Living A Meaningful Life for Diabetic Patients: Basis for Holistic Nursing Care

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ABSTRACT

Diabetes mellitus is a condition that poses a serious problem on how one sees oneself which can undermine relationship with others, and blurs one's purpose in life. This study aimed to investigate the experiences of diabetic patients in living a meaningful life, providing a basis for holistic nursing care management. This study used qualitative phenomenological design. Using a interpretative phenomenological approach (IPA), data were gathered through in-depth semi- structured interviews, a 14 participants from Daet, Camarines Norte was selected using purposive sampling until data saturation was achieved. The data were analyzed using thematic analysis which revealed nine major themes. Results referred to Late and Multi-Faceted Onset of Diabetes, Physical Burdens and Symptom Variability, Emotional and Psychological Journey, Adaptability, Self-Management, and Resilience, Social Relationships and Support Systems, Role of Faith and Spirituality, Motivation, Meaning, and Future Outlook, and Health Workers and Healthcare System and Support and Advice for Others. These aforementioned emerging multidimensional themes can be part of the pillar of success in managing diabetes. Diabetes is not only a physical problem but a deeper emotional, social, and spiritual experiences that need to be addressed. A proposed holistic nursing care intervention was initiated by creating a Facebook Page and Support Group and a 7-day meal plan verified and signed by a Registered Nutritionist-Dietitian. The study concludes that addressing diabetes through a holistic nursing management facilitate empowerment, resilience, and an improvement in quality of life of diabetic patients.

Keywords: diabetes, phenomenology, lived experiences, holistic care, nursing, social support

INTRODUCTION

Diabetes is considered one of the highly detrimental chronic medical conditions since it gets worse without any warning sign, until serious problems become manifest. Most cases of diabetes occur in low- and middle-income countries, and the disease affects over 422 million people globally. An estimate of a whopping 1.5 million lives annually is taken by this disease (WHO, 2023). Early detection, awareness, a healthy diet and a mandatory supplement of medications can all help prevent and manage diabetes. Furthermore, the huge increase worldwide of diabetes is found out to be caused by several factors. Among them are urbanization, sedentary lifestyles, bad diets, and rising obesity rates. Diabetes is a serious social and health issue that requires a cooperative response from the government and the public. The government must implement policies that cater to access to care. Effective programs include check ups for screenings, diabetes awareness programs, physical therapy, and other interventions that helps the individual do away with the use of alcohol and tobacco use which is a grave health risk (WHO, 2023).

This study aimed to understand the experiences of diabetic patients, how one suffering with this disease can still maintain a meaningful life despite debilitating condition. This study not only help understand their condition but also help others with similar condition adapt by learning from the experiences of others and in meaning-making. This research can help regarding the significance of incorporating emotional, psychological, and spiritual care particularly in rural and semi-urban region such as Daet, Camarines Norte. By doing so, the study sought to

generate insights that can be translated into holistic nursing care management, such as patient-centered nursing guidelines, coping and meaning-making strategies, community-based interventions, and training modules that emphasize emotional, psychological, and spiritual support. Policy-makers can take intervention early by using information, providers can include family, and community-level support in diabetes care delivery; health educators may provide motivational information to patients who live in rural areas. The purpose of the study was to develop a comprehensive approach that theoretically could guide the nurse in the care of the person with diabetes and develop towards meaning and empowerment not anymore into a self-care model.

METHODS

The methodology for this study was qualitative, using interpretative phenomenological analysis (IPA). Fourteen diabetic patients selected through purposive sampling until data saturation was reached. Data collection was conducted from September to October, 2025 in Daet Camarines Norte. Eligible participants were individuals diagnosed with Type 2 Diabetes Mellitus for at least two to five years, aged 20 years and older, and residing in Daet, Camarines Norte. Participants also needed to self-identify as living a meaningful life despite their diagnosis and be willing to take part in an in-depth interview after providing informed consent.

The interviews were facilitated by a semi-structured interview guide developed to explore the experiences of the participants. The interviews were carried out in the private, convenient place that each participant (face to face or virtual platform) mattered themselves.

All interviews were conducted in one sitting of between 45–60 min, at a time convenient for the participant. Transcripts were analyzed using thematic analysis. Significant statements were coded and clustered into themes.

The researcher ensures ethical treatment to uphold the rights, dignity and well-being of the participant. Adhering to ethical guidelines, the researcher outlined the objective and nature of study adequately prior to data collection and obtained a verbal consent from each participant before interviewing.

Enrolment is strictly on a voluntary basis and respondents are free to opt out at any time with no adverse effect. To enhance validity, the researcher employed peer debriefing and an audit trail to minimize distortion and promote transparency.

RESULTS AND DISCUSSION

This chapter presented the findings of the study on the lived experiences of the diabetic patients living a meaningful life. The results reflect the participants lived experiences in managing diabetes and serve as basis for holistic care management. The narratives were analyzed and the findings are structured according to the themes that emerged from the data.

Lived Experiences of Patient with Type 2 Diabetes

There are nine interrelated themes that emerged from the semi- structured interviews, reflecting the multi-dimensional challenges, coping strategies, and meaning-making processes of diabetic patients as reflected in Table 2.

For many of them, the diagnosis of diabetes occurred without any warning sign, often after a hospitalization or as part of standard blood examinations during check-up visits. Some knew about their disease but only after blood sugar levels were identified as abnormal, thus underscoring the hidden ‘silent’ nature of the disease.

More respondents associated its progression with lifestyle including excessive intake of soft drinks and sweetened juices, intake of alcohol and unhealthy dietary consumption.

A couple of participants shared that diabetes ran in their family; that means there are hereditary aspects involved. The first symptoms polyuria, numbness, blurred vision and morning nausea were interpreted as harmless complaints and in some cases even neglected until the diagnosis was reached too late. The core concept of this theme is that diabetes is both diagnosed late, genetically, lifestyle and symptom driven.

Table 2. Summary of Themes

Themes	Categories
1. Challenges of Living with Diabetes	a. Late and Multi-Faceted Onset of Diabetes b. Physical Burdens and Symptom Variability c. Emotional and Psychological Journey
2. Coping Strategies	a. Adaptability, Self-Management, and Resilience b. Motivation, Meaning, and Future Outlook
3. Support Systems	a. Role of Faith and Spirituality b. Social Relationships and Support Systems c. Health Workers and Healthcare System d. Advice and Support for Others

Challenges of Patient Living with Diabetes

The problems encountered by the diabetics were among the earliest to emerge in this study. This theme demonstrates the means by which participants struggled against diabetes adversities unfolding from diagnosis, to physical encumbrance and finally acceptance. Their stories show that the diabetes is not only a concrete pain but it appears as a sickness that life suffers; changing their body, thoughts, affections and relations.These challenges were grouped into three general categories: late and multi-faceted onset of diabetes, physical burdens and symptom variability, and emotional and psychological journey.

Late and Multi-Faceted Onset of Diabetes

None of the participants had a previous diagnosis of diabetes and some were diagnosed as diabetics upon routine laboratory work, hospitalization or pregnancy. It was sudden, complicated and a result of both genetic and lifestyle factors.

Participant 1

“Nag start sya actually, noong nalaman ko noong buntis muna ako, may GDM ako… after nang pagbubuntis ko nakaramdam na ako.” *("It started when I found out I had gestational diabetes during pregnancy, and after childbirth, I began to feel its effects.")* This quote represents the participant's experience of their illness starting at a time-point of dramatic life pregnancy, the point at which GDM was first identified. “*It started when I found out I had gestational diabetes during pregnancy*,” incidentally implies a diagnosis delivered, perhaps unexpectedly as GDM may be ‘asymptomatic’ and only identified later during routine antenatal screenings. This ensemble highlights the significance of monitoring mother's health in early to diagnose metabolic disequilibrium.

The second half: “*after childbirth, I began to feel its effects*”— underscores that this is a pregnancy-related condition transitioning to an ongoing or worsening metabolic system. Those signs and symptoms were apparently developed or aggravated only after delivery, as suggested by the symptom awareness of participant. This is indicative of how some women transition from GDM to type 2 diabetes or manifest early warning signs post-pregnancy.

Participant 6

“Nalaman ko nalang na diabetic ako ng ma-admit ako dahil sa sakit na kidney stone noong 2006.” *("I only discovered I had diabetes when I was admitted for kidney stones in 2006.")* This narrative demonstrates that the participant’s diabetes was detected by accident, as they were hospitalized (for another reason). The wording “I *only discovered I had diabetes”* implies that the participant is not aware of having diabetes prior to this point

and consequently supports the concept of diabetes "silent" existence without symptoms for long periods. It is also an expression of late presentation, with illness being invisible until a major or acute health problem occurs.

The reference to being hospitalized "for kidney stones" indicates that the diagnosis arose in the course of treating a separate disease. This demonstrates how comorbidity and acute episodes can become prompts for examining diagnoses. "People don't not feel well, or have unrelated health problems for that matter before they are in care and diagnosed. This highlights the importance of more frequent screening, particularly among high risk population. The event's year, "2006", implies even just DM per se is at least a few years old — in the end not well-managed or out-of-control relative to any one etiology. It also implies that the person may have had symptoms or sub-clinical metabolic dysfunction for years that were not diagnosed.

