

Social Support and Psychological Well-Being in Caregivers of Type II Diabetes Mellitus

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ABSTRACT

This study aims to determine the relationship between social support and psychological well-being in caregivers of type II diabetes mellitus. This research hypothesizes that there is a positive relationship between social support and psychological well-being in caregivers of type II diabetes mellitus. The subjects in this study were 150 caregivers who were caring for family members with a history of type II diabetes mellitus. The data collection methods used in this research are the Psychological Well-being Scale and the Social Provisions Scale. The data analysis technique used is product-moment correlation. Based on the results of the analysis of the data obtained, the correlation coefficient (r_{xy}) = 0,341 with $p = 0.000$ ($p < 0.001$), which indicates that the hypothesis proposed in this study is accepted, namely that there is a positive correlation between social support and psychological well-being in caregivers of people with diabetes mellitus. II. The coefficient of determination (R^2) is 0,141, so it can be said that the contribution of social support is 14,1% to psychological well-being and other factors influence the remaining 85,9%.

Keywords: *Psychological well-being, social support, thesis.*

Introduction

Diabetes mellitus, or diabetes, is a physical disease caused by high blood glucose levels (hyperglycemia) in humans (Nuraini & Surpiatna, 2016). Kusniawati (in Hidayah & Sugiyanto, 2020) suggests that if people with diabetes mellitus have good insight and ability to control their disease and prevent complications by self-care, this will decrease the mortality rate. Mayberry and Osborn (in Hidayah & Sugiyanto, 2020) explained that families must supervise, help, and facilitate people with diabetes in self-care and provide emotional support to help patients achieve a better quality of life. In other words, in this case, the family acts as the primary caretaker/caregiver as a substitute for medical personnel at home informally.

Caregivers, incredibly informal caregivers themselves, are individuals responsible for taking care of other individuals who have physical or psychological diseases without compensation (Rofail et al., 2016). One of the problems that can arise from the role of caregivers is the inability of caregivers to fulfill their functions optimally, which is closely related to their psychological well-being (Vania & Dewi, 2014). According to Wasserman, Mamani, & Suro (in Sari et al., 2020), it is

not uncommon for caregivers to feel burnout or chronic stress due to caregiving activities that require them to focus more on caring for patients compared to meeting the needs of themselves and other family members. Adianta and Wardianti (2018) also conducted a similar study, where it was known that the burden on families with diabetes mellitus was relatively high. Most of the respondents experienced psychological pressure, physical problems, changes in social interaction, and even financial problems caused by the treatment process of the patient.

Ryff and Singer (2008) stated that psychological well-being is a condition in which individuals have a healthy, good, and fully functioning mind and body which is closely related to their development and self-realization. Furthermore, Ryff and Singer (2008) describe six main dimensions of psychological well-being, each representing a healthy, good, and fully functioning individual condition. These dimensions include self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy.

Caregivers must have high psychological well-being to take care of other people, in this case, people with type II diabetes mellitus, because the patient's services are highly dependent on the condition of the caregiver (Hadiputra, 2017). Vania and Dewi (2014) stated that the individual's feeling of well-being will help him survive and interpret the difficulties experienced as part of his life experience. Suppose an individual fulfills the aspects of psychological well-being, in this case self-acceptance, and has positive relationships with others. In that case, it will allow him to enjoy and live comfortably (Mami & Suharnan, 2015).

Ryff (in Rahama & Izzati, 2021) explains that an individual's psychological well-being can be influenced by several factors, namely social support, personality, age, and gender. Research conducted by Mami and Suharnan (2015) shows that self-esteem and social support are related to psychological well-being, where both variables can predict the rise and fall of individual psychological well-being. In addition, based on research conducted by Lavasani et al. (in Kurniati et al., 2023), the results were obtained that social support has a positive relationship with individual psychological well-being. This means that the higher the social support received, the higher the individual's psychological well-being level.

