Health Seeking Behavior: Self-Care Management of Healthy Lifestyle Among Adults With Diabetes Aged 25-64

University of Central FloridaPart I Nursing Process: Community Diagnosis

Health seeking behavior: Self-care management of healthy lifestyle among adults, ages 25-64, who are diagnosed with diabetes related to diet, foot care, and exercise as evidenced by 29,998 diabetic hospitalizations and 205 deaths from diabetes in 2007-2009 in Orange/Seminole Counties, as supported by baseline figures below the HP 2020 target objectives. Objective D-14 states the baseline for age adjusted adults to the year 2000 standard population over the age of 18 that reported receiving formal diabetes education in 2008 as 56.8 percent, with a target of 62.5 percent (U.S. Department of Human and Health Services, 2011).

*Why This Diagnosis is a Health Problem*

Adults from the age 25-64 who are diagnosed with diabetes must increase their health seeking behaviors because diabetes can affect multiple body systems if people do not take adequate care of their bodies (Lewis, Dirksen, Heitkemper, Bucher, & Camera, 2011). Although Orange county rates within the first quartile (the most favorable situation) for adults diagnosed with diabetes, the rate of hospitalizations related to diabetes falls within the fourth quartile, the least favorable situation (Florida Department of Health, 2010). This may be caused by a lack of education on the importance of self-management for people diagnosed with diabetes. Among the various aspects of education are the need for special attention to diet, foot care, and exercise. This is evidenced by statistics from the Florida Department of Health showing that less than half of people diagnosed with diabetes receive any education on self-management (2010).

Diabetes is a condition that requires a balance between professional care, such as that by a primary care provider, and personal care and management in home settings. Obesity is the main factor that leads to type 2 diabetes and can lead to complications throughout the course of the disease if items such as caloric and lipid intake are not monitored and/or reduced in diets (Lewis et al., 2011). Diabetics are also at much higher risk for ulcers/infections (on feet) and ultimately amputation of lower extremities most often related to the vascular diseases or sensory neuropathy that result from diabetes (Welch, Garb, Zagarins, Lendel, & Gabbay, 2010). Studies have shown that exercise increases the metabolism that works to break down excess carbohydrates, lipids, and glucose (O’Gorman & Krook, 2011)—all of which are elements that lead to other health complications. Since there are so many hospitalizations in Orange County despite the good percentage of people being diagnosed with diabetes, health care professionals must actively work and collaborate with clients to ensure that they are making the necessary lifestyle changes and seeking care when needed to prevent serious health problems.

*Current Nursing Interventions*

Current nursing interventions are centered on patient education and lifestyle modifications, since patients are ultimately responsible for maintaining personal health and seeking professional care when necessarycite. Utilization of techniques such as patient teaching, “nutritional therapy, drug therapy, exercise, and self-monitoring of blood glucose” are used in maintaining one’s health with diabetes (Lewis et al., 2011). Teaching family members and caregivers is also very important so serve as the support system for clients and to assist them in the event that they can no longer care for themselves (Lewis et al., 2011). England has implemented “care planning” in which patients actively works with the health care providers to help them make proper decisions and set appropriate goals for their health (Gillibrand, Holdich, & Covill, 2009). Education, communication, and setting goals between health care professionals and clients are what helps clients keep up with their self-care management (Gillibrand, Holdich, & Covill, 2009).

*Unsuccessful Interventions*

Motivation is a key component in the effective implementation of self-care (Stetson et al., 2011). Strictly relying on the patient to perform self-monitoring has proven not to be as successful as health care providers had hoped (Stetson et al., 2011). This could be due to the depression that often accompanies diabetes, causing lower levels of motivation in people to monitor their own health (Stetson et al., 2011). Stetson also states that short term educational programs are not sufficient for clients to effectively monitor their health, and that clients benefit more when health care professionals interpret results from the monitoring done by the two parties (2011).

*Successful Interventions*

Studies have shown that the more information a patient receives pertaining to their disease, the better their health (Stetson et al., 2011). Patients that received an extensive, in-depth education specifically from a team of diabetic specialists resulted in fewer hospital re-admissions. Stetson suggests that people who are better supplied with self-care knowledge prior to performing self-monitoring may result in higher levels of health (2011). Although they can be quite challenging for those with deeply developed diabetes, programs focused on lifestyle modifications have also proven useful, as was shown in one 31-week residential program which produced overall positive results (O’Gorman & Krook, 2011). This whole front section was excellent and you really are putting these pieces together nicely and synthesizing.

Part II Nursing Process: Planning

*Title:* Health seeking behavior: Self-care management of healthy lifestyle among adults, ages 25-64, who are diagnosed with diabetes related to diet, foot care, and exercise.

*Short Term Goal:* By implementing detailed educational sessions, with individualized diet, foot care, and exercise information, student nurses will decrease the proportion of people that are not properly educated on self-care in diabetes maintenance.

*Three Measureable, Time Specific Objectives*

1. By the end of the session the client will identify the dietary recommendations for people with diabetes mellitus.
2. By the end of the session the client will demonstrate proper foot care techniques.
3. By the end of the session the client will summarize why exercise is important for people with diabetes mellitus.

