Evaluation of Patients with Type 2 Diabetes and their Families Understand the Relationship of Continuous Care by Type Of Care

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ARTICLE INFO

Article history:
Received 25 September 2014
Received in revised form
26 October 2014
Accepted 25 November 2014
Available online 1 December 2014

Keywords:

ABSTRACT

Patients with diabetes mellitus increased awareness on various issues including the principles of self-care and continuous monitoring of blood glucose as close to normal by early and late disease has led to the prevention of Effects, the information and patient education can be as a vital component of nursing care in order to reduce patient referrals to named hospital. Patient education can be done in different ways this study aims to understand the relationship between the types of care for patients with type 2 diabetes and their families pursue a university hospital medical care was conducted in 2014. Methods: This study is a cross-sectional study. The subjects included 140 patients with type 2 diabetes and 140 of their family members in the hospital of Medical Sciences (Al-Zahra-Aman, Sun, Jesus son of Mary) in 2014 patients during the hospitalization of their post discharge care follow-up to if (phone, office, face to face and pamphlets) were received. Data collection tool was a questionnaire which was used after the validity. Data analysis using spss software of descriptive and inferential statistics (Friedman test and correlation) was used. Results: In this study, 140 patients with type 2 diabetes and 140 of their family members (and patients) were enrolled. Those patients 50.7% follow-up care through face-to-face, 20% of the brochure, 15% of classrooms, and 14.2% had received over the phone. Continuous care of their families is as well as face to face 64.4%, brochure 27.1%, classrooms, 17.9% and phone 8.6 percent. And between different types of care and continuous care by a four-step test, Pearson correlation can be seen (P <0.05). Conclusions: There is a significant relationship between the findings showed that the types of care and continuous care to patients and families. These findings suggest that there are differences in perceived quality of care and follow-up care of patients and their families. And patients and their families with any type of care that is continuous are able to understand their care.

INTRODUCTION

Diabetes is a chronic metabolic disease that has a profound impact on the health status physical, social and mental well-being and quality of life in the social dimension. Diabetes is now a global health concern that affects both developing and industrialized countries. The number of diabetic patients is due to population growth, aging, urbanization, and increasing prevalence of obesity and inactivity are on the rise [21]. Diabetes is one of the 10 leading cause of death in middle-income countries and seventh place in high-income countries accounted. According to the International Diabetes Institute, 285 million people worldwide have diabetes, and this figure will increase to 438 million in 2030. The incidence in African and Middle Eastern countries is than industrialized countries [20]. Studies have shown that good control of blood sugar helps prevent complications. So to change the lifestyle and are looking for better control of diabetes, be aware of and understand the importance of diabetes patients, complications and treatment increase [13]. Type II diabetes is a disease with increasing incidence worldwide and is one of the most common endocrine disorders. The number of people with diabetes worldwide in 2010, about 4.6 percent (285 million) and is expected in 2030 to about 7.7% (439 million) to reach most of the new cases are in developing countries it seems that 2020 is the largest increase in the prevalence of diabetes in the Middle East. Currently, the prevalence of diabetes in the region is high and the rate of 7.7% has been reported [2]. One way is control the diabetes self-care behaviors. Care would improve the
quality of life and cost effective. As well as the America Diabetes Association, people with diabetes should be educated about their care and treatment to delay the onset of diabetic complications. In other words, a person with diabetes is increasing awareness on various issues including diabetes self-care strategies and continuous monitoring of blood glucose as close to normal thereby preventing complications and late-onset disease has been a lifelong guarantee for patient care and reduce costs. No Such goals require patient participation in care and education is a dynamic and continuous [11]. The goal of treatment in type 2 diabetes maintain glucose, lipid and blood pressure optimal for prevention or delay chronic complications associated with diabetes and to improve the quality of life in these patients. Many patients with type 2 diabetes can manage their blood glucose levels through appropriate eating plan, regular exercise, excess weight loss, self-care behaviors and drug control. Providing diabetes care is complex. Generating a wide range of health care professionals includes primary health care providers and other professionals and the public articulation funded diabetes. Access to good outcomes for people with diabetes depend on the supply of good organization and participation of diabetic based on the knowledge and skills of health and social care professionals and through primary and secondary care is.

Continuous Care:

Fundamental part of nursing care activities and is considered the foundation of professional nursing the most important clinical goal or objective of reducing the severity of symptoms and the clinical care of the stress in order to preserve the quality of life.

