

The Relationship Between Self-Concept And Quality Of Life Of Diabetic Ulcer Patients At The Link Care Clinic, Bulukumba

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ABSTRACT

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Background : Diabetes mellitus has complications, one of which is diabetic foot ulcers. Diabetic foot ulcers are wounds on the feet of diabetics. The impact of diabetic ulcers can have an effect on the physical and psychology of sufferers, one of the psychological impacts of sufferers is self-concept disorders. Diabetics who experience a decrease in self-concept will become depressed and can reduce their quality of life. **Objective** : To determine the relationship between self-concept and quality of life of diabetic ulcer patients at the Link Care Clinic, Bulukumba Regency in 2024. **Methods** : Quantitative correlation with a cross sectional approach with a sample size of 35 respondents using nonprobability sampling method with accidental sampling technique. The data collection tools used were questionnaires, the Tennessee Self Concept Scale (TSCS) and the WHOQoL-BREF quality of life questionnaire. **Results** : After statistical testing with fisher's test, the results were obtained with a value of $p = 0.000 (< 0.05)$, it was concluded that there was a significant relationship between self-concept and the quality of life of diabetic ulcer patients at the Link care Clinic, Bulukumba Regency. **Conclusions and Suggestions** : There is a relationship between self-concept and the quality of life of diabetic ulcer patients at the Link care Clinic, Bulukumba Regency. It is hoped that this research can add information and input for officers and patients with diabetic ulcers.

Keywords: Self-concept; Quality of life; Diabetic ulcer

INTRODUCTION

Diabetes mellitus is a chronic disease that occurs when the pancreas does not produce enough insulin or when the body cannot use the insulin it does produce effectively. Insulin is a hormone that regulates blood glucose, elevated blood glucose or hyperglycemia is a common effect of uncontrolled diabetes and over time can cause serious damage to the body's systems, most notably the nerves and blood vessels. (WHO, 2022).

Diabetes mellitus has become one of the world's globalized and alarming health problems, because it has affected more than 537 million people in 2021 and is expected

to increase to 643 million in 2030 according to the international diabetes federation (IDF) and in Indonesia the rate of diabetes mellitus increased from 81.8% in 2019 to 19.46 million in 2021. This data positions Indonesia as the country with the fifth highest number of people with diabetes in the world, after China, India, Pakistan and the United States (US), even Indonesia is the only one in the Southeast Asian region that is included in the top 10 countries with the most cases of people with diabetes. (IDF, 2021).

In the world and Indonesia, the increase in diabetes mellitus continues to increase, while at the provincial level, especially in South Sulawesi Province, based on data obtained from the health profile of South Sulawesi Province in 2018 there were 148,311 cases of diabetes mellitus (Risikesdas, 2018). Data recorded at the Bulukumba health office (2023) of diabetes mellitus sufferers are highest in the Ponre area with 458.6% of sufferers, Bontobahari around 382.3% and Karassing 382.1% of sufferers and the lowest in the Borong Rappoa area with 18.2% of sufferers.

Data obtained at the Link Care clinic in Bulukumba Regency regarding the number of patients who performed diabetic wound care in 2020 was 66 people, the number of patients increased in 2021 by 74 people while in 2022-2023 there were 55 people. One of the chronic complications of diabetes mellitus is diabetic foot ulcers. Diabetic foot ulcers are wounds on the feet of people with diabetes. In diabetics, ulcers can occur due to trauma. This condition is exacerbated by hyperglycemia which causes a decrease in the ability to repair damaged tissue and susceptibility to infection, causing the infection to widen and worsen the wound. (Soebagijo, 2021).

The impact of diabetic ulcers can have an effect on the self-concept of patients with diabetes mellitus, diabetes patients who experience a decrease in self-concept will become depressed and can reduce their quality of life. Conversely, if the self-concept is good, it will minimize depression and improve quality of life (Setiorini, Pahria, & Sutini, 2019). Self-concept is defined as an individual's image and attitude towards oneself, which is an important aspect and frame of reference in interacting with the environment that can affect one's behavior. Self-concept is divided into five components, namely body image, ideal self, self-esteem, self-identity, and self-role (Zulkarnain I, Asmara S, Sutatminingsih R, 2020), (Simamora, 2019).