Participant 7

"Nagsimula ito mula sa sobrang pag-inom ng alak, sa pagkain ng nakakaapekto na pala sa aking kalusugan at kakulangan ng check-up." *("It started from too much alcohol and food that harmed my health, and from lack of regular medical checkups.")* This answer demonstrates the participant's acknowledgement that some unhealthy practices in lifestyle and substandard health surveillance played a key role of determining their disease. The category "too much alcohol and food that harmed my health" even reflects a high level of awareness about lifestyle patterns, such as excessive drinking and unhealthy eating – which have been found to relate to risk factors of metabolic disease like diabetes.

The second part "lack of regular medical checkups" emphasizes the progression of disease if it is detected later. Due to lack of long-term follow-up, signs of metabolic or other disturbance were not detected. This lack of preventive health care underscore systemic and individual obstacles to seeking adequate medical care (eg, unawareness, lack of distress, economic concerns or fear of diagnosis).

Participant 8

"Parehas sila meron diabetes… hanggang sa na hospital ako dahil sa pneumonia, nalaman nila mataas blood sugar ko." ("Both my parents are diabetic… until I was hospitalized due to pneumonia, and they found my blood sugar was high.") This quote reflected on the participant's awareness of their family risk and yet that they were still surprised by the diagnosis. "Both of my parents are diabetic" The participant knew that he was predestined to be a victim on the gene level, but actually didn't just focus on or watch out for prevention. This indicates an upcoming of managing family history awareness with personal disease recognition.

The cross-over is at the first hospitalization for pneumonia, showing that there had been no pneumococcus or diabetes testing of participant. The diagnosis was also incidental being made while investigating a separate unrelated medical issue that required treatment. It is an aim to discover also hitherto unrecognized chronic illness with this feature of "multi-morbidity". It also reveals concealed and asymptomatic diabetes-- until unmasked by acute illness or serum chemistry in routine monitoring. The quotation; "they found that my blood sugar was high" implied an incredulity or revelation on part of the participant as respondent had not expected diabetes to be discovered in this way. It is an epiphany, a light-bulb instance, where an event that seems unconnected to the rest of her medical treatment turns into diagnosis.

Participant 14

"Akala ko dati pagod lang ako, pero nang magpa-laboratory kami, lumabas na mataas ang blood sugar ko." *("I thought I was just tired, but when I had lab tests, they found my blood sugar was high.")* this quote refers to how the participant had been ignorant about what she had that needs controlling and describes how early symptoms of the disease are perceived to be "ordinary" tiredness. The expression "I thought I was just tired" also indicates that the participant instead attributed their symptoms to stress and overexertion, rather than acknowledging it as symptoms of illness. This implies inadequate early awareness and that diabetes is asymptomatic.

The "but when I had lab test" indicates that the participants disease was only accidentally diagnosed. It's also a reminder of how diagnostic medicine is just the start of being able to figure out what are those other underlying

conditions that could be lurking there that participants have absolutely no clue about. The realization of "high blood sugar" is a surprise, confusion and/or stun as participant comes to understand that she may have went round feeling tired like this even before she knew there was a sickness. It's that moment of discovery — when previously unacknowledged symptoms of being poisoned loom up into a first recognition of maybe it's something chronic.

Data Explication

Participant's accounts indicated that diabetes is commonly hidden until it becomes complicated. Diagnosis was usually made incidentally—such as during pregnancy, alcohol-related medical examinations or laboratory tests. There was shock, disbelief and regret among the many. The stories reveal that diabetes occurs quietly, influenced by heredity, behavior and environment and requiring early and preventive nurse support.

A similar result was observed according to World Health Organization (2021) on diabetes is frequently undiagnosed for years till complication arises. The Lancet: Diabetes & Endocrinology (2025) estimate that 44% of people aged 15 years and older with diabetes have not been diagnosed, after analyzing data from 204 countries from 2000–2023. Ali et al. (2023) found that belated diagnosis is associated with poor outcomes and late lifestyle modification, similar to Kumar et al. (2022) that community-based screening saves lives. From the local point of view, in a study by Reyes and Villanueva (2023), it was found that Filipinos often dismiss early symptoms of disease; or if they do seek medical help, it is already late where their condition has worsened. And this brings into focus once again the preventive and health promotion elements of the nurses role. Since front liner nurses are essential for identifying high-risk individuals and facilitating early interventions to avoid progression and complications.

Physical Burdens and Symptom Variability

Participants experienced various physical changes that affected their ability to function. This also encompassed fatigue, pain, changes in weight and vision. The symptoms were different in each, illustrating how diabetes can impact the body in intricate ways.

Participant 1

"Nag wait gain ako, nagtaba ako, ang problema ko dahil sa pagtaba ko hirap akong dalhin ang sarili ko sumasakit ang paa ko dahil jan." *("I gained weight, I became fat, I have a hard time carrying myself, my feet hurt because of that.")* This story exposes the punch up and anguish of fattening from the side of someone in it. Peripheral neuropathic pain and weight gain are physical manifestations on the body as a result of poor glucose control. Body dissatisfaction was linked to self-criticism as it related both to physical ability and pain across a more extensive set of activities which also operated as contradiction. Such bodily change and pain are constant testaments to the extent of disease's power over desire to improve how one lives life.

Participant 2

"Nawalan po akong ganang kumain… hirap matulog." *("I lost my appetite and had trouble sleeping.")* Appetite loss and sleep disturbance reflect metabolic imbalance. This quote describes both the physical and emotional suffering of the patient in relation to their eating problem. Lack of appetite can be indicative that a patient is faced with metabolic destabilization, emotional stress and treatment side effect, or sleep disorder reflecting difficulties about their health concern. Taken together, these clinical signs show a disturbance of the 24-h rhythm of the body and its health in general.

Participant 3

"Sa pagkain hirap na. Sa paglakad nahihirapan ako." ("Eating is difficult. I have difficulty walking.") The tale of this participant entails symptoms and handicaps caused by sickness. The presence of eating problem may not only indicate neuropathy pain, weakness, or fatigue affecting motor control in everyday activities. And this kind of difficulty walking is more evidence that the loss of mobility almost certainly has resulted from nerve injury, or even atrophy of muscles and pain which are all unconstitutional deprivations to their person's

autonomy and quality of life. The word itself transcends the merely physical – so does this kind of frustration and wretchedness; as inoffensively as it applies to both, when that same inability is applied to loss of motion, a feeling almost infernally vexatious, or an unmeasured dependence — helpless debility or sickness falls out along with.

Participant 6

"Bumaba ang timbang ko at madalas antukin… lumabo din ang mga mata ko."*("I lost weight, often felt sleepy, and my vision became blurry.")* This result shows the sensitivity of participants for physical symptoms of diabetes especially unexplained weight loss, tiredness and fuzzy vision. These feelings made the participant more conscious of his condition and its physical effects. This is a lesson that diabetes mellitus kills silently. The early-warning signs are ignored, overlooked and misunderstood until the complications come along.

Participant 7

"Obesity at paglabas ng iba pang sakit gaya ng rayuma." *("I became obese and developed other illnesses like rheumatism.")* It demonstrates that the flow of weight accoutrements was not only altering the physical appearance of the participant, but was also resulting in another disease condition elsewhere; evidence of a double burden in chronic diseases. The participant is fully conscious of co-morbidity and how diabetes worsens other diseases which is translated in physical limitations influencing the everyday life.

Participant 5

"Madali akong mapagod, antukin, at unti-unting bumababa ang timbang ko."("I easily get tired and sleepy, and my weight keeps dropping.") The unrelenting fatigue and drowsiness indicate that the cell is energy starved; there can be no energy from any of the glucose. The participants feel tired all the time, but still losing weight despite eating a decent amount — that only tells there's something wrong on the participants metabolism; it's more catabolic or breaking down muscle and fat. Exhaustion turns chronic as the physical evidence of how high blood sugar drains energy and ability to function meaningfully, productively or normally.

Participant 12

"Nakakaapekto ito sa pang-araw-araw kong gawain dahil kahit kumpleto ang tulog ko, pagod parin ako." *("Even if I sleep well, I still feel tired throughout the day.")* This suggests that the history of chronic fatigue in these participant is due to more serious physiological changes characteristic of diabetes and which cannot be overcome by taking rest. The synchrony of these needs indicates that the tiredness of participant is not simply a behavioral phenomenon. Instead, it contributes to some physical cause — such as disordered glucose metabolism or metabolic dysregulation or the sustained reaction to chronic inflammation. But it could also means internal stress, a mental load, psychological dejection which would tell that the energy of participant has been touched on many levels. And that kind of being tired can interfere with day to day lives, and hinder in both the capacity to feel motivated and in motivation.

Participant 4

"Nagkaroon ako ng drastic changes, tinanggal ko talaga ang carbs, no pasta, no rice, no bread. Ung weight ko from 62kg naging 56kg." *("I made drastic changes, I really cut out carbs, no pasta, no rice, no bread. My weight went from 62 to 56 kg.")* This is regarded as manifestation of wellness belief among the participants and "lifestyle" being their treatment modality. The phrase "drastic changes" implies a noticeable difference in lifestyle, particularly food consumption, which might be signaling an enhanced awareness and self-discipline regarding sustenance and handling of illnesses. By cutting out carbohydrate rich food (bread, pasta, rice) the patients receives self-regulation diet as adipose control or -less frequent but not seldom- weight stability and/or glycemia. The observed weight loss of 6 kg is therefore not only an objective and measurable demonstration of the impact, but also the result of motivational driving force and self-efficacy in health self-management. It is also empowering: the patient takes an active role in achieving better health results, and making informed choices.

