



The Relationship between the Level of Spiritual and Self-Esteem on Depression towards Patients with Diabetes Mellitus



I Wayan Mustika ^a
I Wayan Candra ^b
NLP Yunianti SC ^c

Article history:

Received: 9 February 2016

Accepted: 30 May 2016

Published: 31 July 2016

Keywords:

depression;
diabetes mellitus;
patient;
self-esteem;
spiritual level;

Abstract

Diabetes Mellitus (DM) was a non-communicable disease, which became the third cause of death after stroke and hypertension with a number of cases continue to increase. Objective: The research objective was to analyze the relationship between the spiritual level, self-esteem, and depression in patients with diabetes mellitus. The present research was design/drafting correlational studies. The model approach towards the subject of research conducted by cross-sectional. The research was conducted at the health center IV South Denpasar for five months. The study population was patients with DM and patients at high risk who went to the health center IV South Denpasar. The samples which selected which met the inclusion criteria and exclusion amounted to 41 people. Based on the results of the analysis was obtained that there was a significant negative relationship between the spiritual level to the level of depression shown by the p-value = 0.018 ($p < 0.05$). The hypothesis thereby was accepted. Conclusion: the low spiritual level would be followed by the high rate of depression. Conversely, the high spiritual level would be followed by low levels of depression. It was similar to the analysis of self-esteem and depression. An existence of the negative relationship between self-esteem and depression similar to some of the opinions, that depression was influenced by a section of code namely low self-esteem. It was shown with the p-value = 0.008 ($p < 0.05$). The patients which have high self-esteem mastering the feeling to respect himself, therefore, it could bring up the positive attitude in the patient, as well as could foster confidence.

2454-2261 ©Copyright 2016. The Author.

This is an open-access article under the CC BY-SA license
(<https://creativecommons.org/licenses/by-sa/4.0/>)

All rights reserved.

Author correspondence:

I Wayan Mustika,
Polytechnic of Health Denpasar, Department of Nursing, Bali, Indonesia
Email address: wayankayunan@gmail.com

^a Lecturer in Polytechnic of Health Denpasar, Department of Nursing, Bali, Indonesia

^b Lecturer in Polytechnic of Health Denpasar, Department of Nursing, Bali, Indonesia

^c Lecturer in Polytechnic of Health Denpasar, Department of Nursing, Bali, Indonesia

1. Introduction

Diabetes is a condition that makes many people worry about the quality of life expectancy after being advised that they have diabetes (Savitri, 2003). Indonesia is facing a tendency towards increasing number diabetes mellitus cases. It is caused a very closely related to unhealthy lifestyles unlike smoking, drinking alcohol, obesity, and less of the sport. It appears as the biggest cause of death in Indonesia. There are currently 230 million people in the world who have diabetes. This figure is up three percent or an increase of seven million people every year. It is in 2025 estimated there will be 350 million people affected by diabetes. The number of diabetic patients in Southeast Asia included Singapore 10.4%, Thailand 11.9%, Malaysia 8%. In Indonesia, in 1995, it was found 4.5 million people with diabetes, number of seven in the world. It now rises to 8.4 million and is forecast in 2025 to be 12.4 million people and ranked fifth in the world (Tandra, 2008). There are an increasing incidence and prevalence of DM type 2 worldwide including Indonesia (Soton, 2002).

Respecting of the Department of Health, Bali province obtained data occurred increasing in cases of type 2 diabetes mellitus by 32.18% from 2009 with the number of patients with type 2 diabetes mellitus 923 people in 2010 with the number of patients 1220 people. The DM type 2 patient at Bali public hospital in 2009 reached 313 people and in 2010 reached 401. The outpatient in 2009 was recorded 610 people and in 2010 reached 819 people with diabetes mellitus of type 2. Many impacts from DM that appear, and of course is able to affect a generally person's condition. Once someone knows diabetes will experience a variety of changes, be afraid and anxious, panic and anger, silence, and some are rebelling. The three phases of emotion commonly experienced the person affected by diabetes are: rejection, anger, and depression (Tandra, 2008). The state of depression occurs due to the patient feels no longer free friends, eat at will, choose activities that are liked, and feel kept under surveillance. In order to overcome the state of depression experienced by diabetic patients can be done by improving the spiritual level and self-esteem. Improving one's ability to overcome suffering in addition to medical therapy, spiritual commitment is very important at preventing someone not easily fall ill (Hawari, 2008).

