

# Spirituality Analysis in Elderly with Diabetes Mellitus Type 2 Phenomenology Study.pdf

*by* adiantoni100@gmail.com 1

---

**Submission date:** 07-Oct-2025 10:39AM (UTC+0300)

**Submission ID:** 2773694435

**File name:** Spirituality\_Analysis\_in\_Elderly\_with\_Diabetes\_Mellitus\_Type\_2\_Phenomenology\_Study.pdf  
(167.79K)

**Word count:** 3932

**Character count:** 19581



1

# Spirituality Analysis in Elderly with Diabetes Mellitus Type 2: Phenomenology Study

Natar Fitri Napitupulu<sup>(✉)</sup>, Adi Antoni, Siti Isma Sari Lubis, Asnil Adli Simomora,  
and Mastiur Napitupulu

Universitas Aufa Royhan, Padang Sidempuan City, Indonesia

fitri.natar@gmail.com

**Abstract.** Spiritual connects between intrapersonal (relationship with self), interpersonal (relationship between self and others), and transpersonal (relationship between self and god/occult power). The purpose of the study were expected to be developed through research by exploring more deeply the spiritual experience of elderly patients with type 2 diabetes mellitus. The research method was a qualitative type with a phenomenological study design. The participants were 7 people with the sample The purpose Sampling. The data collection method used in-depth interviews and analyzed using the Coallaizi Method. The Results of show that the phenomenon of spirituality very influential on people with diabetes mellitus. The strengthened with research results which identifies 5 themes that is (1) impact of diabetes on life (2) motivation to do self care (3) source of hope and strength (4) Spiritual belief or religion be a source of strength (5) how to get healing with private spiritual practice. The conclusion of this study was the spirituality of patients with diabetes mellitus includes relationships with God, relationships with the environment and relationships with others greatly affect in obtaining health such as encouragement to do self-care and as a source of hope and strength.

**Keywords:** Spirituality · Diabetes Mellitus

## 1 Introduction

The increasing elderly population has become a leading issue and has attracted attention, especially in the health sector. According to the United Nations Department of Economic and Social Affairs Population Division (2017) states that the age group above 60 years is growing faster than the younger age group, which is estimated at 962 million people or 13% of the world's population and increasing by 3% every year. In addition, the age group above 60 years will increase about 1.4 billion in 2030, 2.1 billion in 2050 and 3.1 billion in 2100. Along with the increase in the elderly population, the spread of disease in the elderly is also in line. The elderly who have a disease require special types of care because the problems that occur in the elderly are not simple. There is a decrease in independence and need the help of others in treatment.

One of the diseases that are often experienced by the elderly is diabetes mellitus. Diabetes mellitus is a progressive chronic disease characterized by the body's inability

© The Author(s) 2023

S. H. Ritonga et al. (Eds.): TIHC 2022, AHSR 50, pp. 148–156, 2023.

[https://doi.org/10.2991/978-94-6463-032-9\\_22](https://doi.org/10.2991/978-94-6463-032-9_22)

1

to metabolize carbohydrates, fats, and proteins, leading to hyperglycemia or high blood glucose levels. According to the International Diabetes Federation (IDF) people living with diabetes in 2013 it was estimated that around 382 million people and will continue to increase the number to 592 million people by 2035 worldwide and IDF data in 2015 also shows more than 80% of deaths due to diabetes. Occurs in low- and middle-income countries. The IDF stated that in 2019 463 million adults aged 20–79 years were living with diabetes in 2019 a figure which is expected to increase to 578 million in 2030 and 700 million in 2045. The global prevalence of diabetes mellitus in adults over the age of 18 year has increased from 4.7% in 1980 to 8.5% in 2014. Based on this number, Indonesia occupies the 5th largest position in the world [2].

The report of the Health Research and Development Agency of the Ministry of Health with the results of basic health research (RISKESDAS) states that the prevalence increase in Indonesia in people with Diabetes Mellitus obtained based on interviews, which is 1.1% in 2007 to 1.5% in 2013, while the prevalence is based on Doctor diagnoses were highest in Central Sulawesi (3.7%) and the lowest in West Java (0.5%), while in North Sulawesi it was 2.4%. Then in 2018, according to RISKESDAS data, there was an increase in the prevalence of people with Diabetes Mellitus in 2013 from 6.9% to 8.5% in 2018.

