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INHSS
International Nursing and Health
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INDONESIA JAYA

PROCEEDING

**The 2nd International Nursing and
Health Sciences Symposium (INHSS)**



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School of Nursing
Faculty of Medicine Universitas Brawijaya



PROCEEDING

The 2nd International Nursing and Health Sciences Symposium (INHSS)

*“Embracing Health Innovation Through Community Empowerment
to Improve Patient Quality of Life”*

Malang, 28–30th October 2021

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The 2nd International Nursing and Health Sciences Symposium (INHSS)

School of Nursing and School of Nutrition Faculty of Medicine Universitas Brawijaya



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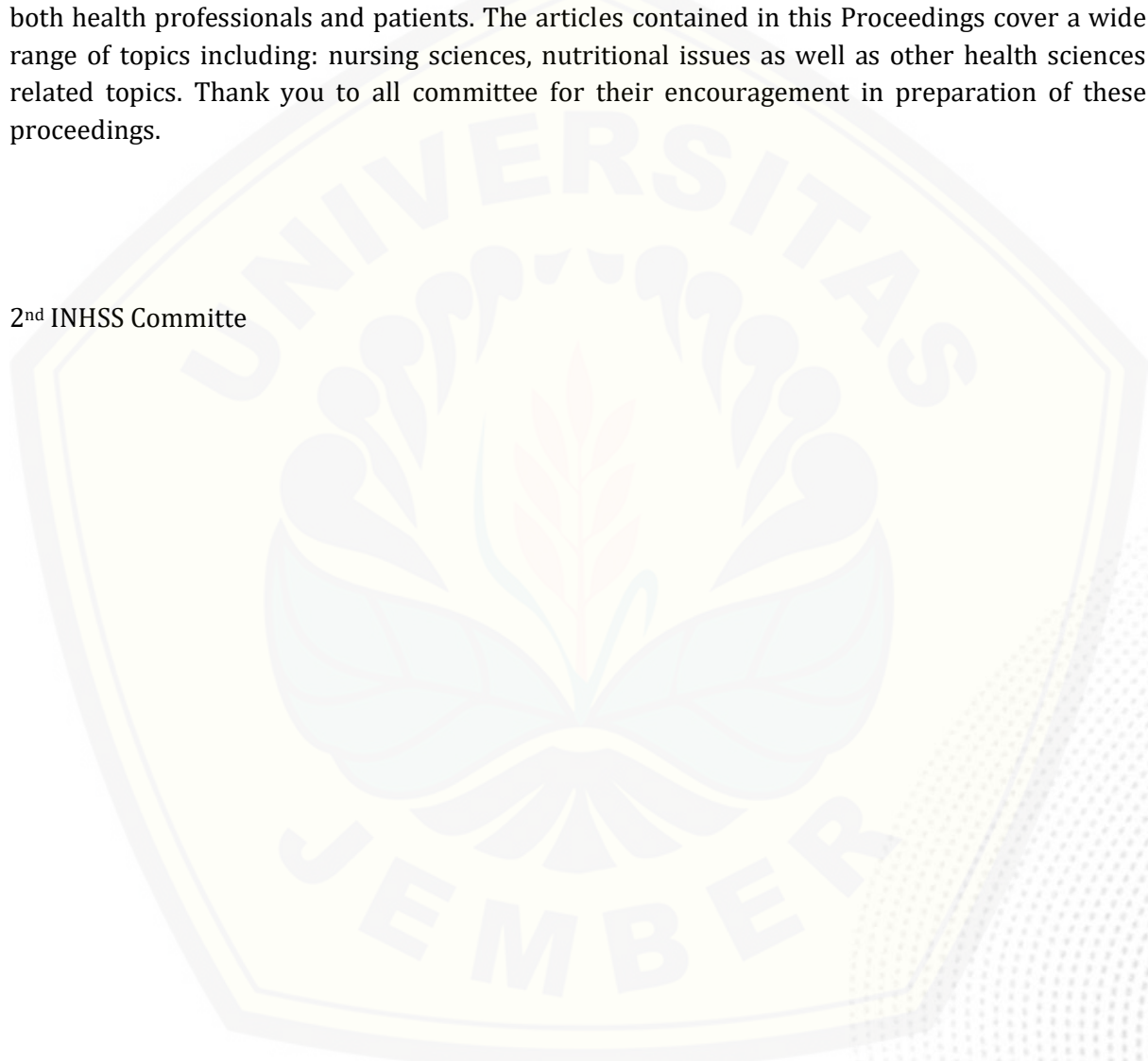
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FOREWORD