The problem of the present study is whether there is a relationship between the level of spiritual, self-esteem with depression for the patients with diabetes mellitus in Puskesmas (society health center), South Denpasar IV in 2015. The research is intended to determine the relationship between the level of spiritual and self-esteem with depression for patients with diabetes mellitus in Puskesmas IV, South Denpasar in 2015. This study is urgent considering the case of depression occurs in patients with diabetes mellitus and requires treatment, therefore, the patients can develop diabetes mellitus and improve quality of life. The handling efforts that can be conducted by improving the spiritual aspect and self-esteem.

The problems can occur on patients with diabetes mellitus both physically, psychosocially, and economically are: (a) economic impact, controlling diabetes mellitus is conducted for a long time, complex, and costly, therefore, and the impact on the country's economic problems. The economic impacts are clearly visible due to medical expenses and income loss. (b) physical effects, for patients with advanced diabetes mellitus, will cause various physical impacts of the complications existence, unlike the physical weakness, low weight, tingling, itching, blurred eyes, stroke, and gangrene. It can cause the changes and physical appearance of the patient. (c) psychosocial effects, people with diabetes mellitus who can not accept the state of illness will have a negative view such as patients who feel hopeless, useless, low self-esteem and can cause patients to feel depressed (Groot *et al.*, 2010). This can cause social interaction and interpersonal relationships to be disturbed. The quality of the patient living with diabetes mellitus in Poly RSUD (region hospital) Cianjur found that the psychological problems on patients with diabetes mellitus often occurs of the negative feelings. It included the feelings of despair, depression, anxiety, low self-esteem, and related to the quality of life (Wardhana, 2006).

The research result on the self-esteem identification for a patient of diabetes mellitus ulcer at RSU Kraton Pekalongan Regency found that patient of diabetes mellitus ulcer mostly (78%) experiencing low self-esteem (Teguh, 2011). Similarly, the research that identifies the quality of life of diabetic ulcer patients in RSUD Serang, the results of this study indicate that from the dimensions of the psychological health, the respondents often appear of the negative feelings, decreased self-esteem and changes in the negative figure (Wulandari, 2012). The level identifies the self-esteem in patients with diabetes mellitus at Ungaran Hospital. The results of this study found that 52.7% of patients with diabetes mellitus experienced low self-esteem (Wulandari, 2012).

For many people, praying is an opportunity to review the weaknesses. They feel and make a commitment to be better of life (Perry and Potter, 2005). The publication of the research results in TIME and CNN magazine and USA Weekend (1996), stated that more than 70% of patients believe that belief in the God Almighty, prayer, and the holy

name of God can help speed up the healing process. Regarding this study, it was revealed that the patients actually need a spiritual approach in addition to therapy with drugs and medical measures (Wardhana, 2006).

2. Materials and Methods

This study applied a correlational study design. The approach model of the research subjects was conducted by cross-sectional. The data collection is conducted by the respondents given three types of research instruments that have been valid and reliable to be filled with answering in accordance with their situation. The data collection instrument used is WHO quality of life, SRPB (Spiritual Religion Personal Belief) instrument for spiritual level, Self-esteem scale to measure the self-esteem level and BDI (Beck Depression Inventory). The data analysis is conducted using a parametric statistic test. The method/technique of data analysis used is Regression analysis.

3. Results and Discussions

The field research is started in June 2015 to encompass patients looking for the treatment at Puskesmas IV, South Denpasar. This research activity is integrated with Polaris Puskesmas activity which is held every Saturday. The routine activities of gymnastics for elderly and DM. In this routine activity, data retrieval is done. The data are collected cross-sectionally, on different occasions, as not all patients came together at the same time. The information collected is the spiritual level, self-esteem, and depression in DM patients. The results of the study include these three things, and their relevance (more clearly can be seen in Tables 1 and Table 2).