Social support can be interpreted as individual behavior provided to other individuals in various ways with a fixed amount (Weiss, 1974). Based on research conducted by Weiss (1974),

there are six aspects of social support: attachment, social integration, the opportunity of nurturance, reassurance of value, a sense of reliable alliance, and obtaining guidance. Sarason et al. (in Rahama & Izzati, 2021) state that individuals who get good social support will have better life experiences. They will also have high confidence and self-esteem and can view things more positively than other individuals who receive less social support.

This study hypothesizes that there is a positive relationship between social support and the level of psychological well-being in caregivers with type II diabetes mellitus. The higher the social support, the higher the level of psychological well-being in caregivers with type II diabetes mellitus. On the other hand, the lower the social support, the lower the level of psychological well-being in caregivers with type II diabetes mellitus. Meanwhile, this study aims to determine the relationship between social support and psychological well-being in caregivers with type II diabetes mellitus.

Methods

This study uses a quantitative approach with a psychological scale method given to the subject and answered directly according to the condition of the subject. The Likert scale was used in this study. Two types of scales are used: the Psychological Well-being Scale, compiled by Wijiyani (2024) and modified by researchers with 17 items, and the Social Provisions Scale, modified by Erfani (2023) with 27 items.

The characteristics of the subject of this study are caregivers with type II Diabetes Mellitus who are undergoing treatment. Data was collected through the distribution of a scale in the form of a Google form link to the subjects, which was carried out on June 17-27, 2024. Furthermore, the data from the study was analyzed using product moment correlation analysis from Karl Pearson to determine the relationship between social support and psychological well-being in caregivers with type II diabetes mellitus.

Results

In this study, data was obtained from the Psychological Well-being Scale and Social Provisions Scale, which are the basis for hypothesis testing by displaying hypothesis scores and

empirical scores. The Psychological Well-being Scale has 17 items and the Social Provisions Scale has 27 items. The lowest score on both scales is 1, with the highest score of 5.

Based on hypothetical data, the minimum score obtained on the Psychological Well-being Scale is $17 \times 1 = 17$ and the maximum score is $17 \times 5 = 85$ with a hypothetical average of $(85 + 17) : 2 = 51$ and a standard deviation of $(85 - 17) : 6 = 11$. Meanwhile, the empirical data produced is 50 for the minimum score and 78 for the maximum score with an empirical average of 64.87 and a standard deviation of 4.913.

On the Social Provisions Scale, hypothetical data were obtained with a minimum score of 27 and a maximum score of 135. Meanwhile, the hypothetical average is 81 and the standard deviation is 9. In the empirical data, a minimum score of 58 and a maximum score of 131 were obtained with an empirical average of 98.13 and a standard deviation of 13.494.

Based on the results of the hypothesis test using product moment correlation analysis, the value of the correlation coefficient (r_{xy}) = 0.341 with $p = 0.000$ ($p < 0.001$) which shows that the hypothesis proposed in this study is accepted. Namely, there is a positive relationship between social support and psychological well-being in caregivers with type II diabetes mellitus. This positive relationship is shown by the higher the social support for caregivers with type II diabetes mellitus, the higher the psychological well-being; on the other hand, the lower the social support for caregivers with type II diabetes mellitus, the lower the psychological well-being. The hypothesis accepted in this study shows that social support is one factor that determines the psychological well-being of caregivers with type II diabetes mellitus. The results of this study are supported by previous research conducted by Vania and Dewi (2014), where there is a relationship between social support and psychological well-being in caregivers with schizophrenia disorder.

Discussions

Social support can be interpreted as individual behavior provided to other individuals in various ways with a fixed amount (Weiss, 1974). Litwin (in Mayangsari, 2023) argues that the social support provided by families and social networks contributes to increasing individuals' psychological well-being. Based on research conducted by Li and Lee (in Aryatiningrum & Satiningsih, 2023), high psychological well-being in caregivers creates a positive relationship

between the caregiver and the patient being treated. The relationship between social support and psychological well-being in caregivers with type II diabetes mellitus is described through the aspects of social support by Weiss (1974), namely attachment, social integration, opportunities for parenting, certainty of values, reliable alliances, and the acquisition of guidance.