The data from the Public Health Office of Medan stated that the number of people with diabetes mellitus in 2013 was 27,075 people and in 2014 in January and February there were 3,607 people, of which almost 85% of patients aged over 55 years and 70% of that number were women. In Padangsidempuan, People with Diabetes Mellitus in 2018 were 1808 people and increased to 2076 in 2020 (Padangsidempuan Health Office).

Spirituality is often to be connected with someone who has an illness because it can have an impact on a person's quality of life, health, and feelings. This is because spirituality describes feelings (heart) not knowledge and a person's feelings are difficult to describe in words. Research conducted by Griffin identified that good spirituality is related to the experience of a person suffering from heart failure. Several other studies have also analyzed the relationship between spirituality and some aspects of mental health and have shown that people who are religious or have good spirituality tend to have good mental health and are able to adapt to the stress they face [1].

Based on the explanation of the background above, the researcher conducted a preliminary study on 2 elderly people with type 2 diabetes mellitus in Padangsidempuan, it was found that 1 of the 2 elderly people experienced spiritual disorders where the elderly had felt that God was not on their side because the diabetes they suffered did not go away. Based on the results of the research above, the authors are interested in examining "Overview of Spirituality in elderly patients with Type 2 Diabetes Mellitus in Padangsidempuan City: Phenomenological Studies".

## 2 Method

The type of research is qualitative research, with an interpretive phenomenology approach. The research design used is a phenomenological study, a phenomenological study describing the meaning of the picture of spirituality in the elderly with type 2 diabetes mellitus in Padangsidempuan. The number of participants in this study were 7 elderly

**1** people with inclusion criteria: aged 59 years and over, had a history of type 2 diabetes mellitus at least 5 years, resided in the city of Padangsidimpaun, was able to speak clearly, had a minimum high school education and was willing to be interviewed as respondents. In selecting participants, the researcher used a purposive sampling technique to involve participants according to the research criteria.

The instrument in this research is the researcher. Researchers conducted in-depth interviews using semi-structured interview guidelines to explore participant descriptions and recorded using a recorder or voice recorder that would be used to record discussions and researchers with a length of interview ranging from 45–60 min. The data contained in the recording then transcript for further analysis of the data using the Coallaizi method [4].

### 3 Results

This study found 5 main themes and the researcher described the overall themes that were formed from the results of the analysis based on the participants' expressions.

#### **Theme 1. The impact of diabetes mellitus on life**

This first theme provides an overview of the meaning that as a result of experiencing diabetes mellitus, the elderly have complaints in the body, such as:

##### **The body becomes weak due to diabetes**

Four participants said that the body became weak, the legs were numb, restless, easily drowsy, and often urinated so that they could not work. The following is a quote from the participant:

“(my body is weak)” (P1)

“Yes, if it is recurrence, I always feel weak, restless and sleepy” (P3)

“yes, so my husband that will work, I feel weak and no spirit”(P4)

“I’m just weak, my legs are also numb, I like to pee every night, it can be about 4 times”(P5)

##### **Work will be disrupted if blood sugar rises**

Two participants said that if their blood sugar rises, they will close their business and diabetes mellitus greatly affects their daily life, starting from disrupting their daily activities, disrupting work in the economic sector until disturbing the mind of the sufferer. The following is a quote from the participant:

“It affects the daily life, if it was not rised, it will not affect, I will not close my business, but if it was affect I will not work for several days.”(P6)

“yes, of course, it was very affected” (P7)

“if it did not rise, I worked. But, I am just weak easily, if it was force in the field, in the afternoon and at night, I will be sick and got fever” (P7)



## **Theme 2. Motivation to do self-care**

Participants interpret this theme as motivation to do self-care because they get support from family. This theme is a combination of two sub-themes as follows:

### **The role of the family in motivating people with diabetes mellitus in performing self-care**

The participant stated that someone who motivated her was her family and stated that she was never absent for treatment. The following is a quote from the participant:

I continuously get medicine here, I have motivation from my grandchildren that cheer me up. My children always remind me to get medicine and don't forget to have it" (P1)

"there is a policeman that support to eat boiled bean to lower the blood sugar, everyone support" (P3)

"yes, the support was always there, they said that I have to drink the laru (yeast mixed into sap) to lower the sugar. They said that, it is the medicine so that I drink it" (P5)

"if it is recurrent, my husband will asked me to the doctor, sometimes, at night, if it was recurrent, I go to doctor. They will ask where my medicines is. They will know that I always hide two kinds, if it is morning only one that to eaten before breakfast"(Partisipan 6)

### **Motivate yourself to do self care**

The participant revealed that what motivated him to do self-care is himself where he started by adjusting his diet. The following are the expressions of the participants:

"yes, I motivated myself to do self care, my food did not add with vegetables and sambal from smash red chili, sometimes I feel health. I used to be fat but because I have dietary habit."(P4)

## **Theme 3. Source of strength and hope**

The third theme is the strength and hope that is obtained from self, family and God expressed by participants who have diabetes mellitus as a source for them to survive in life. This can be seen from the two sub-themes as follows:

### **Jobs and responsibilities that drive people with diabetes to move forward**

Participants interpret this sub-theme with the elderly stating their duties and responsibilities at work, encouraging them to move forward. The following is a quote from the participant:

"Yes, I work as trader" (P1)

"I motivated because to eat because I still have children that still have school. Besides, my husband is jobless, so I have to have effort, for my family, I take the responsibility in or household" (P3)

**1**  
 “yes, it because the life necessities, it is imposiblle for us to not take effort because I have so many responsilibility”(P6).

“I hope I will get healty soon because I am the breadwinner of family” (P7)

#### **Family is the driving force to move forward**

Participants stated that God and family are a source of hope and strength. The following is an excerpt from the participant’s statement:

“Believe the source of hope and strength is God, husband and children”(P4).

“Family is the most important thing, I want to get well so I can take care of my children so I can do what God told me to do, right?” (P5)

#### **Theme 4. Spiritual or religious beliefs become a source of strength**

The fourth theme of the participants said that spiritual or religious beliefs were a source of strength. Sufferers interpret this theme as the source of their strength is their respective spiritual or religious beliefs. The above theme is formed from the following sub-themes:

##### **Prayer as a source of strength**

Participant stated that he must remain confident that he will recover and continue to pray. Participants’ statements are as follows:

“You have to be sure you can heal and keep praying”(P1)

“Yes, for me, praying is enough to be a strength for me”(P2)

##### **God as the main force**

Participants affirmed God as the first power, this applies to them. The following is a quote from the participant:

“it is applied, it will be the source of strength” (P3)

“yes it must be a source of strength” (P4)

“yes it applies for sure and there must be because God’s support is the most important thing” (P5)

“Yes, it’s clear when you think about it, if you don’t have help from God, you won’t be able to, mom, every prayer mommy prays for smooth sustenance so that you can continue to live, not for luxury” (P6)

“It’s valid, because I’m sick, that’s how I can health”(P7)

#### **Theme 5. Ways to obtain healing by personal spiritual practice**

The meaning of this theme by doing personal spiritual practice is the way the sufferer does to get recovery. The theme is formed from several sub-themes as follows:

##### **Do personal spiritual practice**

The participant stated that he had a personal spiritual practice but that this activity was no longer carried out because it had no effect. Participants’ statements are as follows:

1  
“I used to drink the water that was prayed but now, it’s not anymore because I am tired of taking the traditional medicine, so so now I just take that medicine, lots of water, tawaju water, siri sirian, all kinds of things are not healed no effect” (P1)

#### **Never do personal spiritual practice**

The participant revealed that he had no personal spiritual practice, the same thing was stated by the participant because he did not believe or did not use it at all and only relied on doctor’s medicine. The following is a quote from the participant:

“no, I don’t want to be like that. I just rely on the doctor’s medicine, I just eat what the doctor gives me”(Partisipant 5)

“there is no”(P2)

“No. They just said the bean must be boiled if it is recurrent, I will drink”(P3)

“There is no”(P4)

“never” (P6)

“there is no, I am not sure about it”(P)

## **4 Discussion**

### **Theme 1. Impact of diabetes mellitus on life**

From the results of the interviews obtained an overview of 4 participants stating that Diabetes mellitus has an effect on the participants’ daily lives where these effects can affect daily activities where the most felt effect is the body becomes weak so that the participant’s activities become disturbed because the weak body makes it easy fatigue. According to Suciana<sup>2</sup> people with Diabetes Mellitus can have symptoms including polyuria, polydipsia and polyphagia as well as experiencing weight loss and experiencing complaints of weakness in the body. In addition, diabetes mellitus also has chronic symptoms, namely tingling, numbness of the skin, cramps, fatigue, sleepiness, and decreased sexual ability.

Afisa’s research also states that fatigue is the result of an imbalance in blood glucose levels with insulin circulating in the body, while insulin is needed to distribute glucose from the blood throughout the body which will later function as an energy source, if insulin is not sufficient and does not work effectively it will causes high blood sugar hyperglycemia, as a result glucose in the blood does not enter the cells so that the body’s cells cannot receive the energy they need, diabetes mellitus can make a person feel no energy to carry out daily activities and this is the cause of a diabetes mellitus person feeling tired.

### **Theme 2. Motivation to do self-care**

Motivation is very important for people who suffer from diabetes mellitus, where good motivation can trigger the emergence of self-efficacy, namely the individual’s ability to regulate himself so that if the efficacy of motivation is formed, the patient will be easier to take care action. According to Kusuma & Hidayati, motivation is a condition in a

1

person's personality that encourages the individual's desire to carry out certain activities in order to achieve a goal and self-efficacy in type 2 diabetes patients describes an individual's ability to make the right decision so that it can support disease improvement and improve management. Self-care, if the patient's motivation is low, it is likely to affect the patient's self-efficacy so that self-care management cannot run well. Self-efficacy helps a person to make choices, efforts to move forward, and persistence to maintain the tasks in their lives.

The statement above is also in line with the research of Katuuk and Kallo<sup>11</sup> which stated that motivation is a significant variable in diabetes self-care, especially in maintaining diet and monitoring blood sugar. A person who is motivated by desired goals and expectations. Motivation is positively correlated with the change process, including lifestyle changes. The formation of motivation in a person in carrying out management is not only based on the level of education, personal experience of failure, success and the environment in management can also be the basis of the patient's motivation to carry out good self-care.

### **Theme 3. Source of strength and hope**

The results of the study stated that the sources of hope and strength of the participants were family, work and responsibilities. Family and responsibilities are one of the supporting factors in people with diabetes mellitus where family and responsibilities play an important role as a source of hope and strength for the sufferer. According to Sari et al<sup>12</sup> One of the functions of the family is the function of family health care. Family health problems will affect each other among family members. The family is the foremost health service unit in improving the health status of the community.

According to Retnowati & Satyabakti. Families have a role in the health status of patients with chronic diseases such as diabetes mellitus. Family support has a positive impact on compliance with care management in DM patients. Patients who have family support tend to be easier to change their behavior towards being healthier than patients who do not get support.

### **Theme 4. Spiritual or religious beliefs become a source of strength**

Prayer as a source of strength. In the Big Indonesian Dictionary (KBBI), prayer is a request (hope, request, praise) to God. According to Adkhiyah, prayer is a servant's request to his god to be given 'inayah (attention) and ma'unah (help). Prayer is essentially a servant's statement about how poor he is, how weak, how helpless he is, in front of the creator. Prayer is one proof of servitude, devotion, and ubudiyah to him. Prayer contains praise to Allah for the use of His name and glory. In prayer a servant complains, joins, asks, pleads with Allah. Prayer contains various meanings that combine only in the tenderness of the heart of a faithful servant. Adkhiyah's research also states that prayer has an influence on spiritual development, makes spiritually calmer and stronger, able and has the endurance to stem the urges of physical desires. The prayer stretches the rope for humans, strengthens the fighting spirit, and brings appreciation (optimism). As is known, the physical or physical state of a human being is determined by the state of



his soul, spirituality. This is in line with Widiastuti & Yuniarti who explained that the aspect of religiosity is a source of strength from comfort, hope and meaning.