Table 1
Score Spiritual Level, Self-esteem and Depression on DM Patients in 2015

No	Spiritual	Self-esteem	Depression
1	145	35	10
2	150	36	5
3	132	34	8
4	110	15	25
5	155	36	6
6	105	23	45
7	96	18	60
8	150	34	10
9	132	29	16
10	140	34	10
11	76	16	68
12	136	28	21
13	45	14	60
14	140	32	12
15	145	34	8
16	155	35	6
17	84	21	42
18	124	28	36
19	36	12	64
20	128	21	38
21	86	20	34
22	136	27	42
23	120	26	36
24	32	18	56
25	46	22	46
26	146	30	12
27	150	32	10

28	158	34	14
29	26	14	78
30	80	18	62
31	120	22	50
32	40	12	62
33	46	16	48
34	106	22	24
35	65	18	70
36	120	28	40
37	86	21	50
38	140	32	35
39	150	34	36
40	134	36	28
41	68	22	56

Table 2
Normality Results
The relationship of spiritual level, self-esteem, and depression
One-Sample Kolmogorov-Smirnov Test

	Spiritual	Self-esteem	Depression
N	41	41	41
Normal Parameters			
Mean	1,062	26,341	36,098
Deviation Standard	4,081	7,770	2,147
Most Extreme Differences			
Absolute	.174	.146	.130
Positive	.112	.130	.130
Negative	-.174	-.146	-.080
Kolmogorov-Smirnov Z	1.115	.933	830
Asymp Sig (2-tailed)	.167	.349	.490

Table 3
Anova Regression Analysis

Model	Sum of Squares	df	Mean Square	F	Sig.
1	14092.65	2	7046.3	61.654	.000
Regression	2	38	26		²
Residual	4342.958	40	114.28		
Total	18435.61	8			
	0				

a. Predictors (*construct*) self-esteem, spiritual

b. Dependent Variable: depression level

Table 4
Coefficienta²

Model	Unstandardized	Standardized	Standardized	t	Sig
	Coefficients	Coefficients	Coefficients		
	B	Std. Error	Beta		
1 (Constant)	92.598	5.828		15.89	.000
Spiritual	-.222	.090	-.421	0	.018
Self-esteem	-1.322	.472	-.479	2.467	.008
				-	
				2.802	

Dependent variable of depression levels

Discussion

a) Spiritual level

The strong belief in a religious doctrine, an obedience, and experiences of the person is a factor of religiosity that affects the depression incidence for someone, especially if it is faced with a situation that tends to cause feelings included depression, stress, and depression, unlike DM patients. They will try to find compensation therefore, feelings can be overcome. One of the compensation strategies that can be done to prevent or reduce the burden of the problems they face is to get closer to the creator, through the religious rituals and worship, due to the spiritual level is closely related to the depression incidence on DM patients, high religiosity is needed thus, they avoid depressive feelings.

The patients physically must have decreased, however, in the religious-related activities actually increased. It means that their pay attention more to religion increases with long age, and the chronic situation of the disease. They with chronic diseases believe that religion can provide a way for the life of problem-solving, religion also serves as a guide in their life, reassuring itself. In stressing times, individuals will look for support from their religious or spiritual beliefs. This support is necessary to be able to accept the situation experienced, especially patients who experience depression. Praying and/or reading scriptures and other religious practices often help meet the spiritual needs that are also a protection against their body. The activity and spirituality of some theories can be concluded that spiritual activity is an activity performed to meet the spiritual needs to get closer to the Almighty in looking for the meaning and purpose of life, the need is to love and be loved and the sense of relating the need to give and get a forgiveness.

b) Self-esteem

The self-esteem is an individual assessment of the results achieved by analyzing how far the behavior fulfills his or her ideal (Stuart, 2006). It is able to be interpreted that the self-esteem describes the extent to which the individual is assessing their self, unlike a person who has the ability, significance, valuable, and competent. It is a personal judgment of worthiness (Clinebell, 1981). The opinion explains that self-esteem is an individual judgment of their honor, expressed through their attitude toward their self. Meanwhile, the definition of self-esteem as an individual self-assessment, which is implicit and not verbalized (King and Hinds, 1998). The self-esteem defines by some experts, the authors can conclude that self-esteem is an individual assessment of self-esteem, through attitudes to their self that is implicit and not verbalized and describe the extent to which the individual is assessing their self as a person who has the ability, significance, worth, and competence.

One component of self-concept is wherein self-esteem is an individual assessment of self-achievement at analyzing how far the behavior is in accordance with their ideal (Stuart, 2006). Whereas, low self-esteem is to reject their self to be something valuable and not responsible for their own life. If individuals often fail then tend to lower self-esteem. The low self-esteem if they lose the affection and appreciation for others. The self-esteem is obtained from oneself and others, the main aspect is acceptance and acceptance of the appreciation from others. The low self-esteem disturbances are described as negative feelings toward oneself, including loss of the confidence-self and self-esteem, the failure is to achieve desires, self-criticism, decreased productivity, destructive directed toward others, feelings of inadequacy, irritability, and withdrawal social. It is closely related to the negative impact if they do not have a steady self-esteem. They will have difficulty in presenting their social behavior, feeling inferior and awkward.

