

QUALITY CARING IN NURSING: APPLYING SELF MANAGEMENT FOR PATIENTS WITH DIABETES MELLITUS

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**QUALITY CARING IN NURSING:
APPLYING SELF MANAGEMENT FOR PATIENTS WITH DIABETES MELLITUS**

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ABSTRACT

1 Diabetes Mellitus (DM) is a chronic disease characterized by blood glucose levels that exceeds the normal value (Society of Endocrinology Indonesia/ Perkeni, 2006). Now, Indonesia has ranked as the fourth highest number of people with diabetes after the United States, China, and India.

Based on the observation done on August 2017, in Kadirojo II there were four people with type 2 DM. When the author/ writer conducted interviews with DM patients said no regular controls in the Community Health Centre and they have irregular blood glucose in every day. A above cause blood sugar is not controlled. This situation is not good self-management in DM handling.

Self-management is self regulation. Self-regulation refers to individuals monitoring, controlling and directing aspects of their learning for themselves. Self-management will be done well if the support system around the patient is also good. In support system with good communication approach, using good language, and good attitude. Like theory "Tractatuslogico-ontological" basis "PhilosophicusTractatus" is a concept of the reality of the world depicted through the language. (Biletzki and Matar, 2014).

Conclusion: Self management of DM patient is health education, diet planning, physical exercise, pharmacological intervention / treatment and control of blood sugar independently. To optimize the implementation of self management is very important the support system. Support system is a system that supports DM patient in self-management. Support system are the family's, health workers / doctor, nurse, nutrition, community and health facility. The approaches are with "human science" and "human care" (Watson, 1985).

Keywords:

Diabetes Mellitus, Self Management, Support System.

Introduction

Diabetes Mellitus (DM) is a chronic disease characterized by blood glucose level that exceeds the normal value (Society of Endocrinology Indonesia/ Perkeni, 2006). A condition where the body's ability in responding insulin is decreasing or where the pancreas can not produce insulin causes hyperglycaemia in clients with DM (Smeltzer, 2010, p. 1220). The incidence of DM is increasing every day.

Now, Indonesia has ranked the fourth highest number of people with diabetes after the United States, China, and India. Based on population growth patterns, it was estimated in 2020 Indonesian DM population will 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 2017, in Kadirojo II there were four people with type 2 DM. It is a significant number for the size of a small district. When the author/writer conducted interviews with DM patients said no regular controls in the Community Health Centre and they have irregular blood glucose in every day. A above cause blood sugar is not controlled. This situation is not good self-management in DM handling.

Self-management is self regulation. Self-regulation refers to individuals monitoring, controlling and directing aspects of their learning for themselves. Of course, the program should be started to prevent the explosion of diabetes. Good treatment is expected to give good result. Self-Management according to Perkeni DM (2011) is the presence of the five pillars of diabetes management. Five pillars are health education, diet planning, physical exercise, pharmacological intervention/ treatment and control of blood sugar independently.

Self-management will be done well if the support system around the patient is also good. Support system is a network of people who provide an individual with practical or emotional support. In support system with good communication approach, using good language, and good attitude (friendly, courteous with patient and diligent always communicate).

The philosophical underpinning of my theory according to Wittgenstein theory. He is the author of "TractatusLogico-Philosophicus", which is a source of inspiration for the logical-positivism in analyzing meaningful statement with statements that are not meaningful. This view affected the philosophers who adopted the ordinary language philosophy (Kemerling, 1997). The meaning of a word is used in a sentence. The meaning of a sentence is used to the language and the meaning of language is it's used in various contexts of human life (Wittgenstein, 1960). The book *Tractatus* discussed language, or more correctly, it is about the logic of language (Biletzki and Matar, 2014).

In this case, communication by using good and correct language is the key in the element support system. So the correct communication between the support system (family, health personnel, and facilities) with the patient is the basis of good self-management control.

Metaparadigm of Nursing

The focus on the 'person', 'health', 'environment', and 'nursing' are discussed below.

Person

In this theory the human aspect is the patient, the health worker and the family. These three aspects of human beings play an active role in the theory of Quality of Caring in Nursing: Applying Self-Management for Patients with Diabetes Mellitus. Patients are those who undergo self-management, and are supported by health and family workers as support systems. Health worker as health care practitioner who provides caring quality with science, skill, and therapy in self management of DM patient in hospital and in community. Family as a human being responsible to accompany patients in self-management.