The 2nd International Nursing and Health Sciences Symposium (INHSS), was successfully held in collaboration with School of Nursing and Nutrition Department, Faculty of Medicine, Universitas Brawijaya, Malang, East Java, Indonesia, at virtual conference using Zoom Apps from 28-30th October 2021. More than one-hundred participants from three countries: Indonesia, Malaysia and Taiwan gathered to discuss their contribution in making the health field a better place for both health professionals and patients. The articles contained in this Proceedings cover a wide range of topics including: nursing sciences, nutritional issues as well as other health sciences related topics. Thank you to all committee for their encouragement in preparation of these proceedings.

2nd INHSS Committee





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WELCOME MESSAGE THE CHAIR OF ORGANIZING COMMITTEE

Assalamu'alaikum Warahmatullahi Wabarakatuh

On behalf of the 2nd INHSS committee, I would like to thank all speakers, all symposium committee, all participants, and to everyone who had contributed in many ways to ensure the success of this symposium.

The 2nd INHSS was held in collaboration with School of Nursing and Nutrition Department, Faculty of Medicine, Universitas Brawijaya, Malang, East Java, Indonesia, at virtual conference using Zoom Apps from 28-30th October 2021. The theme of this year symposium is “Embracing Health Innovation Through Community Empowerment to Improve Patient Quality of Life” with the hope that as healthcare providers we can have insight and new knowledge through evidence-based coming from this event which can be used as guidelines in providing care so that their quality of care can be improved, and to increase the capacity of School of Nursing and Nutrition Department Universitas Brawijaya more useful in the surrounding communities by applying science and health technology transfer, especially in healthcare services.

Ns. Suryanto, M.Nurs., PhD
Chair of Organizing Committee

Spiritual-well-being and resilience in patients with type 2 diabetes mellitus

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Abstract

Psychological problems can be experienced by patients with type 2 Diabetes Mellitus (DM), especially related to the long-term treatment. Therefore, they need coping strategies such as spirituality to become resilient. This research aimed to analyze the correlation between spiritual well-being and resilience in type 2 DM patients. It applied quantitative research with cross sectional approach. A total of 124 type 2 DM patients were involved and selected by systematic random sampling technique. Data collection was conducted by 2 questionnaires: Spiritual Well-Being Scale (SWBS) and The Connor-Davidson Resilience Scale (CD-RISC). The median score of spiritual well-being was 78 (min-max= 62-108). Meanwhile the median value of resilience was 72 (min-max= 42-100). The Spearman Correlation test showed a positive moderate correlation between spiritual well-being and resilience (p value = 0.001, r = 0.446, α = 0.05). The higher the value of spiritual well-being, the better the level of resilience of patients with Type 2 DM. Assessment and improvement of spiritual well-being can be a means to enhance the resilience in type 2 DM patients.

Keywords: type 2 diabetes mellitus, spiritual well-being, resilience

Background

A person with type 2 DM will face possible changes in physical appearance, limitations, and obstacles in carrying out daily activities, difficulties in dealing with treatment and its side effects, and readjustment to new conditions. These things can cause psychological problems, such as depression, anxiety disorders, and eating disorders.¹ The various issues that can arise require the patients to adapt to survive and continue their life by looking for coping strategies. One of the coping strategies that can be used is spirituality.²

Spiritual well-being is perceived as reflected in the quality of a person's relationship in four areas, namely with God, other people, nature, and oneself.³ The results of research showed the average value of spiritual well-being of 223 respondents with type 2 DM was 30.59 out of 48.⁴ Other study showed the average spiritual well-being value of 145 respondents was 31.37 out of 48.⁵ Spirituality helps people build self-control even when they are sick and can develop adaptations in dealing with chronic illness. Spiritual activities can produce feelings of calm and security and reduce anxiety and stress in patients.⁶ In addition, high spirituality can make a person able to rely on his internal strength in dealing with any problems so that the person tends to have good resilience skills.⁷