Quality of life includes the patient's emotional response to social, emotional, work and family activities, a sense of pleasure or happiness, a match between expectations and existing reality, satisfaction in performing physical, social and emotional functions

and the ability to socialize with others (Syatriani, 2023).

MATERIAL AND METHOD

This research design uses quantitative correlation with a “Cross sectional” approach. This research was conducted from April to May 2024 at the Link care Clinic, Bulukumba Regency. The population in this study amounted to 55 people, the sample obtained in this study was about 35 people using nonprobability sampling method with sampling technique, namely accidental sampling. Data were presented and analyzed univariately presented in the form of frequency distribution tables and bivariately using the fishers test to determine the relationship between self-concept and quality of life.

RESULTS

Table 1 shows that most patients suffer from negative self-concept as many as 19 people (54%), while patients who suffer from positive self-concept are 16 people (46%).

Table 1. Frequency distribution of respondents based on self-concept of diabetic ulcer patients at Link care clinic, Bulukumba Regency

Self Concept	Frequency (f)	Percentage %
Positive	16	46
Negative	19	54
Total	35	100

Table 2 shows that most patients with poor quality of life are 23 people (66%), while patients with good quality of life are 12 people (34%).

Table 2. Frequency distribution of respondents based on the quality of life of diabetic ulcer patients at the Link care clinic, Bulukumba Regency

Quality of life	Frequency (f)	Percentage %
Good	12	34
Not good	23	66
Total	35	100

Table 3 shows that respondents who have a negative self-concept who experience good quality of life are 1 person (2.9%) and respondents who have a positive self-concept who experience good quality of life are 11 people (31.4%) while respondents who have a negative self-concept who experience poor quality of life are 18 people (51.4%) and respondents who have a positive self-concept who experience poor quality of life are 5 people (14.3%).

Based on the results of the analysis using the chi square (fisher) statistical test, a significance value of 0.000 (P <0.05) was obtained, it can be concluded that “There is a relationship between self-concept and the quality of life of diabetic ulcer patients at the

Link care Clinic, Bulukumba Regency in 2024”.

Table 3. Relationship between self-concept and quality of life of diabetic ulcer patients at the Bulukumba Regency Care Clinic

Self concept	Quality of life				Total	P
	Good		Not good			
	N	%	N	%		
Positive	11	31.4	5	14.3	16	45.7
Negative	1	2.9	18	51.4	19	54.3
Amount	12	34.3	23	65.7	35	100.0

DISCUSSION

Based on the results of research conducted by researchers, most respondents suffered from a negative self-concept, namely 19 people (54%) and 16 people (46%) who experienced a positive self-concept.

Self-concept is divided into five namely body image, role, personal identity, self-ideal and self-esteem which are manifestations of a form of identity that is viewed in a comprehensive manner to support personality. In general, self-concept can be defined as the way we view ourselves as a whole, including: physical, intellectual, beliefs, social, behavioral, emotional, spiritual and stance in daily conversation (Muhitd, 2015).

Patients with diabetic ulcers view negatively about the condition of the wounds on their bodies because patients are not satisfied with themselves, do not have confidence and cannot do something like most people (Herliani et al., 2023).

An accepting self-concept will develop into a positive self-concept and vice versa, a rejecting self-concept will develop into a negative self-concept. A positive self-concept is different from arrogance, egotism. Positive self-concept is more directed towards accepting oneself as it is and developing realistic expectations in accordance with the abilities that an individual has (Supratono, et al, 2023).

Based on research conducted by Octari (2018), with the research title The effect of self-concept and locus of health control on the quality of life of people with diabetes states that when the regression test is carried out together, these two variables have a significant effect on the quality of life of people with diabetes. When testing the significance of each dimension, there are 5 dimensions whose regression coefficient value significantly affects the quality of life, namely health protective disposition, motivation to maintain health, extrinsic motivation for avoidance derived from self-concept variables so there is a significant influence between self-concept and the quality of life of people with diabetes in Jabodetabek.

Negative self-concept is the result of an inability to accept or adapt to changes that occur throughout life, disliking oneself or even hating oneself which can be projected onto others, feeling sad or hopeless can express lack of energy, even to perform the simplest tasks (Lestari & Barewe, 2016).