Health

In this theory, health is the end result of the situation and condition of DM patients after implementing self management properly and correctly. Where support system always support. The results of the process after the implementation of self-management in DM patients is health. The optimal health of patients is the evidence of caring quality performed by health personnel.

Environment

Environment in this theory is a place where the quality of caring on the implementation of self-management DM patients occur. In the process by which patients get DM treatment therapy is a hospital. In this case, when self management is done by the patient and the support system (family, health personnel, and facilities) is watching over, is in the community. Environment in principle is a place that supports the occurrence of quality caring in the implementation of self-management in DM patients.

Nursing

Nursing is a caring quality giver in DM patients in self-management implementation. The main key of nursing is the nursing executor itself, the nurse. A nurse is a nursing practitioner in both the hospital and the community. Nurses also as a reliable support system. In this case it is that it provides self management handling unless prescribing medication. In the implementation of diet, exercise therapy, education, control of blood sugar independently, reminding to regularly take medication / therapy in line regularly is the duty of nurses. So it can be said most self-management, system support is on nursing / nurses.

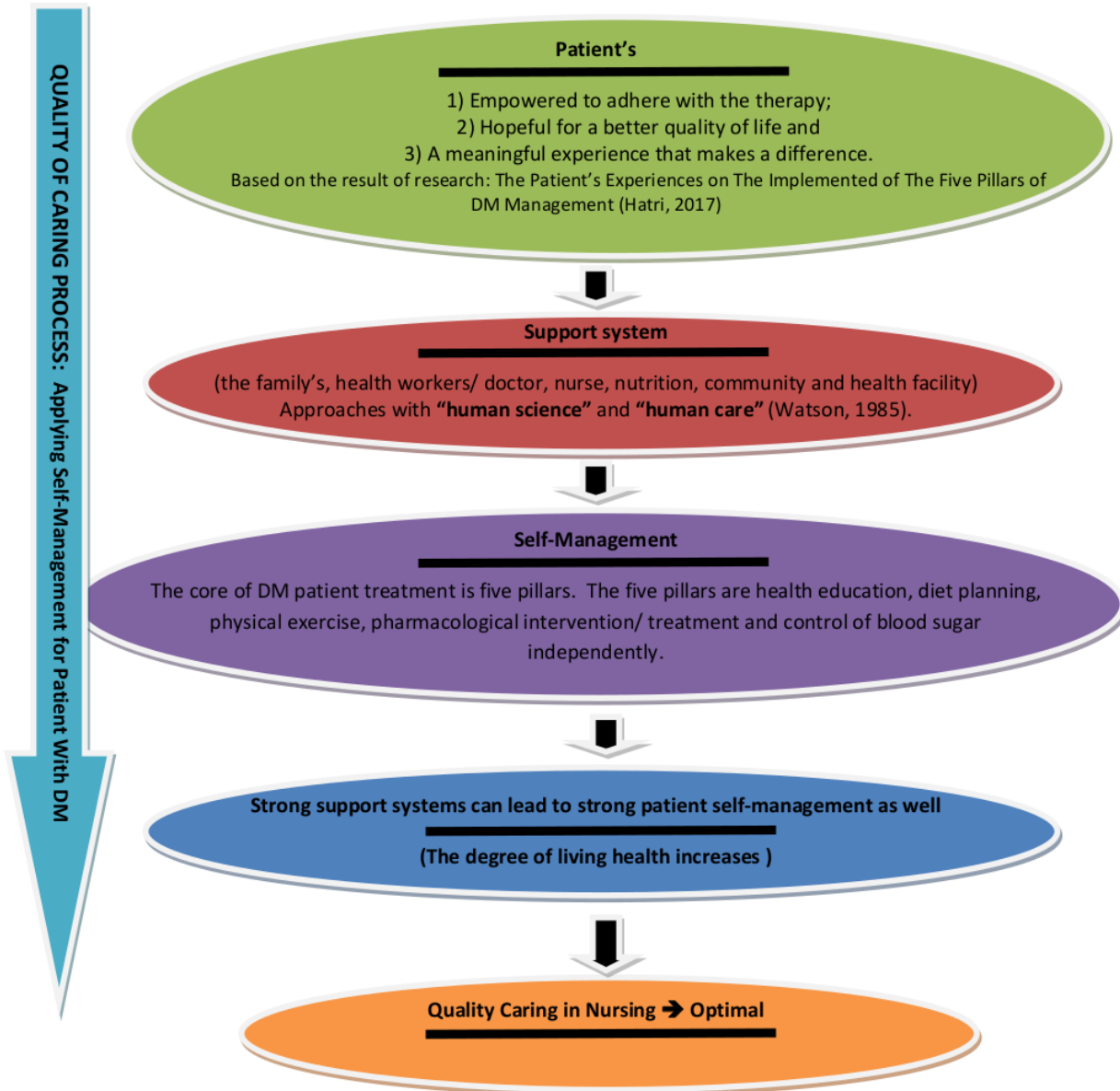
Nursing as a Profession and a Discipline

