EXPERIENCES IN PATIENTS WITH DIABETIC ULCERS: A PHENOMENOLOGICAL STUDY

Dwi Agustina¹, Dewi Gayatri², Elly Nurachmah²
¹ STIKes Jayakarta, PKP DKI Jakarta
² Faculty of Nursing, University of Indonesia
Email: dwi.agustina00@yahoo.com

Abstract

Diabetic ulcers as one of the complications of diabetes mellitus disease, has impacts on the patients' physical, psychological, social and environmental comfort. The purpose of this study is to describe the experience of patients with diabetic ulcers. A descriptive phenomenology method with in-depth interview was assigned to eight participants. The results of this study found nine themes of their experience which are the understanding of diabetes mellitus, the experience of dealing with diabetic ulcers, the pain experience, the understanding of comfort, the changes in life, the social support gained, the spiritual experience, the health professional support and the psychological experience. The study recommends further studies.

Keywords: experiences, diabetic ulcer

BACKGROUND

Diabetic ulcers is a condition where skin tissue damage and infection are present. It affects the patients' comfort physically and psychologically. Psychologically, it may cause fear and anxiety. These discomfort emerge as the result of the ulcer on the patients' psikospiritual, sosiocultural and environment. This study aims to explore the experience of discomfort on patients with diabetic ulcers.

METHODS

A descriptive phenomenology approach was assigned in this study in order to seek the patients' experience in-depth. This design aims to describe the phenomena as the life experience and to enlighten the essence of the phenomena.

This study was conducted at Flamboyan, Bougenvil and Seruni Atas wards at RSUD Cibinong, West Java. Eight respondents with diabetic ulcers and the ability to speak Bahasa Indonesia who were being treated in this hospital were selected. They consist of three males and five females. Ethical conduct was assured to guarantee the respondents' rights along the process. In-depth interview with semi-structured questions and observation with field notes were conducted on this study.

RESULTS

Nine themes emerge in this study. The themes are the patients' perception on diabetic
mellitus, the experience of how the ulcer developed, the experience of diabetic ulcer pain, the perception on comfort, the changes in life, the social support received, the spiritual experience, the medical workers’ support and the psychological experience.

The perception on diabetic mellitus

The respondents reveal their understanding on diabetic mellitus by describing their experience having this disease, genetically inherited disease, their response, the complication of the disease and it's types. The respondents describe their experience having this disease as the elevation of the blood sugar level. All respondents said the experience the elevation of the blood sugar level as quoted below:

“... he eh.. waktu itu 500.. pusing saja ...” (P2)
“... kok tiba tiba saya pingsan kemudian dicek 800...” (P3)

The respondents also stated the signs and symptoms of diabetic mellitus as weight decrease and frequent urination. They are quoted below:

“...setiap malam kok kayaknya kok saya kencing mulu, trus saya ngaca juga kurus, trus kata temen temen di kantor, temen temen di gereja juga ini kurus. Saya bersyukur ya bu, orang dari 90an yah, gitu loh badan saya sampe 70an waktu itu saya. kok kencingnya nih hampir semalem sampe 10 kali....”(P5)

The respondents believe that DM is an inherited disease which means a member of the family has it.

“.... Itu sebenarnya dari keturunan bapak saya yah..... “ “...Kalau yang saya denger denger tuh keturunan yah, tapi ada yang bilang karena pola makannya ...”(P5)

Their response to DM were expressed with cautiousness and prohibitions. They were articulated below:

“.... Jadi ibu ni harusnya ati ati mbak, banyak sodara ibu kena gula. Gula kan bahaya kan mbak ?....” (P1)

The respondents conveyed that DM may damage the heart, the kidney, the eyes, the wound and may cause stroke; as expressed below:

“....saya sudah ngalamin ada yang jatuh terus jadi stroke ... ada tetangga yang jatuh jadi stroke....itu sampai kakinya dipotong......”(P2)

“....Nah itu yang dikuatirkan kalau komplikasi , karena kalau gula begini menurut dokter itu lari ke jantung , jantung koroner, lari ke ginjal gagal ginjal , gitu , lari kemata buta atau rabun, itu..... “(P3)

The respondents described two types of DM which are the wet and the dry DM. The wound in the wet DM may not dried while the dry DM may damage the internal organ such as the heart, the eyes, kidney and even death. As below, an example of the expression:
The experience of how the ulcer developed

The respondents expressed their experience throughout the progress of the disease. They described their experience from the beginning of occurrence, the process, the first aid, the wound management at home and how they were hospitalized.

“...Gula kering, kalau gula basah barangkali udah meninggal...”...

The respondents were able to treat the wound by using alcohol, supertetra following their visit to health facility above.

