

Factors Affecting the Empowerment the Diabetic Individual and How We Can Empowerment Diabetes Patient?

Hamdiye Arda Surucu*

Ataturk School of Health, Dicle University,
Diyarbakır, Turkey

*Corresponding author:

Hamdiye Arda Surucu

✉ har_da@hotmail.com

Ataturk School of Health, Dicle University,
Diyarbakır, Turkey.

Tel: 0904122483391

Fax: 0904122488451

Citation: Surucu HA (2017) Factors Affecting the Empowerment the Diabetic Individual and How We Can Empowerment Diabetes Patient? Rep Endocr Disord Vol.1 No.1:2

Abstract

Diabetes is a progressive and chronic disease. This lifelong treatment requires that individuals with diabetes manage his or her own treatment and self-care. Empowerment generally includes efforts to develop self-confidence and autonomy and individual responsibility to support self-care. Patient empowerment involves helping patients to discover and improve their ability to take on responsibility. There is a limited amount of research investigating the factors influential on empowerment. Examining the factors influential on empowerment in diabetes is thought to shed light on the planning and management of diabetes education. We discuss how we can empowerment diabetes patient in this text.

Keywords: Diabetes; Insulin

Received: Septemeber 18, 2017; **Accepted:** Septemeber 20, 2017; **Published:** Septemeber 22, 2017

Introduction

Diabetes is a progressive and chronic disease [1]. However, the diabetic individual requires self-management. The main health problem faced by individuals with diabetes is the deterioration of glycemic control and related complications. For this reason, diabetes management aims to enable glycemic control and prevent complications. The suggested treatment for achieving glycemic control is a controlled diet, physical activity, blood glucose monitoring, oral hypoglycemic agents and insulin treatment, and diabetes self-management education [2]. This lifelong treatment requires that individuals with diabetes manage his or her own treatment and self-care [2,3]. Thus, patient empowerment represents a significant target in patient education and care for the management of diabetes [4].

Empowerment, as a philosophy of caring, emphasizes a cooperative approach to the development of self-management in patients [5]. Empowerment generally includes efforts to develop self-confidence and autonomy and individual responsibility to support self-care [6]. Patient empowerment involves helping patients to discover and improve their ability to take on responsibility [7]. Empowerment is made up of two processes: "Process" and "Outcome" [6,8]. The purpose of these two processes is to develop the potential of diabetes individuals in the first phase and then to mature this potential

[6,8]. In the process of empowerment, the purpose is to help diabetes individuals first understand the problem so that they can effectively manage diabetes and then determine their goals regarding the problem; in addition, the process of empowerment also aims at allowing diabetes individuals to express their thoughts about the problem, to put their goals into practice and to evaluate the eventual outcomes [6,8,9]. During this diabetes empowerment process; increasing personal knowledge and skill levels, developing problem-solving skills, gaining an awareness of healthy habits, gaining autonomy, determining goals, making decisions regarding these goals, as well as patient experience, open communication, social support are important [6,10,11].

There is a limited amount of research investigating the factors influential on empowerment. Purpose: Examining the factors influential on empowerment in diabetes is thought to shed light on the planning and management of diabetes education. Empowerment is a basic outcome of diabetes education [12]. Empowerment and diabetes education empowerment approaches aim at maximizing diabetes individuals; self-care knowledge, skills, self-awareness, feeling of personal autonomy with the help of diabetes education [6]. Diabetes self-management education is a collaborative process through which people with or at risk for diabetes gain the knowledge and skills needed to modify their behavior and successfully self-manage the disease and its related conditions [13]. Diabetes self-

management support that assist the person with prediabetes or diabetes in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis beyond or outside of formal self-management training. The type of support provided can be behavioral, educational, psychosocial, or clinical [13].

In addition we discuss how we can empowerment diabetes patient. The factors influential on empowerment in diabetes studies revealed that the number of diabetes-related symptoms, age [14], gender [15], educational background, disease duration [16] and perceived family support [17], diabetes education, employment status [18] are among the factors influential on empowerment. Based on research articles, when age, diabetes disease duration, the number of diabetes related symptoms increases, empowerment decreases. In addition patients' level educational and perceived family support increases, empowerment increases and taken diabetes education and working in any job reinforces the diabetic individual [14-18].