Data Explication

These are reminders that no two people with diabetes is exactly the same-it's a unique experience for each one of us. Both the complexity of diabetes, and its being associated with structures were highlighted by account holders with diabetes since it could also stand for a variety of different symptoms rather than an invasion of physical functioning somewhere in the body. The disease is draining, twisting flesh and ordinary mobility in an endless ebb of physical constraint and management. Poor accuracy for somatic conditions principally weight loss and poor vision was also found. Others also shared with us how slow it took for their wounds to heal and how that prevented them from going back to work, or any of their daily routines. Others, meanwhile, described little in the way of such symptoms and said their bodies felt "normal," but they also tested positive for the disease.

They also talked about the ongoing alterations and control necessary for mobility differences, medication side effects and eating restrictions. This diversity indicates that the somatic features of diabetes range from felt languor to profound lassitude. This theme represents diabetes as a multi-systematic disease with various physical changes and the symptoms should be identified by nurses in particular, it is important to promote good nutrition and develop body resistance in caring process.

The biopsychosocial model of health, which also underscores the role of patients' emotions in managing chronic illness describes this category (Engel 2021). The experiences of each participant were unique interactions between physiology, lifestyle and individual adaption which highlighted the importance of individuated and dynamic nursing assessment. It is for this reason that nurses need to evaluate not only the glucose measurements, but also patterns of fatigue, tolerance for diet, ability to function.

These findings are in accordance with those of Jia et al. (2025), who showed heterogeneity of progression with diabetes and revealed that the symptoms profile or presentation depends on metabolic, genetics, lifestyle, and others. Likewise, Wu et al. (2025) observed that different carbohydrate-containing meals elicit distinct postprandial glucose responses and highlighted the importance of personalized dietary care. Similarly, Bai et al. (2023) identified that physical fatigue and musculoskeletal analgesia are two of the most frequent, but neglected burdens in patients with diabetes mellitus which have a direct impact on quality of life (QoL) and compliance.

Locally, Cruz and Dela Peña (2024) revealed that Filipino patients often suffer from delayed wound healing and neuropathic pain, which limit mobility, independence and functional ability; therefore comprehensive foot care system and physical therapy programs are highly recommended. Moreover, Santos and Villanueva (2022) also found the significant effect of family support on meal preparation and physical exercising sessions for physical health.

Together, these narratives and analyses argue that the physical senses of diabetes are diverse and idiosyncratic. It is important to be aware of this variability in order to target individuals for interventions aimed at improving physical stability and QOL. In terms of nursing care, this highlights the importance of personalized symptom-based care management plans including exercise prescription and dietetic advice with regular review. Judicious consideration and patient education may help diabetics to save energy

Emotional and Psychological Journey

Alongside physical burdens, the participants' emotional experiences reflected fear, uncertainty, sadness, and eventual acceptance. They learned to reconcile their diagnosis with their desire to live normally.

Participant 1

"Natakot ako syempre kasi ang tatay ko may DM… ayokong umabot doon na magkaroon ako ng problema sa kidney." *("I was afraid because my father had diabetes—I don't want to reach the point of kidney failure.")* This excerpt expresses the participant's fear was internalized from a family history and the way in which observing a parent come to terms with diabetes affects their own way of understanding illness. The reference to the father's

status sets up a genetic susceptibility, and feeds into an assumption that the participant would be highly likely to experience serious complications.

The fear of having a kidney failure by participant indicates that there is some knowledge on impact of long-term poorly controlled diabetes. The theory accentuates long term patient fears, not just for the immediate consequences of the condition, but also exacerbates `participant's anxiety to disease progression as well. This fear of future threat serves as an affective motivator to engage in health self-care and life-style change through which participants motivate themselves.

Participant 2

"Na-discourage ako sa buhay ko dahil marami ng bawal na pagkain."*("I was discouraged in life because there are now many foods I can no longer eat.")* That quote pretty much sums up the emotional battle with eating after one's been diagnosed with diabetes. A comfort, a culture, a togetherness and happiness — that necessity is scarce and frustrating. The loss of the capacity to eat favourite and familiar foods was considered as a loss not only in physical function but also emotional articulation and identity. The term "discouraged in life" is a proxy to represent this psychological dimension when the response conveys that participants find dietary restrictions burdensome and reduces their motivation, happiness, and normalcy. The management of diabetes, in all probability should therefore, not simply be that of adhering to a prescribed treatment but an ongoing emotional adaptation and personal dealing with and compromising for their lifestyle.

Participant 11

"Takot po na baka mamatay ako nang maaga at di ko maranasan ang mga gusto kong maranasan sa buhay."(*"I was afraid I might die early and miss the things I still want to experience in life.")* That's a lot of concern about mortality for someone who is newly diagnosed with diabetes, or those beginning to come to terms with having chronic disease. The fear is of "dying early," with the accompanying feeling that disease and its complications — kidney failure, stroke or heart attack — can strike at anytime. It is what brings the expectation of the future and doubt to how long one's life would last.

The second part — "miss the things I still want to experience in life" — alludes to feelings of unrealized goals, desires and/or plans about life. This is not just what fear looks like — it's grief about all that could be lost and missed, for a disease pounding through every chance, connection, milestone, personal dream." It illustrates the affective experience of lives lived with chronic illness in relation to identity and life course, showing how meaningful life-making continues alongside fearful thoughts of what might be lost.

Participant 12

"Nawalan ako ng pag-asa nang marinig ko sa doktor na may diabetes ako… pero mas pinili kong lumaban."*("I lost hope when the doctor said I had diabetes, but I chose to fight.")* This is where it goes from despondency, to empowerment. Initially, the participant had a sense of hopelessness before developing a coping strategy involving self-acceptance and resilience. It's weight of diagnosis and perceived scale on the encore. This lays bare fear, hopelessness, instability and life changing implications of the diagnosis given to participant that appeared to challenge a feeling of future security and welfare.

The second half — "but I chose to fight" — is about moving from despair to resilience. This change reflects a major progression from being passively timid to exhibiting active independence and may, therefore, be an indication of how the psychological adaptation process to chronic illness takes place.

Participant 13

"Fear lang na wala akong kilala na umabot ng 20 years na diabetic… baka magbigay ang kidney ko."*("My fear is that I don't know anyone who lived 20 years with diabetes—what if my kidneys fail?")* This quote illustrates the participant's growing realization that diabetes management is about a daily routine and responsibility. The lack of positive role models they see or hear about who have very long standing survival within their social circle or family, further promotes the idea in their mind that diabetes is a killer disease. Fear of kidney failure

shows heightened awareness of diabetes complication, particularly like diabetic nephropathy. This reflects the knowledge of disease severity but an inherent vulnerability because it is a lifelong condition.

Participant 4

"Hindi ko na iniisip na diabetic ako. Tuloy lang ang buhay."*("I don't think about being diabetic anymore. Life goes on.")* This quote shows the participant's acceptance of a life with diabetes. Rather than a dominating presence and nuisance, the participant feels that when one gets used to diabetes, living with it means incorporating it into one's daily life rather than always fretting about it.

The above statement reflects a change in patient's initial feelings from the diagnosis to acceptance, hence it's an opportunity to return to their emotional "normality". This could mean the patient has learned about coping strategies, increased in self-management or routine activity. "Life goes on" comes across as powerful and forward-looking. It gets at the individual's determination to live a meaningful life in spite of chronic disease. This mentality is part of the positive psychological adjustment: acceptance of the disease without letting it take over life and hopes and goals.

Data Explication

A model of emotional management seemed to evolve from fear and refusal towards acceptance of living with diabetes. Participants' stories described resilience as a result of reflection, strong involvement with family and having strong faith in God. For many, the diagnosis was accompanied by fear, anxiety, guilt and devastation. Some described increasing feelings they did not have words for that had been compounded by kidney disease and dialysis, or because at first they had downplayed their condition as something manageable, temporary. But over time, participants said, more flexibility and emotional balance — and a sense of fresh perspective on turbulent periods in their lives.

Coping Strategies

This theme captures how participants adapt to living with diabetes and develop resilience over time. It describes the processes of learning self-management, lifestyle modification, and sustaining motivation despite limitations. Two categories emerged: (a) Adaptability, Self-Management, and Resilience and (b) Motivation, Meaning, and Future Outlook.

Adaptability, Self-Management, and Resilience

Participants narrated their daily adjustments to maintain control over their blood sugar, diet, exercise, and medication. Their ability to adapt reflected not only physical management but also mental strength and determination.

Participant 1

"Disiplina lang talaga. Hindi ako kumakain ng matatamis at sinisikap kong maglakad araw-araw." *("It's really about discipline. I don't eat sweets and I make sure to walk every day.")* This quote in particular demonstrates a participant's view of self-discipline as one of her key tool to manage diabetes effectively. It shows that people are taking some kind of internal control, where they can help themselves try to minimize disabilities or just stay even from a health perspective. The fact that sweetness will be restricted suggests a kind of assent to dietary limits. Walking every day also represents volitional regular habitual physical activity, indicating that the participant committed into a routine daily lifestyle to maintain optimal regulation of glucose and overall health.