The results of the categorization of subject scores on the social support scale showed that there were 124 people (82.67%) caregivers in patients with type II diabetes mellitus who felt high social support, 15 people (10%) caregivers in patients with type II diabetes mellitus felt social support in the medium category, and 11 people (7.33%) caregivers in patients with type II diabetes mellitus felt low social support. Thus, it can be concluded that the majority of caregivers in patients with type II diabetes mellitus have a high level of social support.

Meanwhile, based on the results of the categorization of psychological well-being subject scores, there were 142 people (94.67%) caregivers in patients with type II diabetes mellitus with a high level of psychological well-being and eight people (5.33%) caregivers in patients with type II diabetes mellitus had a moderate level of psychological well-being. Based on these results, it can be concluded that the majority of caregivers in patients with type II diabetes mellitus have psychological well-being that tends to be high.

Based on additional analysis obtained from the study results, there were 75 patients with type II diabetes mellitus who were female and 75 other type II diabetes mellitus patients were male. In the psychological well-being variable, caregivers who care for type II diabetes mellitus patients with the female gender have a higher level of psychological well-being compared to caregivers who care for type II diabetes mellitus patients with the male gender. Likewise, with the social support variable, caregivers who care for type II diabetes mellitus patients of the female gender have a higher level of social support than caregivers who care for type II diabetes mellitus patients of the male gender. This can be caused because caregivers who treat male type II diabetes mellitus patients have a higher level of caregiver burden. The caregiver burden is a subjective burden that can be experienced by caregivers (Khairunnisa & Hartini, 2022). This statement is supported by research conducted by Permatasari et al. (2020) with the results that the level of caregiver burden is higher in mothers who care for male schizophrenia patients.

Factors that are likely to affect the caregiver burden are clinical symptoms, outcomes or expenditures for treatment, and the success of the treatment itself.

Furthermore, the results of the study were also obtained that a total of 150 people with type II diabetes mellitus were in the adult age range. According to Hurlock (2001), there are three categories in the adult age range in humans, namely early adulthood (18-40 years), middle adulthood (41-60 years), and late adult/elderly (over 60 years old). In the psychological well-being variable, caregivers with a high level of psychological well-being and social support care for people with type II diabetes mellitus in the middle-age category. Meanwhile, in the social support variable, caregivers who have low levels of psychological well-being and social support are caregivers who care for people with type II diabetes mellitus in the early adulthood category. This can occur due to the influence of individual characteristics when experiencing stages of development in adulthood. In the middle adult age category, individuals will experience the expansion and maturation of the quality of psychological aspects, including intellectual, social, emotional, and value aspects. Generally, individuals will reach the peak of their achievement in this category, closely related to the evaluation and aspirations of friends and family (Jannah et al., 2021). The research results by Amalia Rahmatika (2020) align with this statement, where supportive support from friends and family makes the subject feel that he or she is not alone, which can improve personal growth. Meanwhile, in early adulthood, often referred to as the transition period, individuals in this age range are vulnerable to experiencing problems. Problems that can occur include problems with work or position, life partners, and even finances that require adjustments in them (Jannah et al., 2021).

This study shows a positive relationship between social support and psychological well-being in caregivers with type II diabetes mellitus. The results of the correlation analysis showed a determination coefficient (R^2) value of 0.141, which showed that the social support variable had a contribution of 14.1% to psychological well-being. The remaining 85.9% was influenced by factors not studied in this study.

Conclusion

Based on the results of the study, the hypothesis in this study is accepted, so it can be concluded that there is a positive relationship between social support and psychological well-

being in caregivers with type II diabetes mellitus. The higher the social support for caregivers with type II diabetes mellitus, the higher their psychological well-being. Likewise, the lower the social support for caregivers with type II diabetes mellitus, the lower their psychological well-being. In addition, based on the categorization carried out, it was concluded that most of the caregivers of type II diabetes mellitus patients who were the subjects of the study had high levels of psychological well-being and social support.

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