

**ILLNESS PERCEPTION, COMPLIANCE, AND QUALITY OF LIFE AMONG  
DIABETES PATIENTS IN A PRIVATE AND A GOVERNMENT  
HOSPITALS IN ILOILO CITY**

**A Thesis**

**Presented to  
the Faculty of the College of Nursing Graduate Program  
Central Philippine University**

**In Partial Fulfillment  
of the Requirements for the Degree  
MASTER OF ARTS IN NURSING**



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April 2015**

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By

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## **ABSTRACT**

This study was conducted in order to determine the illness perception, compliance, and quality of life of diabetic patients in Iloilo City. Specifically, it aimed to determine the personal characteristics of the respondents in terms of age, sex, civil status, educational attainment, employment status, and living arrangement; and clinical characteristics such as, medication in use, duration of diabetes, and comorbidities. It also aimed to determine the illness perception towards diabetes, compliance to diabetes management as well as their quality of life. Moreover, it also tried to determine whether there was a significant relationship between their personal and clinical characteristics and illness perception, compliance, and quality of life. Furthermore, it also aimed to determine significant relationship between illness perception and compliance, illness perception and quality of life, and compliance and quality of life.

All of the 61 patients of Iloilo Mission Hospital and Iloilo Provincial Hospital were included in this descriptive study. Data was gathered through a structured interview schedule from July 7, 2014 to August 7, 2014. Analysis of the data involved the use of both descriptive and inferential statistical tools with the help of the Statistical Package for

Social Sciences (SPSS) Software Program for Windows, version 20. Results revealed that majority of the respondents were 60 years old and older, female, either single or widowed, are able to reach either elementary or high school level, unemployed, living with their extended family, using oral medications only, had been diagnosed with diabetes for less than 15 years, and without existing comorbidities. Moreover, there was almost an equal proportion of respondents according to their illness perception and quality of life. The respondents, in general, were non-compliant.

There was no significant relationship between the personal characteristics in terms of age, sex, civil status, educational attainment, employment status, and living arrangement; and their clinical characteristics such as medication in use, and duration of diabetes and the illness perception of the respondents. However, a positive weak and statistically significant relationship was determined between comorbidities and illness perception. There was no significant relationship between the personal characteristics of the respondents in terms of age, sex, civil status, educational attainment, employment status, and living arrangement, and their clinical characteristics such as medication in use, duration of diabetes, and comorbidities and their compliance. Furthermore, there was no significant relationship between the personal characteristics of the respondents in terms of age, sex, civil status, employment status, and living arrangement and their clinical characteristics such as medication in use, duration of diabetes, and comorbidities and their quality of life. Nevertheless, there was a positive substantial and statistically significant relationship was found between educational attainment and quality of life. Their illness perception was not related to their compliance and quality of life. Their

compliance to diabetes management had a positive substantial and statistically significant relationship with quality of life.

It is concluded that the diabetic patients in Iloilo were mostly old, dominated by females, generally single or widowed, less educated and were not employed, stayed with their extended family, used oral medications, had diabetes in an average of 8 years with no comorbidities. And that the diabetic patients in Iloilo are almost equally divided when it comes to their illness perception. Moreover, the diabetic patients in Iloilo had illness perception that varies with comorbidities. However, a big proportion of diabetic patients in Iloilo tended not to comply with the recommended diabetes management. Although the diabetic patients in Iloilo had poor social, and psychological and spiritual quality of life, their physical, and level of independence and environmental quality of life were good that resulted into an almost equal proportion of the overall quality of life. Regardless of the personal and clinical characteristics of the diabetic patients in Iloilo, their quality of life doesn't vary except for the educational attainment. Compliance is vital in the attainment of good quality of life of diabetic patients in Iloilo.

Therefore, since majority of the respondents acknowledged that their illness require discipline, it is therefore recommended that healthcare providers should continue to encourage them to maintain discipline in complying with the diabetes management. The healthcare providers can practice the reward system for those found to be disciplined. For example, when they check the blood sugar of the members, those who have normal blood sugar will have a simple token as their reward for good blood sugar control.

It is noted that more than half of the respondents indicated that diabetes is not hereditary. It implies that they don't understand the illness well. It is recommended that

the healthcare providers, both academic and healthcare professionals, make the education of the diabetic patients stronger regarding their illness. It is suggested that every time they have their lecture about diabetes, there will be a time allotted for an open forum where the diabetic patients can clarify what they don't understand and where they can be corrected also. Since most of the diabetics are old, it is also proposed that healthcare providers keep lectures short yet informative by allowing patients participation.

It is also noted that the respondents have difficulty in complying with the diet program and would sometimes miss taking their medication. With this, family participation is encouraged. It can be done by giving the family members the schedule of the medications the diabetic member needs to take as well as the diet and exercise recommendation. The family support will be strengthened if they do these things together.

Compliance to the overall diabetes management was found to be low. It is therefore recommended that healthcare providers focus on providing facts about the importance of compliance and the consequences of non-compliance. The healthcare providers may even post photos of the different complications of diabetes, for example a gangrenous foot or an amputated limb. This will raise awareness not only for the diabetics but also for those who aren't.

Since some of the respondents indicated that they feel lacking in self-confidence and are frustrated because of their illness, it is recommended that the healthcare providers find means on how to strengthen their self-worth and self-esteem by setting simple goals that are measurable and attainable.

Being a member of the Diabetes Club is a good way for the diabetics to socialize. Therefore, it is also recommended that Endocrinologists should encourage those diabetics

who are not yet a member of the club to join. In that way they can share their concerns and help one another. It is also advised that healthcare providers arrange for the information dissemination about the existence of the diabetes club in the hospitals by placing brochures and posters in public areas like bus stations, convenience stores, and on both private and government offices.

Educational attainment was found to be significant in the attainment of good quality of life. And since most of the diabetic patients are less educated, it is advised that healthcare providers strengthen information dissemination as previously suggested on all diabetics to improve their quality of life.

Compliance was also found to be significant in the attainment of good quality of life. It is therefore suggested that diabetic patients follow the diabetic management conscientiously as prescribed by the physician.

Future researchers may look into wider scope in terms locale and number of respondents. It is also suggested that future researchers may look other variables not covered by the study such as social support, blood glucose monitoring, clinic attendance, coping strategies of diabetic patients and their families, or other internal psychological factors that may affect the diabetic patient's quality of life. A qualitative study that will capture in-depth information about the quality of life of the diabetic patients is also recommended.