Especially if it is accompanied by amputation so that part of the body is lost and this causes his outlook on life to change. The level of independence of patients with diabetic foot wounds changes so that patients must receive assistance from others and carry out independent activities which sometimes must be assisted by others. Some of these things ultimately cause the self-concept of the sufferer to be disturbed (Usman, 2019).

These results are in line with the research of Anita Nurzani et al (2020) showing that the negative self-concept of 43 people (53%) of 82 respondents, this is due to feelings of inferiority where respondents cannot accept their current self and feel that family and society cannot accept their condition.

It is also proven by research by Meilyani et al (2021) which shows that the negative self-concept of 25 out of 31 respondents, this is due to the inability of some respondents to accept changes in conditions experienced after suffering from diabetic ulcers both physically, psychologically, socially and even economically.

Researchers argue that respondents who suffer from diabetic ulcers will experience changes in the function of body parts either because the legs cannot function optimally or a decrease in overall body function due to diabetic wounds will make patients feel helpless because they cannot carry out their daily roles and have a feeling of being a burden on the family because they are less able to help the family's economic needs. Some patients also feel embarrassed, alienated, dissatisfied with their body condition with diabetic ulcers and patients also feel that they are not accepted by the community because of their current condition, resulting in the patient's self-concept becoming negative.

Long-term leg wounds also have a negative impact on the patient's self-concept, self-esteem, quality of life, physical and emotional health, the patient's hope for recovery and the patient's spiritual level. This shows that the treatment of diabetic ulcers is not enough to treat the physical side, but there needs to be attention in handling the psychological, spiritual side, so as to improve the quality of life of patients (Akbar, et al, 2021).

Based on the results of research conducted by researchers, the quality of life is not good, namely 23 people (66%) and a good quality of life of around 12 people (34%). Decreased quality of life in patients with diabetic foot wounds is related to limitations in carrying out activities, disability and pain due to ulcers resulting in disturbed sleep patterns (Supriadi et al., 2020).

The development of self-concept begins at an early age. It continues throughout life. However, between childhood and adolescence, self-concept grows the most. By the second year of life, children will be able to see how they differ from others. Concept development will always endlessly evolving. Although it is believed that one's self-identity is formed primarily during childhood, one's experiences as an adult can also change how one feels about themselves. For example, if self-esteem increases later in life, it can improve one's self-concept (Rasyida, 2023).

These results are in line with the research of Fawzi & Wahyuningrum (2018) which states that respondents who experience poor quality of life are 16 people (53.4%) of 30 respondents, this is influenced by the level of independence, physical condition, social activity, social and psychological interactions.

These results are also in line with the research of Akbar et al (2021) which states that respondents who experience poor quality of life are 24 people (53.3%) of 45 respondents, this is because respondents experience obstacles in carrying out daily activities or work resulting in decreased productivity, experience disturbances in sleep patterns due to pain in ulcers resulting in dissatisfaction with their current health, respondents also experience psychological impacts in the form of decreased self-image and social interactions and respondents feel worried or anxious because of the difficulty of the ulcer healing process, feelings of loss of self-motivation, loss of freedom, frustration (being a burden on the family) to fear of the risk of amputation.

Researchers argue that patients with more and more treatments can make quality of life decrease, this is because the more severe the wound in the patient, the more drugs will be used and the longer wound care will require expensive costs. patients also have difficulty in carrying out daily activities, experience limitations in social interaction because they are embarrassed about their condition.

Based on the results of the study analyzed by researchers using the Alternative Fisher chi square statistical test, a significance value of 0.000 ($P < 0.05$) was obtained, it can be concluded that "There is a relationship between self-concept and the quality of

life of diabetic ulcer patients at the Link care Clinic, Bulukumba Regency”.

Diabetic foot wounds have an impact on the physical and psychological sufferers. The physical impact of diabetic foot wounds is an obstacle in carrying out daily activities or work, pain in diabetic ulcers can also lead to disruption of sleep patterns and infection of the wound so that it requires minor treatments such as debridement and antibiotic administration or major treatments such as resection and even amputation (Supriadi et al., 2020).

