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**PATIENTS' EXPERIENCES ON THE IMPLEMENTATION OF THE FIVE PILLARS
OF DIABETES MELLITUS MANAGEMENT**

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ABSTRACT

Diabetes Mellitus (DM) is a chronic disease characterized by blood glucose levels that exceed the normal value. The incidence of DM is increasing every day. The Indonesian government has provided at the PUSKESMAS level an intervention that was called Five Pillars of Diabetes Management. This study explored the patient's experiences on the implementation of the five pillars of DM management on diet, exercise, pharmacological education, and regular blood sugar control at Yogyakarta Indonesia." This study utilized descriptive phenomenology. There were six participants who were diagnosed with type II DM and had been participating in the five pillars of diabetic management for at least six months. Data collection was done using a semi-structured interview guide and observation along with field notes. The data analysis used Creswell (2013). Results show that there were three themes extracted from the interview: 1) Empowered to adhere with the therapy; 2) Hopeful for a better quality of life and 3) A meaningful experience that makes a difference.

Keywords: *Patient's experiences, five pillars of diabetes management, diabetes mellitus*

INTRODUCTION

Diabetes Mellitus (DM) is a chronic disease characterized by blood glucose levels that exceed the normal value (Society of Endocrinology Indonesia/Perkeni, 2006). A condition where the body's ability to respond to insulin is decreasing or the pancreas can not produce insulin that causes hyperglycemia in clients with DM (Smeltzer, 2010). The incident of DM is increasing every day.

Today, Indonesia is ranked as fourth regarding the number of people with diabetes next to the United States, China, and India. Based on population growth patterns, it was estimated that in 2020, Indonesian DM population would be as many as 178 million people over the age of 20 years and with DM prevalence assumption of 4.6% will be acquired 8.2 million people (Perkeni, 2006). Based on the observation done on August 7, 2016, at Yogyakarta, there were four people with type 2 DM. It is a significant number for the size of a small district. When the authors conducted interviews with DM patients, the researcher initially found that there were no regular controls used because patients have not used the "PUSKESMAS"/Community Health Centre. That is the rationale of the program; it will have to be implemented to prevent

the increasing prevalence of DM. Good treatment is expected to give a good result. Management according to Smeltzer (2010) is the presence of the five pillars of DM management. The five pillars are health education, diet planning, physical exercise, pharmacological intervention/ treatment and control of blood sugar.

Diabetes mellitus (DM) is a chronic disease characterized by blood glucose levels exceed the normal value (Perkeni, 2006). Good treatment is expected to give a good result. Management according to Smeltzer (2010) is the presence of the five pillars of diabetes management. The five pillars of type II DM management include diet management (the necessary management includes control of diet and weight control which is the basis for managing diabetes), Physical Exercise (fulfillment indispensable exercise in diabetic patients is intended to get the effect of the use blood sugar for energy during exercise. The principle of physical exercise in diabetes is the same as other physical exercises. The principle that must be met, namely: the frequency (the number of weekly exercises should be done regularly 3-5 times per week), intensity (mild and moderate, or 60-70% of maximum heart rate), duration (30-60menit), and type (endurance training or to improve cardiorespiratory

aerobic capabilities such as jogging, swimming, and cycling), Monitoring blood glucose and HbA1c (sugar is a carbohydrate purest form is absorbed into the bloodstream through the digestive system. Blood sugar levels may increase after eating and usually will drop to the lowest level in the morning before the meal), Pharmacological therapy (people with DM have problems in glucose tolerance with a failure in the production and function of insulin action), and health education (DM education is education and training on the management of DM given to each client DM). Experience is the process of doing and seeing things and of having things happen, skill or knowledge that you get by doing something.

Statement of the Problem

The study explored the patients' experiences on the implementation of the five pillars of DM management on diet, exercise, pharmacological education, and regular blood sugar control at Yogyakarta Indonesia. And the specific statement the problem are as follows:

1. What are the participant experiences of the five pillars of the DM management?
2. What is essence/important of the five pillars of the DM Management to the participant?
3. What experiences are significant to the participant?
4. What are the contributions of the experiences of the five pillars of DM management to the participant's wellness/health?

METHODOLOGY

This research used phenomenology. The purpose of this phenomenology study is to describe the patient's experiences on the implementation of the five pillars of diabetes mellitus management. Human rights are the basic rights and freedoms to which all humans are considered entitled: the right to life, liberty, freedom of thought and expression, and equal treatment before the law, among others. In this study, the participants are the patients' Type II DM at Yogyakarta. The principle must be done in conducting qualitative research so as not to violate human rights.

Research Design

This study used a qualitative research design, specifically phenomenology. A qualitative design is a research that aims to get the image or description of something/ phenomenon to understand the social reality, which is to see the world from what it is, not the world should be. In this research, the researcher explored the experiences of the patients with type II DM at Yogyakarta and had participated in the Five Pillars of DM management, which is a public health intervention at the Puskesmas/Community Health Center. Descriptive phenomenology is a three-step process: (1) intuiting, (2) analyzing and (3) describing (Brink & Wood 1998:341).

Participants of the Study

The inclusion criteria in this study are: the patients with type II DM at Yogyakarta has undergone the five pillars of type II DM management, above or equal to 18 years old of age, and willing to participate. Participants in this study were all the six patients with type II DM in Kadirojo II Yogyakarta.