Resilience refers to the human ability to face stressful challenges and maintain or restore normal function.⁸ Forty seven (66.4%) people with DM had high resilience, 15 people (21%) had moderate resilience, and the remaining nine people (12.6%) had low resilience with an overall average score of 147 out of 175.⁹ Other study found that 52 people with type 2 DM (21%) had high resilience, 136 people (54.8%) had moderate resilience, 42 people (16.9%) had low resilience, and the remaining 18 people (7.3%) had very low resilience.¹⁰

Resilience in individuals with Type 2 DM is needed to help them overcome the disease and achieve greater adherence to treatment and affect how they manage their illness.¹ The management of diabetes mellitus lasts a long time, namely throughout the patient's age. Adjustments are required, influenced by their views on self-integrity, self-regulation, and resilience.¹¹ This study aimed to analyze the relationship between spiritual well-being and resilience in Type 2 DM patients.

Methods

This research was quantitative research with a cross-sectional approach. The sample was determined by G* Power application (α error probability: 0.05, power (1- β error probability): 0.90, correlation ρ H1: 0.30) and obtained a sample of 112. This number was added by 10% to anticipate dropouts, bringing the total number of respondents to 124 people. Systematic random sampling was applied to determine the sample of this study. The first sample was decided based on the randomization results of 33 Type 2 DM patients who came for a check-up on the day before data collection. From the randomization, it was found that patient number 5 would be the first sample based on the order of arrival. A sampling *interval of 3 was applied* to select the following respondents. The inclusion criteria in this study were Type 2 DM patients aged 20-79 years, had compos mentis consciousness, communicated well, and were willing to be research participants. Exclusion criteria were having physical limitations such as deaf and speech impaired, in conditions that made it impossible to continue research such as hypoglycaemic/hyperglycaemic and had a history of co-morbidities (complications).

Data collection was carried out on January 28 - March 9, 2020, at the Jember Klinik Hospital, Jember, East Java, Indonesia. Data were collected using the Spiritual Well-Being Scale (SWBS) and The Connor-Davidson Resilience Scale (CD-RISC) 25 questionnaires. The validity and reliability test of the Indonesian SWBS questionnaire was 0.96 for the CVI value and 0.911 for α -Cronbach.¹² This questionnaire consists of 19 questions divided into two indicators, namely religious well-being (RWB) and existential well-being (EWB). Scoring uses a 6-point Likert scale ranging from “strongly disagree” to “strongly agree” with a numerical value of 1-6. The resilience measurement was carried out using the Indonesian CD-RISC 25 questionnaire with a Cronbach value of 0.86 and convergent validity with stress and social support measure.¹³ This questionnaire consists of 25 questions covering five indicators: personal competence, acceptance of change and safe relationships, trust/tolerance/reinforcement of stress effects, control, and spiritual influence. Scoring is done using a Likert scale of 0-4 (“disagree” – “strongly agree”) so that the range of assessment scores is 0-100 (Connor and Davidson, 2003). The analysis used the Spearman correlation test ($\alpha = 0.05$). This research had obtained ethical approval from the Health Research Ethics Committee / KEPK, Faculty of Dentistry, the University of Jember with number 765 / UN25.8 / KEPK / DL / 2019.

Results and Discussions

Table 1 shows the mean age of the participants was 61.56 (8.91) years. There were more female participants than males (63.7%). The most common educational background was high school level (38.7%). Most of the respondents were housewives (44.4%) and married (74.2%). The range of illness duration was 1-35 years.

Table 2 shows that the value of spiritual well-being was in the range of 62-108, with a median value of 78. As many as 25% of participants had a spiritual well-being value of <72, and the other (75%) had <88. These two variable indicators show the same range of values, namely 31-54, with a median of 37 for EWB and 41 for RWB. In the first quartile (Q1), both showed the same value, namely 36, which means 25% of the participants had a score of <36, while in the third quartile (Q3), the EWB and RWB indicators had different values, namely 41 and 48, respectively, where 75% of the participants had an EWB value <41 and RWB had a value <48.

