁰s study are also in line with the research¹² showing a significant relationship between self-efficacy, adherence, education level and depression with quality of life in patients with Diabetes mellitus where self-efficacy affected the quality of life significantly ($p=0.005$).

Based on the results of studies, theoretical review¹³s and previous studies, the researchers concluded that there was a relationship between efficacy and quality of life in patients with diabetes mellitus in Pelamonia Hospital Makassar. Respondents who have high self-efficacy, have a high quality of life and respondents with low self-efficacy have a low quality of life.

Conclusion

Based on the results of research and¹⁴ discussion that have been conveyed previously in this study, to determine the relationship between self-efficacy and quality of life patients with diabetes mellitus in Pelamonia Hospital Makassar, the researchers conclude

that most respondents have high efficacy and a high quality of life. There was a relationship between self-efficacy and the quality of life patients with diabetes mellitus in Pelamonia Hospital Makassar.

Respondents are expected to increase their knowledge about diabetes mellitus, maintain a healthy lifestyle based on a given diabetic diet, maintain good physical activity in achieving a fit condition, control blood sugar levels to keep in the normal range and prevent complications to improve quality of life. Pelamonia Hospital Makassar, as a health service provider, is expected to maintain and improve the quality of nurse services provided especially towards patients with diabetes mellitus by increasing the health education program.

Conflict of Interest: There was no conflict of interest regarding this study and publication.

Ethical Clearance: This study has been ethically approved and allowed by the Regional Investment and Coordination Board of South Sulawesi in Makassar.

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