### Theme 5. Ways to obtain healing by personal spiritual practice

Personal spiritual practice is an activity undertaken to approach the self to the creator in a healing context. According to Adianto<sup>16</sup> Religious practice is one part of religious coping methods with God. Religious coping can help humans reduce anxiety, anxiety, and tension that make them unable to adjust to their environment.

## 5 Conclusions

The spiritual picture of people with diabetes mellitus includes a relationship with God where participants admit that God and prayer are sources of strength. So that participants are able to carry out work and daily activities and have relationships with others as an incentive for sufferers to take self-care to recover.

**Acknowledgements.** This research can be used to increase understanding and commitment for the elderly with diabetes mellitus in order to further improve spirituality, namely with discipline and loyalty in worshipping God.

## References

1. Panakukang, D. I. K. E. C., Andini, T., Ani, M., & Ilmi, A. (2018). *GAMBARAN TINGKAT SPIRITUALITAS LANSIA DENGAN DIABETES MELITUS*. 3(2017), 1–10.
2. World Health Organization, (WHO). (2018). No Title. Dm, 1–6
3. Bidjuni, H., Kallo, V., Studi, P., Keperawatan, I., Kedokteran, F., Sam, U., & Manado, R. (2019). *PSIKOLOGIS PADA PASIEN DIABETES MELITUS*. 7.
4. John W. (2013). *Penelitian Kualitatif dan Desain Riset*. Third Edition. Indonesia : SAGE
5. Afisa, E. (2019). *Tingkat kelelahan pasien diabetes melitus yang berobat di poliklinik rumah sakit universitas sumatera utara skripsi*.
6. Kusuma, H., & Hidayati, W. (2013). Hubungan Antara Motivasi Dengan Efikasi Diri Pada Pasien Diabetes Mellitus Tipe 2 Di Persadia Salatiga. *Jurnal Keperawatan Medikal Bedah*, 1(2), 132–141.
7. Katuuk, M. E., & Kallo, V. D. (2019). *DENGAN DIABETES MELITUS TIPE II DI RUMAH SAKIT UMUM GMIM PANCARAN KASIH MANADO*. 7.
8. Sari, N., Susanti, N., & Sukmawati, E. (2014). Peran Keluarga Dalam Merawat Klien Diabetik Di Rumah. *Jurnal Ners Lentera*, 2(September), 231972.
9. Retnowati, N., & Satyabakti, P. (2014). Hidup Penderita Diabetes Melitus Di Puskesmas Tanah. *Departemen Epidemiologi*, 3, 57–68
10. Adkhiyah, F. K. (2018). PENGARUH KEBIASAAN BERDOA DENGAN MEMBACA ALQUR'AN. *Journal of Chemical Information and Modeling*, 53(9), 1689–1699.
11. Widiastuti, M., & Yuniarti, K. W. (2017). Penerimaan diri sebagai mediator hubungan antara religiusitas dengan kecemasan pada penyandang diabetes mellitus tipe 2 [Self-acceptance as a mediator of the relationship between religiosity and anxiety in people with type 2 diabetes mellitus]. *Psikologika: Jurnal Pemikiran Dan Penelitian Psikologi*, 22(1), 1–13.

1

**Open Access** This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.



# Spirituality Analysis in Elderly with Diabetes Mellitus Type 2 Phenomenology Study.pdf

ORIGINALITY REPORT

99%  
SIMILARITY INDEX

99%  
INTERNET SOURCES

13%  
PUBLICATIONS

11%  
STUDENT PAPERS

PRIMARY SOURCES

1 download.atlantis-press.com  
Internet Source

99%

Exclude quotes Off  
Exclude bibliography Off

Exclude matches Off