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The Relationship between Family Behavior and Hospital Patients with Diabetes Mellitus Using Discharge Planning

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ABSTRACT

Without the patient's family's encouragement and support, discharge planning will fail. Family behavior in the treatment of Type II DM patients is this support. Behavior is how a person reacts to something outside of themselves. The purpose of this study is to examine how family conduct and the execution of discharge planning relate to the treatment of patients with diabetes mellitus. This study employs a cross-sectional research design and a quantitative methodology. An accidental sampling technique was employed in the sample determination process. A questionnaire sheet was used to gather data, and SPSS was used for bivariate analysis using the Spearman Rho test. The study's findings demonstrated that most participants obtained discharge planning.

Keywords: diabetes mellitus, discharge planning, family behavior

BACKGROUND

Diabetes is a dangerous chronic illness brought on either by insufficient insulin production by the pancreas, which is the hormone responsible for controlling blood sugar or glucose, or by the body's inability to utilize the insulin that is produced. In addition to causing early deaths everywhere, diabetes is the primary cause of blindness, heart disease, and renal failure (WHO, 2016). Diabetes patients' families must also provide behavioral support for their loved one in addition to the influence of medical professionals. For diabetes patients' treatment to go smoothly and successfully, family behavior is crucial. This behavior can take the shape of encouragement or support for the patient to continue with normal care. According to the International Diabetes Federation (IDF).

After China, India, the United States, Brazil, Russia, and Mexico, Indonesia has the seventh-highest diabetes prevalence worldwide (Simbolon Megawati, 2020). Around 4.8% of people in Indonesia have diabetes mellitus (DM), and 58.8% of those cases go untreated (Nur Lilatul Lathifah, 2017). According to Prabowo and Hastuti (2015), up to 21.3 million Indonesians are predicted to have diabetes by 2030. Diabetes remains a major health concern in Indonesia, where the number of cases rises year in tandem with the country's growing population, aging population, and rising rates of obesity, unhealthy eating habits, bad diets, and bad lifestyle choices (Aryastami & Tarigan, 2017).

East Java has the fifth-highest rate of diabetes mellitus prevalence in Indonesia, with 2.6% of people living there in 2018.

Discharge planning, which starts as soon as the patient enters the hospital, is a methodical procedure to get patients ready to leave the hospital on a physical, psychological, and social level so that treatment can continue at home or in a community care unit. Before returning home, patients also need to be informed about the illness they are afflicted with. This

information includes knowledge of the illness, its causes, potential issues and complications, and how to prevent them; it also includes written information about home care and sources of controllable services; phone numbers for doctors and other caregivers; and, should the client need them, home visits (Nursalam, 2015).

A crucial idea for both sustainable health systems and high-quality patient care is discharge planning. Planning for discharge.

Without the patient's family's encouragement and support, discharge planning will fail. Family behavior in the treatment of Type II DM patients is this support. A person's behavior is their reaction to an outside stimuli (Notoatmodjo, 2012). When it comes to providing care for patients with diabetes mellitus, family behavior should involve the patient taking the time to complete routine treatments and live a healthy lifestyle. It should also involve the patient's family inviting interaction and constantly reminding them to maintain their health. Research on "The Relationship between Implementing Discharge Planning and Family Behavior in Caring for Diabetes Mellitus Patients in Hospitals" is of interest to researchers, as indicated by the background information provided above. seeks to ascertain the connection between discharge planning implementation.

METHODS

Cross-sectional research design refers to a study in which the independent and dependent variables are examined and assessed concurrently. This study examines how family conduct affects hospitalized patients with diabetes mellitus and how discharge planning is implemented. This study was carried out, using 137 participants in an incidental sampling technique for sample determination. Questionnaires and observation sheets were used to gather data, and SPSS was used for bivariate analysis using the Spearman rho test.

RESULTS

Table 1. Characteristics of Respondents

Characteristics	Frequency	Percentage %
1. Gender		
Man	13	36,1%
Woman	23	63,9%
2. Age		
< 35 Years	16	44,4%
35-50 Years	20	55,6%
3. Education level		
Elementary School	7	19,4%
Junior High School	2	5,6%
Senior High School	22	61,1%
College	5	13,9%
4. Long time of care Pasien		
< 1 Year	20	55,6%
> 1 Year	16	44,4%

Based on the table above, it is known that the majority of respondents are female, namely 23 people (64%), from age characteristics it is known that some respondents are aged 35-50 years, namely 20 people (56%). Based on the characteristics of education level, it is known that the majority of respondents had a high school education level, namely 22 people (61%). And based on the characteristics of the length of time caring for patients, it is known that the majority of respondents treated patients for less than one year, namely 20 people (56%).