“...Pertama pake air panas, dah itu alhokoh... Nah iyah, alkohol yang putih itu. Dibersihin air hangat, pake alkohol. Pake supertetra...” (P6)

Next, they seek further help at hospitals as expressed below:

“...Dibersihin aja gitu karena di RS harapan kan gakada ruang isolasi jadi dirujuk, tadinya rajukannya ke cipto karena gada yang nungguin gitu kejauhan jugaa yang nyari yang deket sini...” (P8)

The respondents said that the wound takes a long time to heal as quoted below:

“... Eh, ndak taunya sekarang segede ini, padahal ngggg......februari kemarin awalnya, kan udah lama tuh.....” (P1)

The experience of diabetic ulcer pain

This pain is described in relation to the ulcer itself and the wound management. The respondents illustrated the pain as follow:

“... waktu sebelum dibawa kesini terang 3 malam itu susah tidur rasanyavaskit sekali panas nyeri mut ... mut... mut...” “...gima ya rasa, klo saya bilang mut .. mut itu cekot.. cekot.. cekot. Gitu loh, kayak ada banyak kuman gitu loh,gitu...” (P4)
Furthermore, they were traumatized by the possibility of having another wound as stated below:

“...waduuuh klo masalah, rasa, dalam angan –angan atau pikiran saya... aduuh udah dah saya cukup sekali itu saya merasakan tidak usah terlalu lama, karna terus terang apasangat menyedihkan semua pihak baik keluarga maupun saudara...” (P4)

while the wound being treated, some respondents said that it felt like a sharp pain and some did not feel anything.

“.... Ya itu mbak, rasanya kayak ditusuk tusuk, wong kadang ibu nahan napas, trus kalau ibu ndak tahan, ibu tarik kali ibu, eh, diomelin, katanya jangan ditarik itu, kan mau dibersihin...” (P1)

The understanding of comfort

The respondents illustrated comfort as good feeling they have when there is no wound or the wound is healed and their peaceful minds.

“... Nyaman itu yah, ga ngalamin ngapa ngapain yah... Iya, jadi kita tuh tenang, apa apa kita nikmati, kita rasanya yah...ga ada, ya kayak ga ada penyakit, ga ada beban....” (P5)

The Changes in mind

The respondents implied changes happened in their life, physically and socially. Physically, they no longer be able to walk by themselves including to the bathroom and felt weak while sitting down. As expressed below:

“.... Duduk aja belum bisa, lemes , duduk baru duduk langsung gabruk lagi. Pengennya saya bisa duduk , nih bisa jalan ke gang itu sih enak , ini belum bisa . yah, ngangkat kaki aja belum kuat begini . tau kenapa ya ?...”. (P3)

Socially, changes happened on the way they are no longer able to be work or to participate in a wedding. Although, some keep their activities on going at home. They are quoted as follow:

“...Ibu tadinya bisa kerja bersih bersih di sekolahan, tu sekolahan samping rumah sakit ini. Tapi sekarang ya gimana lagi, ndak bisa mbak, jalan aja ndak bisa. Saya juga bingung, udah mau 5 bulan ni mbak...”(P1)

“...Kan ibu jadi ga dagang sebulan lebih udah ga dagang...”(P6)

Social support received

The respondents received social support from families and their surroundings. One of the forms of family support is by their children and grandchildren frequent visit. Moreover, their neighbors' visit and prayers are examples of the support from their surroundings. They feel moved by these kinds of support as illustrated below:

“.... ya itulah pada nginap..pada ngurusin, pada nyuci kalau dilihut belum rapi.. anak cucu tiap hari kesini...”(P2)
“.... Jadi tetangga saya, saya terharu. Kalau saya menyangkut tetangga lingkungan saya itu saya terharu mengeluarkan air mata mau ucapkan terimakasih...” (P4)

**Spiritual Experience**

The respondents described their spiritual experience as having limitation in practicing good deed/praying and trying to accept this ulcer. They have trouble praying and fasting. They could only surrender themselves to God and accept it as a test. It is expressed as follow:

“.... Puasa kalau disini tidak diwajibkan... Iyah, akrena akan puasa wajib seperti ramadhan dalam keadaan sakit lebih baik tidak puasa dulu karena masih harus smenelan obat ataupun ini yang suntikan macem macem. Belum wajib...” (P4)

“.... jadi saya jarang sholat.....” (P2)

The respondents described their time in the hospital. They received medical support either as medical or nursing intervention. They gave full authorization to the doctors as long as the wound heal. As for nursing care, some nurses were able to manage the wound less painful.

“.... terserah dokter..yang penting saya sembuh, bisa pulang jalan... tapi kalau dipotong saya tidak mau..apa itu mutasi apa ?... “ (P2)

“.... Yah tadi perawat disini enak enak, Cuma yang bersihin luka tu ada yang enak, bikin sakitnya sedikit. Lupa tadi namanya ibu. Nah kalau dokternya juga yah kan datengnya sehari sekali, kapan itu malah ndak datang....”. (P1)

**Psychological experience**

The respondents described their psychological response toward the disease and stress. The example of the psychological response are worries, fearful and sad. Meanwhile, the psychological stress due to diabetic ulcers are not being able to hold the pain, crying and getting more sensitive. They were illustrated as follow:

“...Yah, sedih to mbak. Siapa yang mau punya luka kayak ibu. Yah, diterimain ajalah mbak, mau diapain lagi. Ini mungkin cobaan Allah. Kalau ditanya gini ibu jadi sedih...” (P1)

“...Sedih banget, lemes saya apalagi udah divonis gak sembuh begitu...” (P8)

“...Ya mudah tersinggung, cepet stress...” (P8)

**DISCUSSION**

Following the collection of data, the analyses process is proceeded on the themes as follow:

**The understanding of diabetes mellitus**

The increase of blood sugar level or known as hyperglycemia is a specific sign of DM. This disease develops further metabolic complication especially lower extremity diabetic ulcers (Wesnawa, 2012).
Hyperglycemia increases the metabolism of sorbitol which entail the increase of the blood osmolarity and reactive oxidant which further damage the body cells (Decoli, 2008).

Theoretically, Trias P which are polyuri, polydipsi and polyphagi, are the first symptoms of DM. Polyuria happens due to the increase of glucose concentrate in the blood circulation which cause osmotic diuresis and massive urine production. Polidipsi happens due to the increase of blood sugar level causes the migration of water out of the cells. The cells then become dehydrated. it is then triggers the thirst alarm on the hypotalamus which initiate the patients to drink a lot. Moreover, less insulin level in the blood causes the inability of the glucose to enter the cells. This process causes the patient to feel weakened, hungry most of the time but keep losing their weight.

The DM complication stated by the respondent above is aligned with the theory of microangiopathy and makroangiopathy. Examples of microangiopathy are nefropathy, neuropathy, retinopethy. Whilst, macroangiopathy happens in the vascular which may cause heart disease (WHO, 2006).

Decroli (2008) in his research on diabetic ulcers profiles suggested that most of the patients suffer from neuropathy. In the next discussion on the understanding of DM, this disease will be classified as wet and dry DM although there has not been any theoretical classification based on these two terms.

The experience of how the ulcers developed.

The healing process of DU depends on the age, the blood sugar level and the vascular condition. These factors should be under control to fasten the healing time. Proses penyembuhan pada ulkus diabetikum tergantung pada usia, kadar gula darah, kelancaran vaskularisasi. Faktor faktor ini harus dikontrol untuk meningkatkan waktu penyembuhan.

Inzucchi et al. (2005) suggested that there are several factors which contribute to the prevalence of the DU. The factors are neuropati, impaired vascular perfusion, feet deformity, high pressure on lower extremity, chronic diabetes and other complication of DM.

The experience of DU Pain

Theoretically, patients with DM and neuropathy will experience the decrease of sensation while being treated. It is proven in a study by Reiber GE, (1991) dalam Frykberg, et.al. (2006) who found that 45-65% DU have neuropathy alone whilst 45% have neuropathy and ischemia.

The understanding of comfort

The patients' present perception of comfort is closely related to their previous experience.
The Kolcaba (2003) theory states that the acceptance of comfort is influenced by negative, positive experience and the interaction between both experience on comfort.

**Changes in life**

The DU patients experience changes in their life as expressed by the respondents which are physical activity intolerance. Firman (2012) found that out patients are frustrated and upset to face the fact that they have to manage their wound once a month with their disability.

A research done on workers by Waters & Holloway (2013) revealed the further impact of DU. The workers experience changes in their role and going through the adaptation process.

**Social support received**

The patients' feeling of happiness and moved is similar to a research findings about self esteem by Salome, Pellegrino, Blanes dan Ferreira (2011).

In a qualitative research about the quality of life, adult patients with DU will experience the decrease in their quality of life. They experienced the decrease in activities, social inclusion and the feeling of become other's burden (Kinmond, 2008)

**Spiritual experience**

The respondents' spiritual experience is supported by spiritual value. Hadjistavropoulus (2002) stated that religious value play a part in one's decision making to support each life.

**Psychological experience**

Anxiety was felt as something that is coming and going which makes the patients become hopeless. Other feeling expressed are worry, afraid, sad, exhausted, hard at further exploration of their feelings.

**Medical workers support**

The respondents received health care from the medical workers at the hospital. The supports are medical interventions or information. Medical workers pointed are doctors and nurses. As suggested by Gibson (2001) that nurses play an important role in the patients' physical recovery and rehabilitation especially patients with amputation.

Towards uninformed patients about medical intervention on wound management, detailed information is necessary on all interventions.

**Psychological experience**

Mlchntos (2009) found that the average of patients avoid the conversation about amputation and they have different ways to deal with that possibility. Although, most respondents felt a deep emotion if the amputation is really happening. They hope for support from the health system to deal with it. This goes along with the respondents' hope to avoid amputation.

**CONCLUSION**
This study reveals nine themes about the patients' experience on DU. All the themes is in line with the aims of this study. The themes are the patients' perception on diabetic mellitus, the experience of how the ulcer developed, the experience of diabetic ulcer pain, the perception on comfort, the changes in life, the social support received, the spiritual experience, the medical workers' support and the psychological experience.

Further similar study on other patients from other hospital is needed to get more variety.

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