However, if their self-esteem needs are adequately met, they are likely to succeed in presenting their social behavior, performing with self-confidence and feeling of value in their social environment (Stuart, 2006).

c) Depression

The depression symptoms are very familiar with human daily life. It can be identified through the physical, psychological, and social symptoms of the sufferer. It includes sleep disorder, loss of appetite, decreased slowly stamina, and decreased sex emotion, easily sick and hard to heal, unlike heartburn, dizziness, sore throat and so on. The psychic symptoms include loss of confidence, sensitive, irritable, always suspicious, feeling useless, guilt, and feeling burdened. The social phenomena like feelings of inferior, embarrassed, anxious, and other inferior feelings in interacting. The patients feel unable to be open and establish relationships with the environment even if there is a chance. The depression of people with depression, in general, is not immediately taking action. Whereas, the earlier the action is taken, the easier it is to handle it, and the more likely, it is to get back to normal. Some of the causes of the slow action taken by the patient, included: due to an ignorance of the depression symptoms, know however, underestimate the symptoms will not result in a more severe, or because of being busy to earn a living, therefore, not to have the time for themselves to 'take care'. It comes from prolonged stress. The stress should not be tolerated, nor should it be treated constantly. On taking time to do a relaxation every day will be able to compensate for the stress that appears any time. The relaxation will benefit more quickly if supported by the meditation exercises.

d) Relationship of the level of spiritual, self-esteem with depression

The rapid spiritual progress can be achieved when the spiritual is practiced in accordance with the basic principles of Spirituality. There although are different kinds of spiritual practice, whether our spiritual practice adheres to the basic principles of Spirituality is determining the test for its effectiveness. Otherwise, we are at risk of doing a lot of business however not seeing the results that suit the effort. The six basic principles included (1) many paths lead to God according to the number of people. (2) walking from lot to one. (3) Moving forward from the visible (real and tangible) to the invisible (subtle/intangible). (4) conducting spiritual practice according to spiritual level or spiritual ability. (5) conducting the relevant spiritual practices (appropriate) with the times. (6) present to God according to the talents or capacities. The depression is an emotional distress that is in the form of feeling depressed, unhappy, sad, and feeling worthless, lack of spirit, meaningless and pessimistic about life. The depression in patients can be caused by many things. E.g. their economic life is not guaranteed by their families, thus, they still have to work, their fear to be alienated from the family, a fear does not care for their children, etc. The results of this study indicate that the patient's spiritual practice can enhance the productivity feelings and adaptable patient abilities that assist in individuals who are under stress and depression. The limitations in the study are when conducting research, the condition of respondents, unlike their mood, can not be controlled by researchers, then there are some respondents who experienced physical diseases are a little inhibiting here and respondents who are less cooperative.

4. Conclusion

Based on the results of the present research that has been described. It then can be concluded. The existence of data collected variations about the level of the spiritual, self-esteem and depression on DM patients, on the data distribution normally distributed. The existence of a relationship, with a negative direction, between the level of spirituality and depression. ($p = 0,018$; $\alpha 0,05$). There is a significant relationship between self-esteem with depression ($p = 0,008$; $\alpha 0,05$), with negative direction.

Conflict of interest statement and funding sources

The author(s) declared that (s)he/they have no competing interest. The study was financed by the author.

Statement of authorship

The author(s) have a responsibility for the conception and design of the study. The author(s) have approved the final article.




Acknowledgments

Our deep and sincere gratitude were presented to God for having granted us the ability and the opportunity to complete this paper. We would also like to thank our former lecturers and our friends for their support, their patience, their contribution, and their valuable input, therefore, this article could be completed. We would also thank I Wayan Suryasa as an advisor as well as editor in chief of SS, IJMRA, IJCU, and Skirec who has reviewed and approved this study to be published.