Participant 3

"Araw-araw akong nagmo-monitor ng sugar, kahit minsan nakakalimutan, pinipilit kong bumawi kinabukasan." *("I monitor my blood sugar daily. Even if I sometimes forget, I make up for it the next day.")* This quote indicates that the participant was trying to cultivate a habit of long-term self monitoring of blood glucose. The day-by-

day monitoring of blood glucose means that the participant is responsible and mindful when it comes to diabetes. Knowledge and awareness of health is a powerful tool for the participant.

Even with the admission that "sometimes forget" illustrates very human treatment for people with long-term conditions who appreciate that life gets in the way of the most well-intention regime. But "make up for it the next day" — that's compensatory language and means more like a dedication, ownership and resilience than failure.

Participant 6

"Kahit mahirap, sinusunod ko yung maintenance at regular check-up kasi ayokong lumala pa."*("Even if it's hard, I follow my maintenance medications and regular check-ups because I don't want it to worsen.")* This suggest that the participant internalizes the illness as part of their identity and accepts responsibility for its ongoing management while living with the enduring burden of a chronic health problem. "Even if it's hard" encapsulates the emotional or financial burden of having to take a medication everyday. So even religious adherence to treatment isn't effort-free — it involves willpower, and self-regulation, often with less joy. Longer term disease is treated with maintenance medications and follow-up appointments, where the participant attends to managing his/her disease as well. These are responses that show an understanding of needing to be followed in health care and to make decisions aimed at avoiding such outcomes as kidney disease, neuropathy or heart disease.

Participant 4

"Tinanggal ko talaga ang mga pagkain na nakakataas ng sugar kahit paborito ko. Nagbago talaga ako."*("I removed all the foods that raise my sugar even if its my favorites. I really changed.")* This excerpt illustrates the participant's deliberate and considerable lifestyle change. By giving up all that spike blood sugar — even foods the participant really like — the participant is demonstrating impressive self control and an asthma for healthy living. The line "even if its my favorites" is an emotional metric of that difficulty. Food has an emotional component (comfort, rhythm of life, pleasure and cultural identity) hence some foods are missed when taken out of the diet and as they have to do it in the case of a physical loss which makes it clear how much effort is needed for diabetes self-care.

Participant 8

"Hindi ko na pinapabayaan ang sarili ko. Natuto akong pakinggan ang katawan ko." *("I no longer neglect myself. I've learned to listen to my body.")* This is a monumental admission in terms of self awareness and self care. The participant accept that had been letting needs from the past go unattended, stunning warning signs we had tuned out, delaying our check-ups, and what's more — renouncing the need for health care. This awareness gives information "Hindi ko na pinapabayaan ang sarili ko. Natuto akong pakinggan ang katawan ko." *("I no longer neglect myself. I've learned to listen to my body.")* This is a monumental admission in terms of self awareness and self care. The participant accept that ignored the needs in the past, ignored warning signals, delayed check-ups and rejected taking care of health in any way. This awareness demonstrates insight into what past behaviors may have led to their health deterioration. "I have learned to listen to my body", there is a new sensitivity and attentiveness towards physical sensations, an evolving self-care, a stronger mind–body integration. This is a huge shift: from ignoring the body's signals of illness to actively observing and responding to it.

Participant 10

"Minsan napapagod, pero bumabangon pa rin. Alam ko kasing ako rin ang mahihirapan kung susuko."*("Sometimes I get tired, but I still keep going. I know I'll suffer more if I give up.")* The statement speaks to the experience of chronic disease management which is characterized by both physical and psychological fatigue. The phrase "sometimes I get tired" describes the burden, fatigue, and effort it requires to go through daily self-care tasks with lifestyle limitations and remaining watchful of symptoms. The participant understands

that becoming comfortable or complacent or stopping efforts will worsen health, evidencing understanding of outcomes from non-participation in disease management.

The last phrase "I know I'll suffer more if I give up" reflects the preventive-cognitive future orientation. This suggests that the participant fears complications, but that motivation is turned from fear into action. The participant tries to balance current discomfort versus the risk of more suffering and opts for continued struggle as a tactic of self-protection.

Participant 12

"Ginagawa kong normal ang buhay ko kahit may sakit ako." *("I make my life as normal as possible despite my illness.")* This is the voice the participant, struggling to keep things normal whilst dealing with long term disease. It demonstrates an effort to preserve roles, activities and a routine which enables one to be oneself with dignity. The description for "as normal as possible" suggests that the disease limits, but that participants worked to contain it by participating in everyday life.

This is evidence of a psychological adaptation in which the disease is accepted but not dominant. It is symbolically understanding from the patient's perspective that a person doesn't want to live with the label of "patient," in which this stance safeguards their autonomy, continuity, and self-respect.

Data Explication

Self-control, tolerance and persistence were the most important adaptive coping strategies of the participants. They adapted their routines, fell in line with treatment and reorganized their lives around diabetes. This is in line with Schwarzer & Warner's (2021) revised self-efficacy theory, which emphasized perceptions that one was in control of behaviour as central if health behaviors warrant continued dedication. For others, the acquisition of adaptability was a survival skill that turned adversity into discipline and mastery.

Participants noted that adhering to treatment, exercise and changing their diet were significant aspects of self-care. But some acknowledged intermittent use of medication, sometimes only when they were experiencing symptoms or sugar levels spiked.

Others expressed that faith, prayer, and social support ("contact with someone in some situation") were key to staying positive or being motivated; that discipline and accountability gave them confidence they could cope with this illness.

It's a reminder that tolerating difficulty consists of both behavioral structure and soulful grounding. This is in line with the study of Religioni (2025) who shows that when compliance increases, disease management as well as quality of life are enhanced. Li et al. (2023) and Katsarou et al. (2021) have further documented the study that a stronger feeling of self-efficacy is predictive for positive adaptation and also an adaptive coping style may be well-predictive for change in lifestyle, as well as emotional resources.

Likewise, Santos and Villanueva (2022) as well as Al-Qahtani et al. (2022) suggested that adherence, and therefore psychological well-being, would be improved by faith-based motivation as well as supportive family.

Corresponding to Orem's contemporary self-care theory: the situation-specific theorist (Younas & Quennell, 2021), findings indicate that patient-centered self-management is still fundamental to diabetes management. Lifestyle change, discipline and adherence are not clinical interventions; they are self-efficacy, spiritual power and individual agency in practice. This is where nurses need to empower patients with a holistic approach in education, faith, and support.

Motivation, Meaning, and Future Outlook

Participants shared what keeps them motivated to manage their condition—faith, family, personal goals, and gratitude. Their narratives show how meaning-making turns a chronic disease into a source of purpose and reflection.

Participant 1

"Ginagawa ko 'to para sa pamilya ko. Ayokong maging pabigat."*("I do this for my family. I don't want to become a burden.")* This quotation highlights how the desire of the participant to manage her illness is strongly tied to being a good daughter. The participant says rather than think about her own happiness, self-care is an act of love, responsibility and security for her family. This reflects the value people place on cultural norms and obligations to family, as well as determination to remain useful in their own home. The phrase "I do this for my family" implies that adherence to a medical regime, diet or healthcare policy is not only a health-related goal in and of itself but also socially relational. It may ultimately suggest family support influences the participant to adopt a modification of habits and that this behaviour is maintained over time. And "I don't want to be a burden" contains an unspoken fear that she could become dependent, or disabled, or develop further complications that necessitate others tending to her. There is worry of losing one's independence, and of becoming an emotional, financial or physical burden to friends or family.

Participant 2

"Na-realize ko na binigyan ako ng sakit na ito para mas alagaan ko ang sarili ko." *("I realized this illness was given to me so that I could take better care of myself.")* This quotation expresses that the participant construes his illness story as having happened to him for a reason. With the participant's comment that "it was given to me", seems to believe in meaning of his disease at a deeper level, perhaps considering personal spiritual beliefs, faith or a reflective world view. It represents a shift from seeing the illness as bad or punishment to regarding it as constructive, cathartic or enlightening.

The words "so I can take better care of myself" betrays there is also a hint of self-neglect or an unhealthy lifestyle that led him here in the first place. The sickness shifts the gear, encouraging the participant to choose health, discipline and better habits. This re-framing breeds acceptance, it opens up space for resiliency and power, it transforms fear into a driver for change.

Participant 5

"Natutunan kong magpasalamat kahit may sakit ako kasi buhay pa ako." *("I've learned to be thankful even though I'm sick because I'm still alive.")* Thankfulness is emotional acceptance while gratitude is spiritual appreciative. The participant's attitude of the disease experience in terms of gratitude and acceptance is captured by this report. Rather than dwelling on the challenging and disabling aspects of this disorder, in this narrative the participant expresses a more hopeful quality, one related to appreciation for life indicating that they have potentially turned a corner. "I've learned to be thankful" implies that gratitude does not come spontaneously, but rather it was a coping strategy developed over time during which the participant came to terms with their illness and continued struggles. It reflects a conscious choice to reflect on what is left, as opposed to what has gone.

Meanwhile, "even though I'm sick" relays the truth of what it's like to juggle chronic illness — how hard things get, how small life feels and heavy on him — but with transcendent gratitude over adversity and a good-bye that signals toughness against loss. The last reason, "because I'm still alive," is indicative of more sensitivity to death and frailty of health. Such awareness seems to be linked with a sense of existential gratitude where the participant feels meaningfulness, power and outlook through the plain existence despite having the disease.