Table 3 shows a range of resilience values of 42-100 with a median value of 72. As many as 25% of participants had a resilience score of <66, and the remaining 75% had a value of <75. Of the five indicators, the positive acceptance of change and good relations with others showed the highest median value of 18 in the range of 12-24. As many as 25% of participants had this indicator value of <17, and the other (75%) scored < 19. Meanwhile, the lowest mean score indicator was personal competency, high standard, and tenacity, namely 11 with a range of 5-16 values. As many as 25% of participants had this indicator value of <10, and the other 75% scored <12. Table 4 shows a positive moderate correlation between spiritual well-being and resilience in Type 2 DM patients (p -value = 0.001, $r = 0.446$). A positive relationship indicates the higher the value of spiritual well-being, the higher the resilience value.

Spiritual Well-being

The results showed that the median and average of spiritual well-being were 78 and 81.51, respectively. As many as 25% of participants had a spiritual well-being value <72, and 75% had a value <88 with a range of 62 to 108. The higher the value obtained from the measurement with the SWBS questionnaire, the better the

spiritual well-being of the participants. Based on the high measurement results, which were close to the maximum value (114), the spiritual well-being of Type 2 DM patients in this study was good. A study showed the average value of spiritual well-being in diabetes mellitus patients in urban areas was 97.73, while in agricultural rural areas was 98.90.¹⁴ In another study, the average value of spiritual well-being was 95.85 and 84.06.^{15,16}

Spirituality is defined as an aspect of humanity that refers to the way individuals seek and express their meaning and purpose and their way of experiencing their connectedness with the present, themselves, others, nature, and something essential or sacred.⁴ Spirituality helps a person build self-control even when they are sick and can develop adaptations in dealing with chronic illness. Spiritual activities can produce feelings of calm and security and reduce anxiety and stress in patients.⁶ Since type 2 DM patients in this study had good spiritual well-being, it indicated that they have good relationships with themselves, others, the environment, and God, which helps them find meaning and purpose in life, adapt to their illness, and gain serenity from the spiritual activities.

Spiritual well-being is used to measure the purpose of life (existential well-being) and relationship with God (religious well-being) as a supreme power, or other things as long as it refers to truth, wholeness, love, and light.¹⁷ This study showed that religious well-being had higher average and median values than existential well-being. The same results are also demonstrated by several studies.^{15,16,18} The possible reason for this to happen is that belief systems and religious beliefs play an important role in spiritual development. Some patients consider their illness as part of God's goodwill and a form of divine providence and believe that health and illness depend on God.¹⁹ From the explanation, the researcher assumes that the participants in this study use a religious perspective in responding to their illness and assume that their illness is God's goodwill, thus making them try to accept and overcome the problems related to their illness.

Resilience

The results showed that the range of resilience values was 42-100, with the median and average values of 72 and 71.98, respectively. As many as 25% of participants had a resilience score of <66, and the remaining 75% had a resilience score <75. The higher the score obtained from the measurement with the CD-RISC questionnaire, the better a person's resilience. Therefore, Type 2 DM patients in this study had good resilience because the value was high, and some participants reached a maximum value of 100. Similar result showed the average value of the resilience of 84 respondents was 97.07, with a maximum value of 116.²⁰

Rojas defines resilience as the ability to face challenges where this will appear when a person faces a difficult experience and knows how to face or adapt.²¹ The challenge can be in the form of various problems faced by a person, including the illness. Furthermore, resilience is defined as the extent to which a person can survive the illness they suffer and find potential and various life skills in suffering.²² The result showed that Type 2 DM patients in this study had good resilience, indicating that they have adapted to their disease and used their potential to continue to do activities during their illness.

Indicators of positive acceptance of change and good relations with others show the highest value compared to the other resilience indicators. Based on these indicators, resilient people have close and secure relationships with those closest to them to function appropriately during the problems.²³ Family support is the most common

source received by patients. The support received allows diabetic patients to build interpersonal relationships with the people around them and the medical team. Because of this interpersonal relationship, a patient is interested in continuing to cooperate in their diabetes care.²⁴ From the explanation, it is concluded that a person's level of resilience is more influenced by the individual's relationship with the people closest to them.