The psychological impact on patients with diabetic foot wounds includes a decrease in self-image, self-image, self-esteem and a decrease in social interaction. Patients also often feel worried or anxious about the condition of their disease, especially an increase in concerns about the difficulty of the ulcer healing process, feelings of loss of self-motivation, loss of freedom, frustration (being a burden on the family), and fear of the risk of amputation. This can reduce the quality of life of diabetic ulcer patients (Akbar et al., 2021).

Other factors that also contribute to the quality of life of diabetic ulcer patients are economic status and education. Subjectively, economic status significantly affects a person's quality of life, where someone with high economic conditions will feel happy in living life, but someone with low economic conditions will feel less excited or less enjoy their life. Education can also describe a person's knowledge where someone with a high education has high knowledge of health, so that the ability to control blood sugar will also be better and the desire to exercise and maintain a healthy lifestyle is also getting better (Ekasari & Hartini, 2018).

These results are in line with the research of Indriyati & Vitri Dyah Herawati (2023) proving with a significance value of $0.008 < 0.05$, namely that there is a relationship between self-concept and quality of life in diabetic ulcer patients, this is due to psychological disorders such as depression due to physical changes in themselves which cause the patient's self-concept to become negative so that they experience a poor quality of life.

Researchers argue that there is a relationship between self-concept and the quality of life of diabetic ulcer patients because based on the results of observations of patients who experience a negative self-concept will result in a decreased quality of life where patients experience body image disturbances so that patients do not accept their condition, feel useless because they cannot help the family economy or daily work feel

like a burden on the family, feel embarrassed to socialize because of diabetic ulcers.

There is one patient who has a negative self-concept but a good quality of life, this is because the patient does not accept himself and his activities are disrupted, but the patient has support from his family and people around him. According to Akbar et al (2021), family support is a positive behavior and attitude that can provide physical and psychological comfort to patients so that it will accelerate recovery, increase immunity, and reduce stress and psychological disorders, while according to Purnomo et al (2023), although patients have a negative self-concept, they have a good quality of life, this is because patients get good internal and external support so that patients have enthusiasm that improves their quality of life.

There were also five patients who have a positive self-concept but poor quality of life is influenced by a lack of knowledge about blood sugar management. influenced by the patient's lack of knowledge about blood sugar management and foot care. and foot care, patients also lack support from people around them and patients are also constrained by the cost of treatment because the around them and patients are also constrained by medical expenses due to the length of treatment, which affects their quality of life. the length of treatment so that it affects his quality of life. According to Akbar et al (2021), economic status can affect a person's quality of life.

Quality of life is not only influenced by self-concept, Teoli & Bhardwaj (2023), states that age, gender, education level, socioeconomic status, duration of diabetes mellitus and complications due to diabetes mellitus will affect the patient's quality of life.

Another common complication is skin problems and leg wounds that are difficult to heal. This is caused by damage to the blood vessels and nerves, and very limited blood flow to the legs. High blood sugar makes it easier for bacteria and fungi to multiply. Moreover, diabetes also decreases the body's ability to heal itself (Febriansari et al, 2020).

Based on research by Lede, Harianto & Ardiyani (2018) with the title The effect of blood sugar levels on wound healing of diabetes mellitus at the Dinoyo Malang Health Center with 30 respondents with the results there is an effect of blood sugar levels on the duration of wound healing of diabetes mellitus at the Dinoyo Malang Health Center.

a person, where someone with high economic conditions will feel happy in living life, but someone with high economic conditions will feel happy in living life. in living

life, but someone with low economic conditions will feel lack of enthusiasm or enjoyment of life and patients who are highly educated are estimated to have a high educated patients are estimated to have high knowledge about health. whereas according to Afiko & Mendrofa (2022) stated that the process of wound healing process takes a long time and costs a lot of money. costs, so family support is needed.

CONCLUSIONS

In this study, more people suffered from negative self-concept and poor quality of life, and in this study there was a relationship between self-concept and the quality of life of diabetic ulcer patients at the Link Care clinic, Bulukumba Regency in 2024 proven by a p value of 0.000. For future researchers, they should research family support and quality of life in particular. in diabetic ulcer sufferers.

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