Participant 6

"Pinaghuhugutan ko ng lakas ang anak ko… gusto ko pang makita siyang lumaki." *("My child gives me strength… I want to see them grow up.")* It is the complex and emotional-based motivator from the parenting role as perceived by the participants. The presence of our child is the main support, reason to hold on, not to give up even for the participant assessed with the heavy burden of chronic disease like diabetes. Expression "my child gives me strength" demonstrates emotional bond and sense of duty that the participant has embodied. It suggests that for the parents this child not only is a loved one, but represents motivation to resist difficulties and withstand routines of treatment (medication, habits changes, monitoring) by enduring. "I want to see them grow up" is about a future hope. It's about desiring longevity, not going anywhere and being there for the child forever. This

demonstrates how management of illness is intertwined with aspirations for the child's future, bolstering participant resolve to preserve their health.

Participant 8

"Mas naging matatag ako ngayon. Alam kong kaya kong i-manage basta't may tiwala sa sarili."*("I've become stronger now. I know I can manage as long as I trust myself.*") This venue shows the participant's process of increasing control, perseverance, and self-efficacy when living with a chronic illness. "I've become stronger now" — physicality aside, it's not so much bulking up than deepening the prow and bow. It means that the battle fought to confront diabetes has matured into a determination and presence on self. The second half — " *know I can manage as long as I trust myself* " — underscores the internal locus of control (belief that one can personally negotiate various experiences of illness). This signals a move from dependence or fear to self-sufficiency, competency and confidence or safety. Having confidence in oneself becomes a major coping strategy, supporting adherence to self-care activities such as diet control, monitoring and mediation therapy.

Participant 12

"Nagkaroon ng bagong pananaw sa buhay. Ngayon, mas pinipili kong maging masaya at positibo."*("I've gained a new perspective in life. Now, I choose to be happy and positive.")* The utterance reflects the participant's change of point of view culled from life with chronic illness. The fact that "I've got a new perspective in life" has the sounds of a really serious reconsideration of one's priorities, values and purpose in diabetes forced an internal retake about what is important." The second statement – "I choose to be happy and positive" indicates an active, conscious decision to follow the road of hope and optimism. The emphasis on agency of the participant constructing happiness as a check on the default setting of sickness, highlights how she learned that happiness is not an automatic emotion but instead is selected. This included positive thinking, which allowed the participant to counterbalance accumulated emotion as a result of chronic disease. This also implies sense making, in which illness is not put to waste but for development apart from suffering.

Participant 13

"Hindi ako sumusuko kasi alam kong mas maraming may mas mabigat na pinagdadaanan." *("I don't give up because I know others are going through worse situations.")* This is an indication that the participant used social comparison coping mechanism to deal with their chronic illness. The participant gets a dose of perspective, humility and emotional grounding to temper his own burdens by seeing that someone else has it worse in this case. "I don't give up" represents the strength, ability and desire to function on a day-to-day basis despite fatigue, life's stresses or emotional obstacles. This passion is strengthened by awareness that his suffering is not uniquely his, but an essential part of the human experience. Meanwhile, "because I know others are going through worse situations" reflects an empathetic and outward-directed mindset. This mean the participant feels in control, and emotionally supported because he knows "hardship comes in degrees." It is also an expression of a kind of gratitude and acceptance not as if by scrubbing out or denying his own pain, but rather in the act of seeing it breaking upon some larger light like part of what else everybody has been through.

Data Explication

Love, gratitude, and spirituality were sources of motivation among participants that together served as the foundation of their strength to cope with daily challenges of diabetes. They drew upon these internal resources to change their perspective of the disease—from punishment, from a senseless waste into a purposeful quest for meaning and direction in life. This change supports the assumption of Cognitive Meaning- Centered Coping Theory (Lazarus, Folkman, & Smith, 2021) which suggests that stress or non-normative events appraised meaningfully will be positively associated with affective balance and mental health. Participants expressed that motivation acted as a mental speedometer to help them maintain treatment adherence and adapt to defeats, they also believed in the positive course of their life relenting illness.

Dealing with diabetes became an ongoing, dynamic negotiation between physical control and emotional accommodation. Participants reported self-discipline, faith, perseverance and self-reflection as necessary coping

resources to allow them to continue adherence in the face of emotional stress. It appears from their narratives that resilience was an on-going process of developing self-awareness, faith and social validation; one in which challenges remained, but few were as significant. This is consistent with the revised Orem Self-Care Nursing Model (Younas & Quennell, 2021) that specifies patients' attainment of well-being through purposeful informed self-care actions guided by nurses. By the same token, the New Health Self efficacy Framework (Zhao et al., 2024) which is built on Bandura's social cognitive theory proposes that confidence in one's self care capability precedes adherence, emotional regulation and glycemic stability among persons living with diabetes.

Participants' recovery paths depict a progression from surviving to mastering the self. Early in diagnosis, and taken together, the most common were external control—medication adherence, glucose monitoring, and dietary limitations. Coping evolved to deeper psychological acceptance and intrinsic motivation, having gratitude, making meaning, and having faith. This process of moving from the external of discipline to the internal of conviction is a way in which individual with diabetes develop resilience through meaning and spiritual integration. Studies published very recently track this development: Li et al. (2023) and Tsen et al. (2021) also found an enhancement effect on quality of life and while women with meaning-focused coping interventions were more likely to adhere to treatment. Al-Qahtani et al. (2022) and Katsarou et al. (2021) also reported that emotional regulation and self-efficacy collectively enhance psychological resilience as well as glycemic control.

From a local perspective, Santos and Villanueva (2022) and Dela Cruz et al. (2024) identified that Faith, Gratitude and Family Support were the main motivational anchors to maintaining adherence over time. Magday et al. (2023) confirmed the role of religious coping and positive self-image on increased resilience and decreased emotional exhaustion among Filipino patients with chronic illness. Regionally, Nair et al. (2020) identified meaning-making and acceptance to be the strongest predictors of adaptive coping in patients with diabetes from a South Asian background, whereas Katsarou et al. (2021) confirmed that resilience and self-efficacy moderate the negative effect of depressive symptoms on self-management in European areas.

Overall, the results show that positive coping is multidimensional and grounded in spirituality or faith, family support, self- efficacy and sense of meaning in life. For routine nursing care, it stresses that caring for diabetes means more than providing physiologic treatment—it requires dated counseling and emotional support as well as a non-biological education that promotes psychological and spiritual health. Nurses can encourage the patient by developing a self-belief, fosters gratitude, and facilitate to live purposeful life for persons with diabetes which eventually helps them transform chronic illness into an opportunity for personal growth in living generously with spirit of acceptance.

Support Systems

Support emerged as a crucial theme that sustained participants in their diabetic journey. It involved not only family and friends but also faith, healthcare professionals, and the broader social environment. Four categories surfaced: (a) Role of Faith and Spirituality, (b) Social Relationships and Support Systems, (c) Health Workers and Healthcare System, and (d) Advice and Support for Others.

Role of Faith and Spirituality

Faith served as the participants' anchor in accepting their illness and finding hope. Most described prayer and trust in God as their main sources of strength.

Participant 1

"Laging dasal lang talaga. Alam kong si Lord lang ang makakatulong sa akin." (*"I always just pray. I know only the Lord can truly help me.")* This remark reveals the deeply spiritual sense gripped in which participant engage in her lifelong illness. The "always just pray" reminders of faith as a default for peace, strength and emotional balance. Prayer is established as a reliable ritual for the participant to deal with feelings of unpredictability, anxiety and immediate intensity related to living with diabetes. The expression "only the Lord can really help me" demonstrates that there is strong faith and spiritual dependence on the part of the participant, thus she is

healed, guided and protected at a higher level. This would indicate that spirituality is not a co-filter, but a filter per se for her coping framework.

Participant 2

"Mas lumapit ako kay Lord mula nang nagkasakit ako. Parang mas naging mapayapa ang isip ko." *("I've grown closer to God since I got sick. It made my mind more peaceful.")* This quotation refers to the participant's spiritual transformation in his struggle with chronic illness. "I've grown closer to God" is a way of saying that having become sick has deepened his spiritual life, or caused some kind of renewed commitment to living in faith as an active participant. It's a reflection on how health crises can send us on quests for deeper meaning and connection and even divine manifestation. The second half — "It made my mind more peaceful" — implies that there is a major emotional atonement in spirituality. The participant gains peace of mind, and even if there isn't complete foetal position. A connection with God becomes stronger and mental turmoil subsides. It may suggest that spiritual presence reduces anxiety, dread and insecurities, enabling participants to cope in a calmer way with the physical consequences of chronic illness.

Participant 5

"Hindi ako nawawalan ng pag-asa kasi alam kong may purpose si Lord kung bakit ako nagkasakit."*("I don't lose hope because I know God has a purpose for giving me this illness.")* This quote illustrates the sense of dependence on the utilization of spiritual meaning-making as a central coping mechanism for this participant. "I don't lose hope", strength building and an explosion of unbreakable positivism when living with a chronic illness. Hope is a feeding factor that sustains and encourages participants to act.

The utterance, "*I know God has a purpose for giving me this illness*", expresses the participant's ontological understanding of his illness from a faith-based point of view…not arbitrary nor all bad but with purpose. That is then reinforced through a spiritual reframe which maintains that evil is contained in the larger plan of God's will and enables participants to seek meaning making, acceptance and emotional soothing. According to these narratives, there is no experience of desolation and the disease itself becomes a means through which participant learn how to be a person with meaning and spirituality. It builds a base for emotional capital that enables a person to confront suffering in the name of hope rather than despair.

