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Personal beliefs and psychological adjustment: Experience of diabetic management in middle-aged women

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Statement of the Problem: Diabetes is a chronic disease with continuously increasing prevalence worldwide. In 2017, the International Diabetes Federation (IDF) reported 190 million women are diabetic globally. By 2040, this figure may reach 301 million. The purpose of this study was to explore factors affecting home insulin therapy and blood glucose self-monitoring in female diabetic patients with poor glycemic control.

Methodology & Theoretical Orientation: A grounded theory guided this study. Semi-structured in-depth interviews of ten female diabetics, aged 45 years or older, with glycated hemoglobin A1c over 8.5% were analyzed by inductive content analysis. Purposive sampling was used to collect data in May 2016 in a hospital in Taiwan.

Findings: The results revealed 4 themes. Theme-1: Mental and emotional problems, including 2 sub-themes: (1) Family tensions coexisting with the disease, feeling powerless and lacking confidence; (2) insecurity, including fear of hypoglycemia and diabetic complications, depression and negative emotions/despair. Theme-2: Misunderstandings regarding treatment-related information, including 2 sub-themes: (1) Lacking knowledge about blood glucose level and having no self-efficacy to attain goals; (2) unable to adjust insulin dose. Theme-3: Lack of disease control beliefs, including 2 sub-themes: (1) Subject to physical control of the body, cannot control the disease process; (2) limited living habits, cannot adopt correct life adaptation strategy. Theme-4: Unable to overcome dietary challenges, including 2 sub-themes: (1) The need to be constantly reminded by the family to discuss the implementation strategy; (2) the need to share difficulties with their family to establish good communication.

Conclusion & Significance: The views of diabetic patients and their families about diet differ, which may partly explain the patients' poor glycemic control. Thus, lack of confidence in disease control, social support and differences in dietary views are vital components of diabetes control as they affect self-care behaviors.

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