References

- Clinebell, H., & Clements, W. M. (2013). *Counseling for spiritually empowered wholeness: A hope-centered approach*. Routledge.
- Groot, G., Rees, H., Pahwa, P., Kanagaratnam, S., & Kinloch, M. (2011). Predicting local recurrence following breast-conserving therapy for early stage breast cancer: The significance of a narrow (≤ 2 mm) surgical resection margin. *Journal of surgical oncology*, 103(3), 212-216. <https://doi.org/10.1002/jso.21826>
- Hawari, D. (2008). Management Stress, Cemas dan Depresi, Edisi ke-2, Cetakan ke-2.
- HINDS, P. S., & KING, C. R. (1998). Nursing and patient perspectives on quality of life. *Quality of life from nursing and patient perspectives*, 313-7.
- Marshall, H., Ryan, P., Robertson, D., & Baghurst, P. (2007). A cross-sectional survey to assess community attitudes to introduction of Human Papillomavirus vaccine. *Australian and New Zealand journal of public health*, 31(3), 235-242. <https://doi.org/10.1111/j.1467-842X.2007.00054.x>
- Potter, P. A., & Perry, A. G. (2005). Buku ajar fundamental keperawatan: konsep, proses, dan praktik. *Jakarta: Egc, 1*.
- Savitri, .R. (2003). *Terapi baru menyembuhkan diabetes*. Yogyakarta: Andi Offset
- Stuart, G. W., & Sundeen, S. J. (2006). Keperawatan Jiwa, edisi 3. *Jakarta: Buku Kedokteran*.
- Tandra, H. (2017). *Segala sesuatu yang harus anda ketahui tentang diabetes*. Gramedia Pustaka Utama.
- Teguh, D. N., Levendag, P. C., Voet, P. W., Al-Mamgani, A., Han, X., Wolf, T. K., ... & Heijmen, B. J. (2011). Clinical validation of atlas-based auto-segmentation of multiple target volumes and normal tissue (swallowing/mastication) structures in the head and neck. *International Journal of Radiation Oncology* Biology* Physics*, 81(4), 950-957. <https://doi.org/10.1016/j.ijrobp.2010.07.009>
- Wardhana, M., Wardani, N., Sugiarto, I., Puspawati, M., Indira, E., & Wiraguna, S. A. (2017). Patterns of Mucocutaneous Disorders in HIV-seropositive Patients and Relations with CD4 Counts at Sanglah General Hospital, Denpasar, Bali. *Journal of Global Pharma Technology*.
- Who, U., & Unicef. (2009). towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.
- Wulandari, I. A. A. S. (2012). Faktor-faktor yang berhubungan dengan motivasi ibu hamil untuk melakukan ANC secara rutin selama kehamilan di Poli Kebidanan Rumkit Polpus RS. Soekanto.

Biography of Authors

	<p>Drs I Wayan Mustika, S.Kep., Ns., M.Kesis a Senior Lecturer of Nursing. His functional position is Head Lector/Assistant Professor. He was born in Megati, on August 11th, 1965. His mobile phone +6281239161739, and live at Jalan Sanitasi No. 1 Sidakarya, Denpasar. He teaches some subjects included society health nursing, family care, gerontic treatment, health tourism, health promotion. He completed his Bachelor Degree in IKIP PGRI Bali in 1991, Nursing Education in 2008, as well as the Academy of Nursing in Padjajaran Bandung in 2000 then following in Education Profession of Nursing 2009. He finished his Master Degree in AKK UNAIR Surabaya in 2003.</p> <p><i>Email: wayankayunan@gmail.com</i></p>
	<p>I Wayan Candra, S.Pd., S.Kep., Ns., M.Si was born on October 8th, 1965 in Apit Yeh. His functional position is Head Lector/Assistant Professor. His mobile phone +6282237400400. His office address on Jalan Pulau Moyo No. 33 A Pedungan Denpasar. He teaches some subjects including psychology, life nursing, personality development. He graduated a bachelor degree from IKIP PGRI Bali and UNIK Kadiri of PPB and nursing studies in 1991. He finished her master degree at Gadjah Mada University in 2002. He is interested in psychology of health.</p> <p><i>Email: candra6589@yahoo.co.id</i></p>
	<p>NLP Yunianti SC S.Pd., S.Kep., M.Pd. was born in Denpasar on June 21st, 1969. Her functional position is Head Lector/Assistant Professor. She is a civil servant. Her office address at Jalan Pulau Moyo No. 33 A Denpasar. Her phone is (0361) 72527. She teaches some subject included nursing documentation and nursing research. She graduated the bachelor degree and diploma IV at Airlangga University (1998), Ganesha Education University (2003), and Kadiri Univeristy (2009). She finished her master degree at Ganesha Education University (2007). He is interested in counseling and education management.</p> <p><i>Email: yuni.suntari@yahoo.com</i></p>