Instrumentation

The interview guide with semi-structure interviews was used to collect the data. Semi-structured interviews are in-depth interviews. The interview guide about the five pillars of type II DM management that were used for the participant is as follows:

1. What are the participant experiences of the five pillars of the DM management?
2. What is essence/important of the five pillars of the DM Management to the participant?
3. What experiences are significant to the participant?
4. What are the contributions of the experiences of the five pillars of DM management to the participant's wellness/health?

Descriptive phenomenology involves the following four strategies: intuiting, bracketing, analyzing and describing.

Data Collection Procedure

Data were collected using a semi-structured interview guides. Three processes are blended throughout the study: collection, coding, and analysis of data. Steps for interview were as follows:

1. Asked permission from PUSKESMAS/ Community Health Centre.
2. The researcher found the participants at Yogyakarta.
3. The researcher gave the informed consent to the participant.
4. Selected individuals were interviewed from house to house/ face to face. The individuals are type II DM of the patients at Yogyakarta.
5. Conducted the interviews by the guidelines that had been developed systematically. The time required for each interview was approximately 45-60 minutes. Interviews were recorded using a device. The researcher also observed the environment and personal health of the participant. The researcher also checked the personal documentation (book controls) of the PUSKESMAS/ Community Health Centre.
6. The researcher made a transcript of the interviews as soon as the interview was done. The data analysis of transcripts has been made to make the categorizations.
7. Verified and confirmed the results of interviews that it has been conducted with participants.
8. Created a report of the study.

Data Analysis

The process of analyzing qualitative data predominantly involves coding or categorizing the data. Coding or classifying the data is the most important stage in the qualitative data analysis process. After coding, the summary was done and then ready for the presentation of the data. The researchers analyzed the data with the following according to Creswell (2013):

1. The researchers prepared the transcript of the data that has been obtained from each participant (type II DM of the patients) at Yogyakarta.
2. Researchers organized the data.
3. Researchers performed data reduction into the form of themes which are interconnected through the coding process.

4. Researchers made a summary.
5. Researchers presented the data.

RESULTS AND DISCUSSION

There were three themes that were extracted from the interviews:

Empowered to adhere to the therapy

The participants were able to share that with the Five Pillars of Diabetes Management; they are now more empowered to comply with the management. As some of their verbalizations, they said that "I do what the rules are".. "ask for the drugs, if the drugs ran out".. "I always follow counselling.." 'Check the blood sugar at the doctor's place south of the village..', "I am very hungry if I have to eat"

"I am aware to control sugar.." "doing fasting from Monday – Thursday" ".. eating foods that can reduce sugar.."

The participants can adhere to the therapy because of their involvement and delivery of the services at the community level. As defined by Garcia-Perez, Alvarez, Dilla, Gil-Guillen, and Orozco-Beltran (2013) adherence to therapy is the extent to which a person's behavior in taking medication, following a diet and or executing lifestyle changes, corresponds with the agreed medication from a healthcare provider. Thus, the implementation of the five pillars of diabetes management at the community level has provided the participant health empowerment. Health empowerment emphasizes facilitating one's awareness of the ability to participate knowingly in health and health care decisions (Shearer, 2004 as cited by Shearer, 2009). Thus, the implementation of the five pillars at the Puskesmas level was aligned with the recommendation of Santhanakrishnan, Lakshminarayanan, and Sekhar Kar (2014) that it is essential to educate and motivate people in primary health-care level about self-care and lifestyle modifications.

Hopeful for a better quality of life

With the experience of chronic disease, life brings about uncertainty. But with the participant's experience of the five pillar of diabetes management,

they were able to become hopeful for a better quality of life. As the following verbalization is shared by the participants':

"if implemented properly, ..my body feels good"...

"Anyway.. all good if I live well.."

"..to be good, mbak rini.. if all that is done."

The primary goal of diabetes early diagnosis and treatment is the quality of life. But a person's with diabetes quality of life becomes worse when complications start to develop or comorbidities exist (Trikkalinou, Papazafropoulou, and Melidonis, 2017).

Thus, the communication of the hopefulness to the participant who has the disease is appropriate so that they will be able to work further for the maintenance of their quality of life despite the presence of the disease by becoming compliant with the therapy.

A meaningful experience that makes a difference

The participants' ability to recognize the experience as meaningful has brought about an action that will make a difference in their health or disease condition.

"the exercise is not routine, but if I go to market... by foot approximately ten minutes."

"..not afraid anymore... because I ever come out cold sweat...i check my blood sugar..."

Hazzenzahl, Eckoldt, Diefenbach, Laschke, Lenz, and Kim (2013) suggested that psychological needs as a way to understand and categorize experiences. Likewise "experience patterns" as a tool to distill the "essence" of an experience. Thus, the experience that the participants had provided the very essence of their participation. They were able to understand the need for their adherence to the therapy as well as their commitment to their health objectives.

CONCLUSION

The experiences of the participants with the five pillars of diabetes management have brought about a meaningful experience that guided them through action toward health empowerment. The experiences have also made the participant hopeful for a better quality of life despite the presence of their chronic disease – diabetes.

RECOMMENDATIONS

Considering the results of this study, the following were recommended:

For the healthcare workers, the involvement of the patients in their care will make the experience more meaningful thus they can initiate more action towards their therapy.

For PUSKESMAS / Centre Health Community, There is a need for regular guidance on the implementation of diet and exercise, to be more successful in the implementation of the five pillars of diabetes management.

The next researcher, to come up with a quantitative version of this study to measure the different impact of the five pillars of diabetic management.

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