The indicator with the lowest score was personal competence, high standards, and tenacity. This indicator implies that a resilient person views the challenges as positive and considers them something to be taken up, not feared.²³ Type 2 DM patients' perception of their disease that does not increase in healing causes negative feelings, such as feelings of hopelessness, anger, shame, and feeling that they no longer care about improving their health. This condition can lead to disability in various ways, both physically, psychologically, and socially. The stress felt by Type 2 DM patients as a result of changes in lifestyle, medication, treatment, complications as well as environmental conditions, and inadequate support can change a person's views and perceptions of the meaning, purpose, and satisfaction of life.²⁵ From this explanation, the perception of disease and stress experienced by Type 2 DM patients can cause negative feelings. These negative feelings will affect a person's effort and their development in dealing with problems.

Correlation between Spiritual Well-being and Resilience

The result showed a significant correlation between spiritual well-being and resilience in Type 2 DM patients. The strength of the correlation was moderate with a positive direction which means a high value of spiritual well-being will be followed by a high value of resilience. Incurable disease conditions, long (lifelong) treatment, and functional limitations require individuals to adapt.¹ The nursing theory approach promoted by Callista Roy can be used to improve adaptation toward the disease.⁷ In Roy's Adaptation Model, four modes influence the formation of resilience, one of which is the self-concept mode.²⁶ The basic needs that underlie this mode are psychic and spiritual integrity.²⁷ Therefore, spirituality is related to the self-concept mode in Roy's Adaptation Model.⁷ Spirituality generates and increases patient resilience, creates a sense of purpose and meaning in life, and increases confrontation and hope, which in turn the patient becomes compatible with the disease.²⁸ Spirituality increases patients' resilience in overcoming Type 2 DM and effectively responds to their chronic illness with positive thoughts and an attitude of hope for better health.²⁹

Resilience is defined as the human ability to face stressful challenges and maintain or restore normal function.⁸ Resilience develops in a reciprocal relationship between risk factors, characterized as negative events that affect daily life, and protective factors, which are favorable situations and assist in the search for resolution and positive adaptation.¹ Individuals with diabetes who have a high source of resilience tend to be more likely to control blood sugar, be responsible for maintaining a diet, be active, and create a supportive environment, rather than making excuses for blaming others. In other words, resilience can foster self-management for those with diabetes.³⁰

Conclusions and Suggestions

The result of the study showed a moderate positive correlation between resilience and spiritual well-being in patients with type 2 DM. The higher the spiritual well-being of the patients, the higher the resilience. An assessment of the level of spiritual well-being in Type 2 DM patients is required as an initial step in determining and improving patient resilience in dealing with the disease.

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Table 1. Characteristic of type 2 DM patients (n = 124)

Characteristic	Mean (SD)	Median (min-Max)
Age (years old)	61.56 (\pm 8.91)	-
Diabetes Duration (years)	-	6 (1-35)
	n	%
Gender		
Male	45	36.3
Female	79	63.7
Education Level		
None	1	0.8
Elementary School	14	11.3
Junior High School	17	13.7
Senior High School	48	38.7
University	44	35.5
Marital status		
Single	3	2.4
Married	92	74.2
Widow	29	23.4
Employment status		
Housewife	55	44.4
Farmer	2	1.6
Civil servant	16	12.9
Entrepreneur	17	13.7
Retired	34	27.4

Table 2. Spiritual well-being in type 2 DM patients (n: 124)

Variable	Mean	Median (Min-Max)
Spiritual Well-Being	81.51	78 (62-108)
Indicator of spiritual Well-Being		
Existential Well-Being (EWB)	39.04	37 (31-54)
Religious Well-Being (RWB)	42.47	41 (31-54)

Table 3. Resilience in type 2 DM patients (n: 124)

Variable	Mean	Median (Min-Max)
Resilience	71.98	72 (42-100)
Indicator of Resilience		
Personal competency, high standard, tenacity	11.16	11 (5-16)
Trust in personal's instincts, tolerance toward negative effects	16.57	16 (9-24)
Positive acceptance of changes and good relations with others	18.22	18 (12-24)
Control	13.84	14 (7-20)
Spiritual influence	12.19	12 (6-16)

Table 4. Correlation between spiritual well-being and resilience in type 2 DM patients (n=124)

Variable	Resilience	
Spiritual well-being	r	0.446
	p value	0.001

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