Conclusion

Consequently, in an attempt to empower individuals with diabetes through empowerment strategies in diabetes self-management education;

- Instructor should not be the decision maker in decisions regarding diabetes management of patient! The patient should be given the chance to decide on their own fate ... (not the doctor or nurse knows best!),
- Daily self-management decisions should be checked and their responsibilities should be confirmed,
- Information should be provided for continuity of the situation of life-long decision making in diabetes,
- Patients' efforts should be facilitated in order to determine,

implement and result of behavioural goals that are individually chosen,

- Living with diabetes; clinical, psychosocial and behavioural aspects should be integrated (Fasting blood glucose, A1c etc.),
- Chances of social and emotional support should be created and individuals with diabetes should be included in a group which is created for problem-solving,
- Participation should be provided to individuals with family or any social support along with the patients in the trainings,
- Ethnical, cultural and religious beliefs of target should be respected, (for example fasting in the Ramadan; Iftar and sahur),
- Patients should be guided in terms of their other needs of support that they should receive from an expert of subject matter, (Dietitian, psychologist etc. orientation),
- Instead of controlling patient, patient should be given responsibility (Problem-solving) in diabetes care, It should not be forgotten that patient experiences are very important,
- Instructor should have a constant communication with its patients through telephone, mail etc.
- Educators should especially evaluate the perception of disease in diabetes education. (I can not insulin injection or exercise because I am sick),
- Diabetes literacy should be increased/encouraged,
- Diabetes education should be provided on the same as the language the patient speaks (Arabic, English etc, Sample training CD),
- Instructor should make individual with diabetes feels important and valuable (How do you feel today? How do your blood glucose values?) [2,6,7,12-18].

References

- 1 World Health Organization (WHO) (2017) World Health Day 2016: WHO calls for global action to halt rise in and improve care for people with diabetes.
- 2 American Diabetes Association (2017) Standards of medical care in diabetes. *Diabetes Care* 40: S1-S2.
- 3 Sousa VD, Zauszniewski JA, Musil CM, McDonald P, Milligan SE (2004) Testing a conceptual framework for diabetes self-care management. *Research and Theory for Nursing Practice* 18: 293-316.
- 4 Anderson RM, Funnell EM, Fitzgerald CJT, Marrero DG (2000) The diabetes empowerment scale. *Diabetes Care* 23: 739-743.
- 5 Funnell MM, Tang TS, Anderson RM (2007) From DSME to DSMS: Developing empowerment-based diabetes self-management support. *Diabetes Spectrum* 20(4): 221-226.
- 6 Sigurdardottir AK, Jonsdottir H (2008) Empowerment in diabetes care: towards measuring empowerment. *Scandinavian Journal of Caring Sciences* 22: 284-291.
- 7 Funnell MM, Anderson RM (2004) Empowerment and self-management of diabetes. *Clinical Diabetes* 22: 123-127.
- 8 Chen MF, Wang RH, Lin KC, Hsu HY, Chen SW (2015) Efficacy of an empowerment program for Taiwanese patients with type 2 diabetes: A randomized controlled trial. *Applied Nursing Research* 28: 366-373.
- 9 Funnell MM, Weiss MA (2009) Empowering patients with diabetes. *Nursing* 39: 34-37.
- 10 Souza MSD, Karkada SN, Hanrahan NP, Venkatesaperumal R, Amirtharaj A (2015) Do perceptions of empowerment affect glycemic control and self-care among adults with Type 2 Diabetes? *Global Journal of Health Science* 7: 80-90.
- 11 Song Y, Song HJ, Han HR, Park SY, Nam S, et al. (2012) Unmet needs or social support and effects on diabetes self-care activities in Korean Americans with type 2 diabetes. *The Diabetes Educator* 38: 77-85.
- 12 Funnell MM, Anderson RM (2003) Patient empowerment: a look back, a look ahead. *The Diabetes Educator* 29: 454-464.
- 13 Haas L, Maryniuk M, Beck J, Cox CE, Duker P, et al. (2014) National Standards for Diabetes Self-Management Education and Support. *Diabetes Care* 37: S144-S153.
- 14 Lee YJ, Shin SJ, Wang RH, Lin KD, Lee YL, et al. (2016) Pathways of empowerment perceptions, health literacy, self-efficacy, and self-

- care behaviors to glycemic control in patients with type 2 diabetes mellitus. *Patient education and counseling* 99: 287-294.
- 15 Hara Y, Iwashita S, Okada A, Tajiri Y, Nakayama H, et al. (2014) Development of a novel, short, self-completed questionnaire on empowerment for patients with type 2 diabetes mellitus and an analysis of factors affecting patient empowerment. *Biopsychosocial Medicine* 8: 19.
- 16 Tol A, Baghbanian A, Mohebbi B, Shojaeizadeh D, Azam K, et al. (2013) Empowerment assessment and influential factors among patients with type 2 diabetes. *Journal of Diabetes and Metabolic Disorders* 12: 6.
- 17 Isaksson U, Hajdarevic S, Abramsson M, Stenvall J, Hörnsten Å (2015) Diabetes empowerment and needs for self-management support among people with type 2 diabetes in a rural inland community in northern Sweden. *Scandinavian journal of caring sciences* 29: 521-527.
- 18 Arda Sürücü H, Besen Büyükkaya D (2017) Predictors Of Empowerment in Individuals With Type 2 Diabetes. 1 International Health Sciences Congress, June 29-July 1, Aydın, Turkey (Oral Presentation).