Table 2. Variable Characteristics

Characteristics	Frequency	Percentage %
1. Discharge Planning		
Not good	17	47,2%
Good	19	52,8%
2. Family Behavior dalam Merawat Pasien		
Not good	27	75%
Good	9	25%

Based on the table above, it is known that the majority of respondents received discharge planning in the good category, namely 19 people (53%). Based on the table above, it is known that the majority of respondents had poor behavior in caring for patients, namely 27 people (75%).

Table 3. Statistical Test Results

			Discharge Planing	Family Behavior in Caring Patient
Spearman'srho	Discharge Planing	Correlation Coefficient	1,000	,418*
		Sig. (2-tailed)	.	,011
		N	36	36
	Family Behavior in Caring Patient	Correlation Coefficient	,418*	1,000
		Sig. (2-tailed)	,011	.
		N	36	36

Based on the output above, it is known that the significance value is 0.011, because the sig. (2-tailed) 0.011 < 0.05, meaning there is a significant relationship (meaning between the discharge planning variable and family behavior in caring for patients. The level of strength of the relationship (correlation) between the discharge planning variable and family behavior in caring for patients is 0.418 or currently.

DISCUSSION

Determining When to Use Discharge Planning

The majority of respondents 19 people, or 53% of the sample got discharge planning in the good category, according to the research results, while 17 people, or 47% of the sample, received it in the poor category. These outcomes were attained by processing field research data using SPSS.

These findings contrast with those of Syari (2017), who discovered that at the Ibnu Sina Yarsi Islamic Hospital in Bukittinggi, more than half of the 50.8% of respondents who completed discharge planning did not do so satisfactorily. This study is consistent with earlier research by Proborini and Rahmayanti (2020), which provided an overview of the data distribution for discharge planning. Of the respondents, over 50% thought that 45 data categories were lacking in discharge planning, which is consistent with the incomplete perception of discharge planning.

Discharge planning is a dynamic and systematic process of assessment, preparation and coordination carried out to provide easy monitoring of health services and social services before and after discharge (Nursalam, 2015). Discharge planning is a part of nursing that

helps ensure that patients receive the care they need wherever they are. Discharge planning is a collaborative process between multidisciplinary health workers, patients and their families to provide and manage the continuity of services needed by patients (Nursalam, 2016).

Discharge planning helps patients feel like active participants in their care rather than passive objects, realize that they have a right to all the care they need, feel comfortable continuing their treatment and receiving support before issues arise, be able to select the course of care, and comprehend what happened to them and know who can help.

As to Potter & Perry in Syari (2017), a discharge plan is necessary for each patient receiving treatment at a hospital. Nonetheless, a number of factors may make it difficult for clients to continue receiving the care they require after they return home. The state of patients with fatal illnesses, long-term disabilities, little funds, large or drastic surgery, and socioeconomic.

This study's discharge planning execution was deficient since multiple questionnaire items did not correspond with the responses. Surveys When a patient first arrives, for example, the nurse may not inquire enough about the patient's and family's needs for health education regarding the patient's illness; the nurse may also fail to inquire enough about home environment factors that may impede the patient's ability to take care of themselves, such as room size, road width, stairs, flooring, lighting, and restroom amenities; and nurses may fail to coordinate with other health teams regarding a variety of post-discharge patient needs. Based on these findings, experts believe that more contact between nurses and the patient's family is necessary in order to execute discharge planning.

Identifying Family Behavior in Caring for Diabetes Melistus Patients

Based on the research results, it is known that the majority of respondents had poor behavior in caring for patients, namely 27 people (75%) and 9 respondents (25%) in the good category. These results were obtained from SPSS data processing obtained from field research.

The results of this research are in line with previous research conducted by Sriwahyu (2017) which found that 61 respondents (71.8%) had poor family behavior in patient care and 24 respondents (28.5%) had family behavior in the good category. Supported by research conducted by Hidayah (2020), the results showed that the majority or 31 respondents in this study had Care Behavior in the adequate category (62%). Meanwhile, 19 respondents were found to have care behavior in the inadequate category (38%).

Behavior is a person's response due to external stimulus/stimulation (Notoatmodjo, 2012). Behavior is divided into two, namely closed behavior (covert behavior) and open behavior (overt behavior). Closed behavior is a person's response that cannot be clearly observed by others. Overt behavior is a response from someone in the form of real action so that it can be observed more clearly and easily.

Family is household members who are related through blood, adoption or marriage. The head of the family is the leader or person who can be trusted within a family (Rahadi, 2013). Each family member carries out his role well if the family functions as it should. Family function is related to the dual role of the family.