Participant 8

"Kahit mahirap, pinapaubaya ko sa Diyos. Alam kong may plano Siya." *("Even when it's hard, I surrender it to God. I know He has a plan.")* In the above quotation it is exemplified the participant's strong focus on conveying spiritual surrender as part of a coping strategy for living with chronic illness. "Even when it's hard" recognizes that the physical work, and mental and emotional toll of living with diabetes never ends – not just in this immediate moment of difficulty, but in moments where she is tired or despondent. " I surrender it to God'' This phrase represents a profound level of faith-based trust in putting something down; for example problems or challenges that have been turned over to a higher power. This kind of resignation doesn't mean that the participant is helpless, it only shows that realization and acceptance in somethings that just beyond control. It is a way to tolerate stress, fear and the randomness of illness. "I know He has a plan", this phrase indicates the faith of the participant in divine order and guidance, which is reassuring that suffering is not aimless. This provides emotional steadiness, hope and inner tranquility with which to meet life's challenges.

Participant 9

"Araw araw ay nagpapasalamat ako sa Diyos dahil sa buhay na binibigay sa akin kahit na may sakit ako." ("Everyday I thank God for another chance to live despite this condition.") The thanksgiving in prayer as a means for the construction of positive psychological adjustment and daily striving forms to health life. Here, the participant expresses profound gratitude and spiritual resilience in dealing with chronic relations to her own health. The daily, moment-to-moment lifestyle of appreciating God signals some very firm emotional habits that gratitude has become part of how she survive and remain steady under pressure.

"Another chance to live" is a reflection of an increased understanding of one's own mortality and fragility. It illustrates that the participant knows that she have a serious and life threatening condition, so every day feels impactful in some way, and therefore of notice. This recognition makes everyday life a place of esteem and appreciation.This sort of re-framing, from distress to gratitude, is a more sophisticated form of positive adjustment.

Data Explication

Participants were grounded in a central category of faith and spirituality as way of coping. Prayer, trusting God and meaning-making played the role of emotional coping in dealing with life as a person living with diabetes. Their account of their distress was not expressed purely in terms of the disease, but as a spiritual journey that helped them transform anger and despair into hope and stabilize feelings when facing uncertainty.

Throughout the stories, participants described how spirituality had helped them to accept their illness, to control emotional distress and to be motivated in managing their disease. Daily praying was a chance to ground, comfort and let go of emotion. This finding is in line with the report of Alorfi (2022) 26 showing that prayer enhances inner peace and psychological coping strength in individuals suffering from chronic illnesses, for instance diabetes.

A number of the participants also voiced a sense of spiritual surrender by saying things like "I just give it to God" or "God has a plan." This response of not being attached to what doesn't concern or isn't within one's control resulted in serenity, acceptance and trust in divine providence. The findings are consistent with results obtained by Pargament and Exline (2021), who reported a significant negative relationship between positive religious coping (i.e., trust, surrender, and spiritual support) and distress symptoms as well as positive relationship between positive religious coping and resilience in patients with chronic disease.

Participants used spirituality in the response to a meaning to the illness and construed it as a divine challenge, summons or growth. This coincides with Yabut and Mendoza (2021) that diseases are often considered spiritual challenge to the Filipino patients with preexisting conditions as well as a way for them to come to terms and emotionally cope. In that process, suffering became a prism through which to see faith reflected back at oneself, as self-consciousness and rejuvenation, as adaptation. The second major spiritual theme was that of gratitude, which took the form of daily thanking God and interpreting life as a rebirth or gift. Participants will talk about each day as a "second chance." It is consistent with Jans-Beken (2020) who reported that gratitude induces mental well-being and resilience which in turn are predictors of positive adjustment among individuals with chronic condition. Similarly, Baena-Díez et al. (2021) showed that diabetes-gratitude results in stronger motivation of self-management and an enduring positive future outlook of having gratitude to fuel disease management in the long run.

The salience of spirituality in coping with diabetes within the Filipino culture may be well entrenched because faith is intricately intertwined with health practices and daily living. De Los Reyes et al. (2022) who documented the excessive use of spirituality and prayer for Filipino adults with diabetes in dealing with fear of complications and sustaining hope for recovery. Likewise, Magday et al. (2023) emphasized that religious coping was a fundamental aspect of resilience against suffering for Filipinos with chronic illness, enabling them to find solace, meaning and control within their circumstances.

Taken together, these narratives and data demonstrate that spiritualty is an active, dynamic response based in culture. Faith wasn't simply a pain-reliever—it provided how participants made sense of their illness, emotionally regulate themselves, and self-manage. For some, the spirituality enabled their journey with diabetes to be a road of purpose, contemplation, peace and inner power -- characteristics of holistic health that includes emotional well being inspired by the union of body-mind-spirit.

Social Relationships and Support Systems

Support from family, friends, and peers provided both emotional encouragement and practical assistance. Participants described how family members helped them with reminders, companionship, and understanding.

Participant 1

"Laking tulong ng pamilya ko. Sila nagre-remind sa akin sa gamot at pagkain." *("My family is a big help. They remind me about my medicine and food restrictions.")* This comment highlights the importance of family support and diabetes self care to the participant. The response, "My family is a big help", suggests that illness is not something the subject experiences alone, but rather in conjunction with other family members doing things together. Further, this underscores the cultural significance of inter-dependence within family that is prevalent among Filipino family in health care work. The second dimension, "They remind me about my medicine and food restrictions" demonstrates the family as a resource for practical support in everyday life such as aiding adherence to treatment and diet. This level of aid helps the participant retain independence with essential personal care tasks that she might not be able to maintain without support.

Participant 3

"Ang asawa ko, siya ang nagluluto ng mga pagkain na pwede sa akin." *("My husband cooks meals suitable for my diet.")* This statement demonstrates the role of spousal support in shaping the participant's diabetes care. The participant even goes so far as to note that her husband, who cooks for her according to her dietary requirements, is directly responsible for support needs related to maintaining a diet (a problem area in the management of chronic illness). The fact that spouse of the participant cooks "*meals suitable her diet*" indicates his practical, daily care giving goes beyond emotional support. This is a more fundamental type of instrumental support in that the spouse assists in lessening the cognitive load and stress of planning, preparing, and selecting healthy foods.

Participant 4

"Nakakagaan ng loob pag may nakakaintindi, lalo na mga anak ko."*("It lightens my heart when someone understands, especially my children.")* This statement indicates the participant's profound emotional yearning for their loved ones, especially their offspring to understand and empathize with them. The word "lightens" expresses that it feels good inside to have the weight of living with chronic illness acknowledged by others…it brings comfort, relief and reassurance. The participant's explicit reference to "especially my children" demonstrates the high emotional importance of family understanding—that is, support and empathy from his children matter a great deal in how the participant's feels about himself overall. It decreases the sense of loneliness, guilt, or burden and it strengthens the bond of warm connection and emotional safety.

This statement further illustrates that the affective assistance rather than practical aid is an instrumental in dealing with diabetes. For example, when relatives are empathetic, the participant feels recognized, supported and valued, thereby increasing motivation and minimizing the emotional burden of self-management.

Participant 6

"Minsan nagkakatuwaan kami ng mga kaibigan ko, pero alam nila bawal sa akin ang alak kaya naiintindihan nila." *("Sometimes I hang out with friends, but they understand that I can't drink alcohol.")* The statement also emphasizes the importance of social tolerance and peer acceptance in how the participant copes. "S*ometimes I hang out with friends*" this phrase suggesting an attempt to keep in touch and try and stick to some routine despite the illness. The second phrase "*they understand that I can't drink alcohol*" is about the social value of acceptance and respecting health-imposed limits. Friends who understand provide the participant with a way to remain participates socially without guilt or embarrassment. This kind of acceptance allays feelings of loneliness or alienation, as they often occur in cases where chronically ill people have to adjust their lifestyles.

Participant 10

"Yung mga kasamahan ko sa church, lagi akong pinagdadasal at binibigyan ng encouragement." *("My church companions always pray for me and give me encouragement.")* This articulation emphasizes how faith-based social support aids the participant in managing her care for chronic illness. "My church companions" is a phrase

the emphasizes a community based group of people grounded on common spirituality and one that shows that this participant's social network goes beyond friends and family to include their religious network.

The expression, "always pray for me" is about spiritual care in common; others intercede on behalf of the participant. The result is a sense of spiritual holding, value, and support so that individuals do not feel vulnerable or alone. It conveys the message that they are not fighting their illness alone but are supported by a community who provides continual spiritual support. The introduction of "give me encouragement" indicates the necessity of emotional and motivational support. Support from church friends generates optimism, solidifies resolve, and reinforces participant perseverance to cope with their diabetes. The relational support can create a sense of hope for the participant, particularly when tired, scared or feeling emotionally fragile.

Data Explication

The social connection that comes from supportive relationships between those with diabetes can be an incentive and a source of emotional support. Patients' family members or friends often serve as lay caregivers, providing consistent encouragement and support that increases treatment adherence and psychological well-being. In line with Cohen and Wills Social Support Theory, the relationships are stress-cushioning ones that increase resilience and adaptive coping. This highlights that diabetes care is not just a biomedical effort, but rather an enterprise grounded in the social and relational—a process benefiting from family-centered education and engagement.