DM patients with self-management implementation have 1) Empowered to adhere with the therapy; 2) Hopeful for a better quality of life and 3) A meaningful experience that makes a difference. Thus the positive effect on DM patients with self-management carried out very large so that should always be done. Good support system will greatly affect the occurrence of good self-management.

Nursing as a profession is based on understanding the social need from which the call for nursing originates and the body of knowledge that is used in creating the response known as nursing (Boykin and Schoenhofer, 2013). It's art and science. Art to approach the patient (all skill the nursing competencies) and everything do for the patient is science. Science based for doing something for the patient. When a DM patient carries out self-management, the nurse needs to know the patient's needs. This is art and science. Caring nurses as knowing patient, understand patients what they want, doing the best in every moment, nurturing persons and growing their health include mind, body, and spirit.

Nursing as a discipline is response and involves being, knowing, living, and valuing all at once. As discipline nursing is unity of science, art, ethic, person (Boykin and Schoenhofer, 2013). It is a very important to learn about nursing. As a rules (value) to good doing something, so that it has advantage for the people. Valuing in nursing as the science of human care is based on the assumption that human science and human care are the primary domain and unite the goals of nursing. As human science nursing seeks to integrate empirical knowledge with aesthetics, humanities, and tips/ art (Watson, 1985). Jean Watson's theory that has been published in nursing is a "human science and human care". Human science and human care are identical to discipline.

Quality of Caring in Nursing: Applying Self-Management for Patients with Diabetes Mellitus, Human science and human care are core key. Human science and human care performed on DM patients and done by the existing support system. Caring is an intersubjective human process expressing respect for the mystery of being-in-the-world, reflected in the three spheres of mind-body-soul (Watson, 1998).



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 Figure 1: Quality Caring in Nursing: Applying Self-Management for Patients With Diabetes Mellitus (Based on the research: The Patient's Experiences on The Implemented of The Five Pillars of DM Management; Hatri, 2017).

Assumptions

1. Quality of care in nursing will increase highly dependent role as well as support system.

Caring quality is highly dependent on resources. Responsible resources will produce better quality. Support system is one of the resources. Support system in this case consists of the family's, health workers / doctors, nurse, nutrition, community and health facility.

2. Patient will increase health degree, if self management supported by good support system.

Implementation of self-management DM patients should be done well and by empowering the existing support system. So the number of complications will be reduced. This resulted in increasing the quality of the patient's degree of DM life.

3. Support system is among DM patients in implementing self management is influenced by the nature of human science and human care.

Self management must be supported by support system. Support system quality can be caused by the attitude and good nature. Attitudes of health workers and family / community based on human science and human care. This will foster a responsible attitude with the patient. In this case the patient with DM in the implementation of self management.

4. Strong support systems can lead to strong patient self-management as well.

The better the support system will have an impact on the good self-management of DM patients.

The more does not care about the environment, it can impact on self-management DM patients who are less good as well.

Conclusion

In the present era, more DM patients. Good handling is needed to reduce morbidity and mortality. One of them with the implementation of Self Management well and correctly. Self management of DM patient is health education, diet planning, physical exercise, pharmacological intervention / treatment and control of blood sugar independently. Self management when done, can bring 3 things that is 1) Empowered to adhere with the therapy; 2) Hopeful for a better quality of life and 3) A meaningful experience that makes a difference. To optimize the implementation of self management is very important the support system. Support system is a system that supports DM patient in self-management. Support system are the family's, health workers / doctor, nurse, nutrition, community and health facility.

The approaches are with "human science" and "human care" (Watson, 1985). Strong support systems can lead to strong patient self-management as well. If the support system is strong then it can lead to better self management. If self-management is strong, the degree of living health increases. This proves the increasing quality of care in care.

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