The results of the cross tabulation showed that of the 9 people with good behavior in caring for patients, most of them had a high school education level, namely 5 people (22.7%) and of the 5 people with good behavior in caring for patients, 4 of them had college education. A higher level of education improves the thinking process, is able to absorb information and is better able to consider things that are beneficial or side effects for health. The level of education greatly influences families to act and find solutions in their lives. An educated family will be more receptive to new ideas. Thus, the higher the family's education, the easier it is for the family to receive various information about health, especially about family behavior in caring for diabetes patients.

The results of the cross tabulation showed that of the 9 people with good behavior in caring for patients, most of them had treated patients for more than 1 year, namely 7 people (43.8%). The experience that the patient's family has in caring for diabetes patients can influence family behavior. The longer the family takes care of diabetes patients, the better the family's behavior in caring for diabetes patients.

Supportive family behavior can also act as a primary caretaker who replaces the role of medical staff in the home environment by carrying out supervision, helping to implement discharge planning, facilitating management of family behavior in caring for diabetes patients and providing emotional support to help patients achieve a better quality of life.

There are several family behaviors in caring for diabetes mellitus patients that are lacking due to the question points in the questionnaire that the patient's family rarely do, including rarely providing motivation so that the patient is confident and not embarrassed because of the disease they are suffering from and rarely inspiring that the patient can return to their activities as before. Based on these results, researchers are of the opinion that families need to frequently motivate patients to be confident and recover from their illness so they can carry out normal activities as before. Family behavior in the form of motivation and support given to patients really helps the patient's recovery process.

Examining the Connection between Family Behavior and the Execution of Discharge Planning for Patients with Diabetes Mellitus

Based on the output results, it is known that the significance value is 0.011, because the sig. (2-tailed) 0.011 < 0.05, meaning there is a significant relationship (meaning between the discharge planning variable and family behavior in caring for patients. The SPSS output shows a correlation coefficient of 0.418*. This means that the level of strength of the relationship (correlation) between the discharge variables planning and family behavior in caring for patients is 0.418 or moderate. The correlation coefficient figure in the research results is positive, namely 0.418, so the relationship between these two variables is unidirectional (type of unidirectional relationship), thus it can be interpreted that discharge planning and behavior are increasingly improved. families in caring for patients will increase.

The results of this research are in line with previous research by Yaslina et al (2019), the statistical test results obtained a p-value of 0.000. It was concluded that this research had an influence on the provision of discharge planning on the family's ability to care for post-stroke at home. And it is recommended for hospital staff to provide discharge planning regarding post-stroke care at home, such as diet, joint movement exercises and ADLs including: going to the toilet, eating, dressing, bathing and moving around.

Discharge of patients from the hospital requires the establishment of hospital policies that regulate the process of discharging patients from the hospital depending on the patient's health status and the need for further treatment or action. Refer or send patients to health workers outside the hospital, other service units, home and family, based on the patient's health condition and the need for a balance of care (KARS, 2017).

Nurses and medical teams are expected to be able to maintain and improve discharge planning services, especially for diabetes patients, to improve the quality of nursing care and quality of life for diabetes patients. In general, family members' ability to behave in diabetes nursing is not optimal because the discharge planning provided at the hospital is still not perfect for families and patients. Therefore, family members are focused on home care by providing good discharge planning.

Home care is carried out by family members by making the family independent in maintaining the health of its members, having to go through 5 family health tasks including, being able to decide on appropriate health actions for the family, being able to care for family members who experience health problems, being able to maintain the atmosphere at home, being able to maintain the atmosphere at home, able to modify the environment to ensure the

health of family members and able to utilize surrounding health service facilities for the family through the active involvement of other family members.

Friedman and Bowden (2018) claim that a number of family research findings have a tactical purpose in lowering relapse rates by raising patients' independence and level of living and enabling them to reintegrate into society. The nurse has trained the family to provide aid, such as with the joint movements that have been taught, by observing how the family has helped.

There is an inherent connection between family behavior and the execution of discharge planning. A well-crafted discharge plan that the family receives from the hospital will impact how the family treats patients with diabetes. The better the family's behavior, the more they know and comprehend about discharge preparation. Family dynamics not only offer.

CONCLUSION

The study's findings indicate that the majority of respondents 19 individuals, or 53% of the sample got discharge planning in the good category, while 17 individuals, or 47% of the sample, received it in the poor category. Nine respondents (25%) fell into the good category, while the majority of respondents 27 people, or 75% had poor behavior when caring for patients. Because the sig. (2-tailed) 0.011 < 0.05, the output findings indicate a significance value of 0.011, indicating a significant link between the discharge planning variable and family conduct in providing patient care.

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