Strong and steady family support played the greatest role in supporting diabetes self-care among participants. Family obligations involving remembering appointments, following up laboratory tests, encouraging or supervising medication compliance and behavioral change are some of the vital roles taken on by family members for their diabetic kin. Most also offer financial support and emotional solace, especially when one is fatigued physically or emotionally. Their continued presence creates accountability and motivation to help patients adhere to their treatment schedules. Nonetheless, some participants reflected feelings of social isolation, especially when lifestyle restrictions (e.g., avoiding alcoholic beverages or certain foods) diminished their participation in social events. However, some mentioned that they had not missed much of a beat in socializing, having redesigned their social lives to suit the way they needed or wanted to live. For many, living with diabetes became a platform for advocacy - others wanted to tell their story and educate peers or be that support system for those newly diagnosed. The construct of this theme emphasizes that, although the family is at the core of supporting patients' well-being, social life is restructured rather than diminished—signifying a trans formative manner of coping embedded in relational resilience.

This is supported by Aimubald (2024) who cited that strong social support system will have a positive impact to strengthening diabetic treatment adherence and enhance overall quality of life among diabetics. Likewise, social support was found to predict positively adherence and disease acceptance in patients with End Stage Renal Disease by Erdoğan Yüce and Yıldırım (2025), such that the relationship between support, on one hand, and psychological adjustment was mediated through disease acceptance.

In the Philippines setting, Reyes et al. (2022), the participation of family members featured prominently in affective and glycemic outcomes for adults with Type 2 diabetes, particularly when it involved meal planning and reminders to take medications. Similarly, David et al (2023) also pointed out that interactions with peer groups in church-based or community wellness programs contribute to motivation, accountability and spiritual renewal which are known to mitigate self- blame, and generate a feeling of healing. Villanueva et al. (2022) also identified that family accompaniment to consultations in barangay health stations is one way of enhancing knowledge and compliance for self-care in community-based educational programs.

Regional evidence supports these patterns. Ng and Sulaiman (2021) also demonstrated that patients who received better perceived family support in Malaysia had better glycaemic control outcome and higher psychological well-being. In Indonesia, Putri et al. (2020) reported that the participation of family in diabetes education significantly enhanced adherence to diet and decreased patients' anxiety.

Similarly, Chen et al. (2023) from Taiwan reported that emotional support provided by spouses and children, was a significant motivational factor for long-term diabetic patients' continuity and treatment fatigue.

Combined, these works attest to the importance of social and family relations for proper management of diabetes. Empowering families and communities with understanding, empathy, and resources makes them partners in maintaining behavioral change and psychological health. From the nursing perspective, this underscores the indispensable role of health professionals in developing family-oriented, culture-sensitive and community-based interventions aimed at promoting not just patients' physical well-being but also their emotional and social fullness.

Health Workers and Healthcare System

Participants' perceptions and practices in the management of diabetes were informed by interactions with nurses, doctors, as well as community health workers. Most were appreciative of the advice they got, although a few called attention to their difficulty in gaining access for regular check-ups.

Participant 2

"Malaking tulong ang health center kasi libre ang check-up at may mga libreng gamot."*("The health center helps a lot because check-ups and some medicines are free.")* This quote exemplifies the profound impact that participant's access to care on aiding the management of diabetes. Participant comments on the health stations "helps a lot" emphasizes recognition that health stations are a valuable resource in meeting the medical needs and alleviating the cost burden of living with chronic illness.

Words like "check-ups and some medicines are free" represent access and availability – both essential to sustained self-care among those living with long-term ill-health. Free consultation sustain the follow up of blood glucose, symptoms and complications in a regular basis as free medication help the participant to take medications regularly and not non-compliance in time due financial constraint. It also highlights the way in which the health systems operating at community level such as barangay health stations in the Philippines – are a life raft for patients, especially those from low income households. Free services counteract health disparities and help participants maintain an uninterrupted medical regimen.

Participant 4

"Yung nurse namin, lagi kaming pinaaalalahanan tungkol sa tamang pagkain." *("Our nurse in the family always reminds us about proper diet.")* This point underscores the benefits of having a nurse family members that support health education and self-care management. "Always reminds us" suggest that having a nurse in the family continuously and proactively help in health management of the participant's condition. "Proper diet," which demonstrates nurse's attitude that prevention is a way to reduce chance of diabetes and diet holds important role in avoiding or managing diabetes. This continuous train ride keeps the participant 'on board' with dietary instruction, meal planning, and 'healthy eating', which is nearly impossible to do successfully for a week even without weekly check up from a health professional.

Participant 5

"Maganda ang trato ng doktor sa amin. Pinapakinggan niya ang mga tanong ko tungkol sa gamot."*("The doctor treats us well and listens to my questions about medication.")* This quote encapsulates the experiences and insights gained by participants through exposure to patient-centred care, particularly in relation to living with a chronic disease such as type 2 diabetes.

The term ""treats us well" is a code for feeling respected, treated kindly and professionally, i.e. treated as if we are worthy of being human… and not subhuman. These relational dimensions enhance trust and encourage consistent follow-up. The second phrase — "listens to my questions about medication" — exemplifies the indispensable role of communication in health care.

The participant notes that the doctor does more than simply inform him about science and listens to the patient, addressing fears and uncertainties, as well as a need for certainty. The participant value this feedback and it provides him a feeling of control, comprehension against treatment with assistance for medication adherence.

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Participant 6

"Minsan lang mahirap kasi minsan walang stock ng maintenance sa center."*("The only problem is sometimes the health center runs out of maintenance medicine.")* This quotation underscores one of the key barriers faced by the participant in their facilitation of ongoing management of chronic illness –availability at all times of critical medication. While the participant is appreciative of what the health center does offer, with only problem medication stock-outs suggesting that this is a common and concerning issue. If these medication "ran out", it suggests a structure-level problem, e.g. stock rupture of supply, budget shortfalls or local health facilities receiving supplies informally and inconsistently. Among that is diabetics who can't have a break in their maintenance medications so during this time of shortage there will be no treatment adherence to the patient and exposing them to the rise or drop of blood glucose resulting to risk of more complications.

Participant 8

"Yung barangay health worker namin, siya ang nagrerecord ng sugar ko monthly." *("Our barangay health worker records my blood sugar every month.")* This statement underscores the need for BHWs to deliver continual monitoring of glycemic control for residents in the community. Barangay health worker-led monthly blood-sugar recording represents a structured, community-based follow-up approach that moves care to the doorstep of the patient— reducing travel and cost barriers and operational hurdles for regular monitoring.

In a technical perspective, this approach to screening allows early detection of glycemic disturbances and subsequent referral for the abnormal readings as medication or diet intervention may be applied. Monthly records also promote accountability and continued use of treatment plans, as patients are motivated to comply with a plan when they know that their results are being followed. Use of BHWs for supervision also means system reliance (training, commodities, quality of data recording). Conducting periodic supervision and supply of test strips or glucometers for accurate values along with safe storing is necessary for both treatment value and clinical management.

Data Explication

Health professionals and the community play a vital role in diabetes management; through education, access and empathy. But ongoing resource scarcity reveals deeper barriers to the sustainability of care. Interpersonal quality and technical efficiency of health care services are important factors that contribute to positive patient outcomes (Donabedian Model of Quality Care). When either dimension is suboptimal, the quality of diabetes care in general suffers.

Participants stressed the essential role of nurses and healthcare workers as providers of health education, regular surveillance, emotional support, and sensitive care. They inspire trust and compliance, encouraging patients to incorporate treatment into their lifestyles. In addition to the technical aspects of care, participants identified the moral and emotional support offered by nurses—hope propelled by encouragement and self-management bolstered. Yet, a number of participants also expressed frustration about limited free medicines, poorly maintained monitoring and erratic outreach services in slapdash-spread rural parts of the country where healthcare is ill developed. The focus of this theme is driven by the point that, even though health workers are highly esteemed as educators and supporters, structural handles and uneven opportunities rule out effective diabetes care delivery.

This lends credence to the submission of International Diabetes Federation (2021) that access and affordability of care remain as enduring global challenges; particularly among low and middle income countries. Similarly, Bautista et al. (2024) report that resource scarcity, weak supply chains and systems inefficiency still are major challenges toward achieving successful management for diabetes in the Philippines. Financial constraints and scarcity of medicines were identified as some of the major obstacles in ensuring treatment adherence. Lantion-Ang and Morales (2022) further stress that rural areas suffer from coalescing disadvantages like understaffed health facilities, lack of diagnostic equipment, limited patient knowledge which handicaps disease prevention and early detection program.

Similar results were described by Alvarado et al. (2023) of Latin American health systems, when they observed that inadequate healthcare resources, as well as continuity of care would result in poor glycemic control and increased complication rates. Patients with type 2 diabetes in limited-resource areas for the most part do receive suboptimal surveillance and follow-up which may lead to greater noncompliance and susceptibility to other comorbidity (Singh and Chawla, 2020). In addition, Rahman et al. (2021) in Bangladesh demonstrated training and empowering public health field workers drove substantial improvements in patient's diabetes knowledge, medication adherence, and satisfaction – demonstrating the potential of well-resourced front line healthcare providers.

Taken together, the evidence of these reviews establishes that the quality of care for diabetes management depends not only on competencies within health workers but systems efficiencies, policy support and equitable sharing. Strengthening of the health system, such as improving access to medicines together with ongoing monitoring and front-line worker training could help bridge this educational gap and the subsequent lack of on-going diabetes control. From a nursing perspective, this is about promoting software systems which are based on compassion and accessibility in the delivery of care and continuity of care — principles which enshrine holistic health and equitable access to good health for all.