Continuous care is a general term that provided care for more than one period of physical and mental health needs that result from disability, describes accident or illness. Quality of life in patients with diabetes is important. Lack of care, lack of good blood sugar control and diabetes complications increased, resulting in decreased quality of life. Modify the quality of life not only useful and useful for diabetic patients, but health care costs associated with them will be reduced. Due to the chronic nature of the disease and the patient's actual and potential problems is due to the dynamic and effective. Fully compatible to the necessity of the patient is necessary. IT application in a telephone follow-up care for patients who self-monitor, decisions and recommendations should be used. Based on patient care needs, when patients are not available, it is planned. Telephone follow a very useful and inexpensive method for assessing the needs of out-of-hours care and reduce the number of frequent visits. Nature of the disease and type of treatment requires that the bulk of the treatment is the responsibility of the patient and his family. Family support strongest factor determining compliance is with the treatment regimen in patients with type 2 diabetes. The findings of the research also showed that blood glucose control is associated with family support [4].

Family supports strongest predictor of treatment compliance in patients with diabetes type two commands at the age of 40 years. Non-supportive family interactions and poor compliance with diabetes self-care than the program expects. The perception of the love and support of family and social support are friends and his entourage against stress and accidents [5]. The health perception, perception of health, based on knowledge, values and beliefs of each person affected by the environment, family and community are as well as understanding the concept of abstract effects would be evident in their lives. Their understanding of the concepts of human behavior may well indicate [6]. Understanding the follow-up of patients affected by several factors, including: the relationship between their personal and health care providers, beliefs and behaviors, diseases and public systems and structures are functioning [23]. During discharge telephone follow-up care with patient education pamphlets after registering the most important reason for the decline is referred back to the hospital and doctors' offices. As the referral of patients the doctor's office with telephone follow-up care during the three months was zero [24]. These findings suggest that continuous surveillance of telephone and face-to-face training sessions focused on knowledge and self-care in patients with low literacy increases.

Methods: This descriptive-analytical study which aims to understand the relationship between the type of care received by patients with type 2 diabetes and their families of medical care in hospitals in Isfahan were sustained. Participants in this study included patients with type 2 diabetes who were referred to medical centers in the city and their families. The study population included 400 diabetic patients and 400 family members of four hospitals. Morgan according to patient samples is 140 samples with 140 participants.

Inclusion criteria for the subjects include filing hospitals in Esfahan, patient and family desire to participate in the interview, physical and mental ability to participate in the interview, follow up care. The main exclusion criteria patients and their families has been a reluctance to continue working. Researcher to provide a written report from the Azad University of Khorasgan Branch Esfahan University of Medical Sciences and hospital officials in the Al-Zahra-Amin, the sun and Mary presented Jesus was conducted after obtaining their consent. Researcher observing all ethical issues such as informed consent for research units collects the data. The study was conducted by researchers in this field [1,14,9] has developed a questionnaire. The first part contains eight subjects were asked about demographic information about age, gender, education, marital status, occupation, monthly income, inheritance, history of other diseases. The second part includes factors related to the type of care received (received continuous care over the phone, face to face, attending training hospital). Data from the questionnaires and to the field of medical centers attended Al-Zahra-Amin; the sun was Esfahan Mary and
Jesus. Determined by the investigator during the centers of each of those classes, attend and questionnaires have been distributed to people with type 2 diabetes and their families, and their purpose explained based on the data obtained were compared between type of care and continuous care. They were also given a written consent form. Health education in the university hospital Esfahan the same name launched in early 2013. The work of this department begins accepting patients in that hospital admission, nurses are required to learn about the disease and its complications to the patient’s face and be with him, he also accompanied the patient and referred to Health Education Classes the classes are held every day and they said they finalized the training of nurses in the unit and at the time of patient discharge referral card given to him, three days after discharge patient follow-up by telephone after it becomes, if you have a problem, the patient will be asked to go to the hospital. All of these events are recorded in the books of the unit. In this study, content validity was used to determine the validity of the method. To purchase any of the questions referred to books and scientific publications then, a questionnaire survey of 10 individuals from the judge and members of the Faculty of Nursing and Midwifery, Islamic Azad University was laid. Corrective feedback is collected and after revisions, the final questionnaire was developed. In the present study, this method was used for test-retest reliability method. That questionnaire in 15 patients and 15 family members were given and then two weeks later they were given the same questionnaire and compared the results with each other. Cronbach’s alpha internal consistency test is also a method, was used. After conducting a pilot test, Cronbach’s alpha coefficient was 95%. In this study to analyze the data using SPSS version 20 was used and the data collected were analyzed in two parts. The first section is the descriptive statistics for the absolute frequency and frequency data is presented in Table. The second part is inferential. It was assessed by the Pearson correlation test. Results: In this study, 140 patients with type 2 diabetes and 140 of their family members (and patients) were enrolled. That patient’s 50.7% follow-up care through face-to-face, 20% of the brochure, 15% of classrooms, and 14.2% had received over the phone. Continuous care of their families as well as face to face is 64.4%, brochure 27.1%, classrooms, 17.9% and phone 8.6 percent, respectively (Table 1). And between different types of care and continuous care by a four-step test, Pearson correlation can be seen (Tables 2 and 3).

