

Perceived barriers and strategies to diabetes self management nursing essay



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The article is seeking to identify the difficulties faced by diabetes patients living in rural setting who have to manage type 2 diabetes and approaches they can use to effectively manage the diabetes. It has been recognized world wide the diabetes is a chief public health problem and also a financial load. Though research has identified that people with diabetes do not follow details self-care programs and this has resulted to their conditions not improving. The authors' main point is addressing the obstacles that face patients under self-care and he is targeting nurses, health care providers and public each of them to play their role in bringing about recovery and treatment of diabetes patient.

Among the difficulties faced by diabetes patients in managing diabetes include, lack of support networks, health care provider information not being individualistic, lack of knowledge to manage diet plans, poor attitude and lack of financial resources to cater for medication. Among the strategies that can be used to help in self-management of diabetes include, integration of exercises and facilitating collaborative relationship with the health care provider, maintaining a positive attitude and having a supportive person who can be a spouse or family member to give encouragement and assistance in adhering to diet plan. In addition encouraging of group participation and education will help in patients expressing their feelings and emotions and in the process remove the stigma associated with the disease. Maintenance of a strong network of colleagues besides providing a positive attitude also assists patients in sourcing of materials to facilitate better understanding and manage diabetes. Diabetes being a dietary disease therefore requires

the patients to adapt changes in their dietary requirements and also incorporate exercises in their self care in order to ensure treatment.

Introduction

Diabetes being a chronic disease can cause serious complications which can result to a major financial burden and lowering of the quality of life affecting the patient and their families. Often diabetes requires patients to change their lifestyles particularly in the diet and exercises which are critical in the treatment of diabetes. However it has been shown that these integrated measures are difficult to adhere mainly for patients undergoing self-care and most patients face obstacles that pose major barriers in following these programs (Aljasem and Clark, 2001).

Background information

The articles analyzing the obstacles faced by diabetes patients who receive self-care while in their rural homes and ways to minimize these obstacles in order to ensure diabetes patients receive proper self -management. The author is reporting to the nurses and health care providers who are key people in ensuring the recovery of diabetes patients. According to author people suffering from diabetes do not normally follow up to details the self-care requirements and as a result most patients don't see improvements in their diabetic conditions.

Worldwide diabetes has been a main public health concern and to the affected families it's a financial burden as a result of huge finances incurred in medication and special diets. A research was done by the author using 24 adults with type 2 diabetes in a rural main care practice were used to take

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part in the study in one of three recorded focus groups. The data was collected in 2002 and analyzed for the content on the focus group and legitimacy of the findings strengthened by independent ranking among the obstacles and strategies by using nurse researchers. The findings were recorded from the focused group used and after that conclusions were drawn. The data provided supportive evidence on the factors being tested on the focus group.

Apparent obstacles and strategies in self care of diabetes patients

Among the most reported obstacles are time restrictions, lack of adequate knowledge, lack of social support, lack of enough financial resources and lack of patient-provider relationship. The identification of the obstacles was crucial in lessening the undesirable effects of following the self management programs. Self management programs are difficult and entail the personal commitment in time to time and other aspects of a persons' life. The World Health Organization had given out guidelines to promote medical practitioners to help patients identify ways of reducing difficulties and assist in the incorporation of self care into daily activities (World Health Organization, 2003). Among the factors identified to support adherence to self-care in daily activities are patient-centered, mutual and support positive behavior changes. On everyday basis diabetes patients must make multiple decisions in managing their based on their familiarity, beliefs, thoughts, income and support systems available to them.

In the research lack of knowledge and understanding about the correct diet plan was a major obstacle that was raised by the target group (Aljasem and <https://assignbuster.com/perceived-barriers-and-strategies-to-diabetes-self-management-nursing-essay/>

Rubin, 2001). Diabetic patients usually need to understand what is required in their diet and what they should not eat so that the level of glucose in their blood is maintained to the correct level. This information should be clearly provided by the dietician or a nutritionist. Collaboration between the patient and health provider was crucial and where health providers did not pay attention or listen to the needs of the patients, they opted to change the healthcare practitioners to look for ones who would pay attention to their concerns and help them in making changes to the plan of care and also give simple instructions. Collaborative relationships between patients and the healthcare provider was very much valued by patients since they provided positive coaching and promoted self care and accountability.

There was also unplanned care involving the hospital and the health provider as noted by some participants. Helplessness and disappointment as a result of negative experiences added to poor self care and follow-up. Participants reported helplessness since they didn't experience glycogen control despite adhering to the self care programs. Unfavorable results from patients such as progression of the disease often leads to discouragement from the patients and they see this as fatal. (Jean & Meengs, 2006).

Maintaining a positive attitude for diabetic patients through proactive learning helps them in the recovery path through self care. By obtaining research journal or books the patients were able to acquire tangible information that they could rely as they went ahead on self care. Social support was identified as a key factor in the self care. The diabetic patients appreciated of their support person to engage actively with them in

education and management of activities. Lack of financial resources can
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worsen the self care program for diabetes patients. Financial resources are generally required to pay for prescriptions, pay hospital bills, healthcare provider and cater for elaborate dietary needs. Maintaining the correct medication administration times and routines was an obstacle to self care diabetic patients. Being deficient in resources lacking the knowledge about how to acquire resources is an obstacle jointly with the limitations of a set income and lack of insurance cover for dieticians. The use of medication boxes helped participants in remembering to take their medication without fail. Provision of group education to diabetic patients was found to be effective in self management of diabetes. Obstacles which associated with educational group gathering included inconvenient meeting times and classes taking too long and involving a lot of money.

The main obstacles to diabetes self care include self-care lack of financial resources limited access to social support, minimal access to group education, lack of proper knowledge an understanding on the correct diet plan and regime, lack of information of a specific plan of care, exasperation and vulnerability from lack of glycoemic control frustration as a result of sustained disease progression despite the patients perceived following of the self care plan. Strategies to encourage diabetic self care include setting goals jointly with the patients' health provider, involving in problem-solving activities and coping, maintaining a mutual relationship with the health care provider, upholding a positive attitude towards the disease and focusing on recovery, having people to provide personal support(Ryckman and Crebolder, 2000).

In general healthcare providers are effective in managing patients with chronic diabetes which require decisions for control of glycogen to optimum levels. In control glycogen levels to the optimum diabetes patient should regularly consult their healthcare providers rather than relying on the normalized integrated programs incorporating exercises and dietary changes. This is because the health care provider will be able to give depending on the physiological state and biophysical needs of the patient after an assessment has been done.