Advice and Support for Others

There were many participants who were willing to report and share their own experiences with others, becoming encouragement for diabetics. Having gone through the same difficulties of dealing with diabetes individuals felt an obligation to offer advice, support & emotional strength for people in similar circumstances.

Participant 1

"Sinasabi ko sa iba, magpa-check up sila kahit wala pa silang nararamdaman." *("I tell others to have check-ups even if they feel fine.")* This response indicates that the participant has discovered health advocacy through their own illness experience. Since she has experienced the trials of diabetes, one reality including late detection or signs missed in initial stages – the participant now advises others to get preventive care. This transformation speaks to a spirit of accountability, consciousness and independence, evolving from personal survival strategies to working for others not to have such experiences.

"Even if they feel fine" reflects the participant's awareness that, symptoms being absent or mild in early stages aside, chronic illnesses (like diabetes) are asymptomatic; and thus waiting for them to present would mean detection occurs only after the fact. This awareness informs their motivation to advise other individual proactively, in a way that the meanings of health and illness learned from living with diabetes is one of preventative.

Participant 3

"Sinasabihan ko mga kaibigan ko na iwasan ang softdrinks at matatamis."*("I tell my friends to avoid soft drinks and sweets.")* This quote reflects the participant's role as a lay health advocate who applies her own experience with diabetes to influence others' health behaviors. The simple act of trying to teach a friend to give up colas and candy is not only a change from being just a patient - it reflects the individual's role as an instinctive advice-giver and a preventive interventionist within their social environment.

The participants sharing diet advice would seem to suggest an awareness of the role of nutrition in the management of diabetes and a personal determination to spare others their pain. This represents also empathy as broader notion of responsibility with an illness course serving as resource for community.

Participant 5

"Kung may sakit ka, wag mawalan ng pag-asa. Sundin lang ang doktor at magdasal."(*"If you're sick, don't lose hope. Follow your doctor and keep praying.")* This commentary captures how the participant hovered between medical adoption and spiritual coping as two foundations on which to balance a chronic illness. Through advising others to not "lose hope," the participant advocates emotional resilience which was a trait the

participant would have constructed from having diabetes. By following "your doctor," it can be understood that full believe in professional consultation, – as there is no other rational choice or alternative. That the participant realizes necessity of medical treatment, follow-up and confidence in health care providers for controlling disease better. It demonstrates good health seeking behaviour, and respect for clinical knowledge.

By contrast, “keep praying” emphasizes the active negotiation between illness and spirituality as a source of exertion. It’s not established as an alternative to medical care; instead, it becomes another locus of strength and support, offering hope, relaxation, and emotional balance. It also validates the participant’s own witness that healing is associated with more than just medication, but spiritual help as well. The quote “also” subtly shifts the participant into a kind of informal teacher, mentor, friend or leader who is able to elevate from other folks experiencing sickness out there nowhere by divulging something of his own journey. That this is a transition from coping, towards advocacy, and comprehension.

Participant 7

“Sinabihan ko mga anak ko na mag-ingat sa pagkain kasi hereditary ito.” *("I told my children to be careful with their eating habits because it’s hereditary.")* This statement means the participant knows diabetes is hereditary and she does not want her children to have it. Telling her three children not to “lose control over what you put in your mouth” is a movement from self-care towards preventive advice, with the participant’s sense of worry about the health and well being of her family underpinning this drift.

Considering advice shown perception of being ill in the participant and perception that they had been able to affect how their children’s lifestyle was becoming established. It is a consequence of parental responsibility, but also inter-generational health knowledge in which the participating person attempts to break the heredity risk through initiating behavioral change early. The quote “because it’s hereditary” represents more knowledge regarding family history as a risk factor; and serves as an example through lived experience. It’s the knowledge that is driving them to bring about better eating—especially in a culture where food habits are shaped at home.

Participant 12

“Ginagawa kong halimbawa ang sarili ko na kahit may diabetes, kaya pa ring maging masaya at produktibo.” *("I make myself an example that even with diabetes, you can still live happily and productively.")* This narrative describes the participant’s intentional resolve to assume a positive role model, although having to live with a debilitated state of health. Positioning of self as “an example” is evidence of the participant’s powerful sense of agency and task perspective, regardless that they are primarily a person not defined or limited by diabetes.

The use of “even with diabetes” explicitly recognizes the burdensome nature of living with diabetes, and yet it is followed directly by “you can live happily and productively.” This emphasizes the participant’s confidence in quality of life and a positive mood and personal achievement competing with illness. It can be seen as a sort of positive type of re-framing, in which the focus is on capacity, rather than lack.

Data Explication

By lifting others, nodes transform something vulnerable into a potential meaning. This mirrors experiencing altruism, where the act of sharing is gratifying in and of itself and serves as a validation for one’s own sense of self. Supporting others through providing guidance is empowering, it reignites a renewed energy of social value. Participants continually emphasized the importance of support from faith, family, health care providers, and community in their journey. This type of support is emotional scaffolding and also practical advice that reduces fear and encourages treatment adherence. These results confirm that optimal diabetes care occurs in the presence of social and spiritual support, rather than in a vacuum. As the stories of among other the participants show, successful coping with diabetes depends on chains and webs of care. Faith sustains hope; family and friends maintain the day-to-day managing; health workers furnish knowledge and access; helping others underpins purpose. In tandem, these layers of support form a resilience ecosystem, where people feel led rather than crushed.

This is congruent with Watson's Theory of Human Caring which occurs within caring, genuine relationships, skill-based competence and empathy. From a nursing perspective, such findings suggest that care is more than just a clinical procedure; it entails spirituality, family involvement and community connection in helping to restore holistic beings in diabetic living. This group presented a remarkable need to share experiences through giving advice to others, either on how to accept the illness, care for themselves or adhere to treatment and change lifestyle. They also gave glimpses of the personal consequences of non-cooperation and reminded their countrymen of the need for bravery and faith.

This result is also consistent with that of Hawkins et al. (2024) that examined an advocate and peer led DSME/DSMS intervention for black men in Metro Detroit. In this advocacy intervention, afflicted patients of all faiths who were better today than yesterday at self-management actions to decrease A1C due to members. The approaches to patients with diabetes have largely been based on formal education, but the outcomes are not adequate. The results provide evidence of the effectiveness culturally-responsive "health equity" interventions to improving diabetes-related outcomes, community-wide.

It is often a surprise to get sick — time lost unable to work, growing illness-related expenses and the societal stigma of being someone in need; but it becomes a vehicle for self-introspective, teaching addicts mindfulness habits about their food, medicine intake, perspective about life. They fought through physical and emotional pain, drawing on Christian belief, family relationships and a life led with purpose. A synthesis based on a cross-case analysis. The core category that was born out of the context of these categories is "to live with diabetes is to be born again," changing from something limiting into an opportunity to live life as it should be lived.

CONCLUSIONS

Based on the themes and sub-themes derived from the exploration of the lived experiences of patients with type 2 diabetes in Daet, Camarines Norte, the following conclusions were drawn:

1. Type 2 diabetic patients face multiple dimensions that have a significant impact on their physical, emotional, social and spiritual aspects of life. Physiological impairment such as fatigue, numbness, and visual disability restrict daily activities while emotional disorder—fear of side-effects or insecurity—makes the psychological burden heavier. Changes in routine and social confinement can also promote isolation and frustration. These adversities depict the chronic and multi-factorial nature of diabetes, which demand continuing medical attention, emotional equilibrium and positive coping patterns. The aim is to achieve resilience and acceptance. Coping strategies and self-management depend on self-discipline and external support. This is why the need for consistent psychological reinforcement and patient education are vital throughout the treatment and health education. Spirituality provides a strong component in the finding of meaningful life.

Diabetic patients can remain well-disciplined, motivated, and hopeful, despite dire conditions because of their strong faith in God. Faith can strengthen the will to live and vice versa. Despite the challenges and problems that are encountered by diabetic patients in their daily life, they can still find life meaningful and have motivation to be resilient with family psychological, social, and financial support. Healthcare workers may be competent in delivering the particular healthcare services, but limited access to medicines, particularly in rural areas, is a constant concern and barrier for a patient to still lead a meaningful life. Patients become inspirations, support, promoter of health to help themselves and others, thereby increasing community awareness, discipline, and resilience.

2. The findings emphasize the importance of an evidence-based comprehensive nursing intervention program that addresses the transplant-specific challenges and facilitating factors reported in this study. Such a program could stress self-management skills, expanded opportunities for receptive health and educational resources, and the development of psychosocial and spiritual supports among diabetic individuals. The intervention involves a dedicated Facebook Page and Group delivering online social support, motivation and nutritional education. Through digital communities, patients are able to share experience with one another, hear professional advice and remain in contact with other health professionals and those that suffer from the same condition beyond medical institutions.

The RDN-approved 7-Day Nutritional Plan was also implemented as an intervention. This approach would aid compliance with diet, maintain nutritional balance and allow the patient to control metabolic control of their blood glucose. Our program offers complete care of diabetes by daily digital peer support, learning and the best nourishment for patients combined to physical, emotional, social, and spiritual approaches. Incorporating family-based care, continuing patient education and multidisciplinary collaboration is essential to contribute to a more successful management of the disease and patients´ ability to strive for a purposeful, resilient life and empowered despite the chronic condition.

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