Table 1: Frequency and percentage of subjects continuing care

<table>
<thead>
<tr>
<th></th>
<th>Family</th>
<th>Patient</th>
<th>Type of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>64/4</td>
<td>65</td>
<td>Face to Face</td>
</tr>
<tr>
<td>Frequency</td>
<td>50/7</td>
<td>71</td>
<td>Leaflet</td>
</tr>
<tr>
<td>27/1</td>
<td>38</td>
<td>20</td>
<td>Training Class</td>
</tr>
<tr>
<td>17/9</td>
<td>25</td>
<td>15</td>
<td>Phone</td>
</tr>
<tr>
<td>8/6</td>
<td>12</td>
<td>14/2</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>140</td>
<td>140</td>
<td></td>
</tr>
</tbody>
</table>

As the above chart shows the most frequent type of face-care group, 71 patients (50.7%) and a group of 65 family members (46.4%)

Table 2: Relationship Bébing understanding of continuous care in patient care

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Orientation</th>
<th>Sensitization</th>
<th>Control</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>0.352</td>
<td>0.285</td>
<td>0.240</td>
<td>0.004</td>
</tr>
<tr>
<td>Significant</td>
<td>0.000</td>
<td>0.001</td>
<td>0.004</td>
<td>0.083</td>
</tr>
</tbody>
</table>

According to the above table and the correlation coefficient and significance level are shown Significant relationship between the type of care and the care that is consistent (P < 0.05)

Table 3: examine the relationship between d and understanding of this type of care, continuous care in the family

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Orientation</th>
<th>Sensitization</th>
<th>Control</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>0.400</td>
<td>0.213</td>
<td>0.256</td>
<td>0.157</td>
</tr>
<tr>
<td>Significant</td>
<td>0.000</td>
<td>0.012</td>
<td>0.002</td>
<td>0.064</td>
</tr>
</tbody>
</table>

According to the above table and the correlation coefficient and significance level are shown significant relationship between the type of care and continuous care of (P < 0.05). Discussion: These findings with the results Galileans et al The Effect of self-care educational program on the rise in type II diabetic patients, was performed on 120 patients gained. Education in the form of lectures and discussion groups is for patients and family. An educational booklet with prevention of diabetic complications such as the family, the patient was the role of facilitator training so they can be at home for patients and topics discussed include: the complications of diabetes, the importance of having adequate physical activity, the importance of proper diet, foot care and more respectively. The usefulness of providing classes for dealing with the increasing physical activity among diabetics showed. This finding is consistent with findings from the study of bypass si et al (2013) with the introduction of telephone monitoring for patients with diabetes in primary care, gained. In this study it was shown that middle-aged people with high education levels of care such as monitoring the phone are interested in using the new cases are they are willing to transfer data showed glucose and asking questions.

Knowledge,
attitude and practice of teaching patients about the importance of diet were increased from 68% to 73%. Teaching methods include meetings inquiry and answers, group discussions, educational pamphlets and booklets. According to experts, the training component of diabetes treatment is the treatment itself. Methods for distance learning, and time consumption, cost and manpower associated So that a nurse can care for and track distance of 425 patients [12]. This finding is consistent with findings by Mousavi et al (2011) The impact of preoperative education in the face of depression and anxiety in adult patients undergoing cardiac surgery is still singing In this study it was shown that actions such as face to face training before cardiac surgery patients has created the opportunity to question the patient can ask any question or concern to the researcher’s beliefs and misinformation about the correct action in your mind and nurses of understanding to ensure the information.

Conclusions:

As shown in Table 2, there is a significant relationship the continuous surveillance of patient care and family the findings of this study suggest that differences in the types of training methods and follow patients' perception of care does not exist and patients with any type of training that is conducted on a continuous basis will be able to understand their illness and the health of their behavior. Of course, this training should be carried out continuously and evaluation. Training classes may be necessary to promote a healthy lifestyle on adolescents and thus provide the community, cost of these activities with therapeutic activities necessary to generalize these training programs and expand and its extension seems necessary [18] Preoperative patient education both verbally and face to face or pamphlets are equally able to enhance the knowledge of patients. Use the pamphlet as an accessible and inexpensive method if properly designed and provide information on the level of understanding and understanding the patient and consider all relevant patient data in text pamphlet, theological education can substitute for face-to-face environments is the lack of time for training medical personnel and the patient is facing. Relatively short face to face training and consulting to improve the knowledge, attitudes and beliefs of patients with acute coronary syndrome and therefore, the delay time may reduce symptoms of the disease. The results suggest that a variety of teaching methods to be included in the follow-up care and in a way it does not stop there. Because due to cultural differences in patients and families referred to treatment centers well as their understanding of the disease, the use of one method alone cannot respond properly to the needs of their this training is conducted on a continuous basis. Also in this issue with patients and their families in the areas of instructional practices that are effective in their learning will be discussed.

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