CHAPTER VII
CONCLUSIONS AND SUGGESTIONS

A. Conclusion

Based on the results of the study on the relationship between *self-care management* and *sleep quality* with quality of life in patients with diabetes mellitus in the working area of the Sawah Lebar Health Center, Bengkulu City 2026, it can be concluded as follows:

1. More than half of the respondents (50.5%) were in the age group ≤ 50, most were female (70.3%). Judging from DM Type, more than half of the respondents (67.3%) had a history of type 2 DM. Based on the length of time they had DM, more than half of the respondents (62.4%) were ≤ 2 years. In terms of the type of therapy undergone, more than half of the respondents (65.3%) underwent pharmacological therapy, while from family history, most (86.1%) respondents had no history.
2. The results of the analysis showed that more than half of the respondents had*very* good management (60.4%), almost all *sleep quality* was good (97.0%). Judging from the quality of life, most of the respondents had a history of excellent quality of life (87.1%).
3. There was no meaningful relationship between *self-care management* and the quality of life of DM patients in the working area of the Sawah Lebar Health Center, Bengkulu City (p = 0.412).
4. There was no meaningful relationship between *sleep quality* and quality of life of DM patients in the working area of the Sawah Lebar Health Center, Bengkulu City (p = 0.342)

5. There were no factors that were predominantly related to the quality of life of diabetes mellitus patients in the working area of the Sawah Lebar Health Center, Bengkulu City. The gender variable had the largest OR value of 2.249 (95% CI: 0.443–11.419).

B. Suggestions

1. For Applied Nursing Undergraduate Study Program

   Based on the results of this study, it is hoped that it can be a material to strengthen learning materials related to *self-care management,* sleep quality , and quality of life in DM patients both theoretically and practically.

2. For Health Centers and Health Workers

   Health centers and health workers are expected to increase promotive and preventive efforts through continuous health education programs regarding the importance of *self-care management* in DM patients. The education provided can include dietary adherence, physical activity, blood sugar level monitoring, medication adherence, and diabetes foot care. In addition, health workers need to pay attention to the quality of patients' sleep because good sleep quality can support the patient's physical and psychological condition so as to contribute to improving the quality of life. Regular counseling, counseling, and mentoring activities are expected to help patients manage their illnesses independently and optimally.

3. For Diabetes Mellitus Patients

   Patients with Diabetes Mellitus are expected to improve *self-care management* behavior in daily life by complying with treatment recommendations, maintaining a diet, doing regular physical activity, and regularly monitoring health conditions. In addition, patients need to pay attention to sleep quality by implementing good sleep patterns, reducing factors that can interfere with sleep, and consulting with health professionals if they experience sleep disorders. The implementation *of*

good self-care management and optimal sleep quality is expected to help improve the quality of life of Diabetes Mellitus patients.

4. For the next researcher
   a. It is hoped that it can use more diverse research designs, such as *cohort studies,* or *mixed methods* so that it can describe the causal relationship between *self-care management,* sleep quality, and quality of life of patients with diabetes mellitus more comprehensively.
   b. It is hoped that it can involve a larger number of samples and expand the research location in several working areas of the Sawah Lebar Health Center in Bengkulu City or hospitals so that the results of this study can be generalized to the population of the research site.
   c. It is hoped that researchers can further add and control confounding variables that have not been studied in this study, such as education level, family support, glycemic control (HbA1c), stress levels, anxiety, depression, socioeconomic status, medication adherence, complications of diabetes mellitus, physical activity, and other comorbidities. Thus, factors related to the quality of life of patients with diabetes mellitus can be analyzed more comprehensively and the results obtained will be more accurate.