These learner objectives are specific, aimed at the three most common areas that people with diabetes do not follow through on in the maintenance of a healthy lifestyle. They are measureable since clients are being asked to become actively involved by doing a 24-hour diet recall, repeating proper foot care techniques after it has been demonstrated for them, or creating a food and exercise log for monitoring and evaluating progress and program effectiveness. The information packets use simple terminology and visible, legible fonts for easy understanding. These objectives are reasonable and feasible because the timeline is not so short that clients are slighted the details and involvement, but not too long to where they get bored and does not require a prolonged time commitment. This program fits within the philosophy of the community because we are promoting the health and general wellbeing of the diabetic population. The program is made to help clients begin creating a relationship with their health care providers so that they can work together to help clients with diabetic self-care management. The logs that clients create and keep of their diets, foot care, and exercise are to be used to help health care providers provide the most relevant and efficient care. This helps clients ensure maximum at-home health management is being achieved, as well as care provided in health care facilities. Self-care and independence is being fostered, as well as student nurses’ commitments to helping the people within the community.

*Budget*

Table 1. Estimated Budget for Program

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Item Price Quantity Total

Student Nurse time $14.00/hour 45 $630

Rental Facility $40.00/hour 14 $560

Tri-fold Board $8.00 3 $24

Packages of Paper $3.00 (500 sheets) 3 $9

Pens $3.00/dozen 3 $9

Copies $0.10/one-sided 1000 $100

B/W copies

Meal $12/person/session/ 160 $1920

\_\_\_\_\_\_staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $3252\_\_\_\_

Part III Nursing Process: Intervention and Evaluation

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| Objectives Learning Domain Topical Outlines For Objectives Plan For Evaluation | | | |
| 1. By the end of the session the client will identify the dietary recommendations for people with diabetes mellitus.  2. By the end of the session the client will explain the importance of foot care and demonstrate proper foot care techniques.  3. By the end of the session the client will summarize why exercise is important for people with diabetes mellitus. | Cognitive  Cognitive and Psychomotor  Cognitive | Timeline: First 30 Minutes of Session  *Discussion and Use of Visual Aids*  Student nurses will discuss the importance of keeping a balanced diet for those with diabetes and how it could affect blood sugar. A tri-fold board will list the recommended dietary guidelines, as well as types of foods and substances that should be avoided. Clients will receive an information packet with that goes along with the presentation.  *Primary Interventions:*  Health promotion through self-care management of clients:   1. Educate clients on dietary recommendations and changes that can be made to their diets to fit such guidelines. 2. Inform clients which kinds of foods and substances to avoid. 3. Teach client ways to stay within recommended guidelines using techniques such as carb counting.   *Secondary Interventions:*  Screenings of clients at risk for health impairment related to imbalanced nutrition:   1. Perform 24-hour recall to assess dietary intake 2. Assess clients’ current eating habits to use as a baseline for improvement. 3. Ask clients about availability of food stores and resources in their home areas.   Timeline: Next 60 Minutes of Session  *Discussion, Use of Visual Aids, and Demonstration*  Student nurses will explain why foot care is an important element in self-care for diabetes mellitus. The possibility for lower extremity amputation increases if foot integrity is not upheld. Discussions will be held about going to health care professionals for at least one annual foot examination, as well as examining feet at home. Student nurses will demonstrate how to perform a foot exam for the home setting, and other techniques on how to maintain healthy feet. The ability of clients to perform these activities will be assessed and the amount of help at home each client has available.  *Primary Interventions:*  Health promotion on proper foot care:   1. Educate clients about the importance of having clinically performed foot examinations by a health care professional.   *Secondary Interventions:*  Screening of clients for ability to perform self-care pertaining to foot care.   1. Assess client ability to reach their lower extremities to perform foot care. 2. Assess availability of family members or spouses to help client and keep client accountable for maintaining foot care. 3. Teach clients how to perform at-home foot care skills and what to look for. 4. Demonstrate for clients proper foot care techniques and skills and have clients repeat demonstration for evaluation of understanding.   Timeline: Last 30 Minutes of Session  *Discussion and Use of Visual Aids*  Discussions will be held about how exercise is important for people with diabetes in maintaining self-care, and also different ways to incorporate exercise into their daily activities. Student nurses will show clients how to make an activity log.  *Primary Interventions:*  Health promotion of clients trying to increase levels of physical activity   1. Educate clients on interaction between exercise blood glucose levels. 2. Educate clients on the benefits of exercise. 3. Teach clients different ways to gradually incorporate increased physical activities in their regular daily schedule. 4. Teach clients how to set appropriate exercise goals (increasing or maintaining) and creating exercise logs.   *Secondary Interventions:*  Screening of clients trying to increase levels of physical activity   1. Ask client how much exercise/physical activities they engage in. 2. Assess client ability to engage in amounts of physical activity 3. Ask clients about overall satisfaction felt about the information learned at the session and how they feel (only if they have been implementing what they learned at home). | Clients will list everything they have eaten in the last 24 hours to assist student nurses in interpreting their current daily intakes so they can make appropriate suggestions for improvement. After the session, clients will list the guidelines that diabetics must adhere to, and state ways in which they can improve their diets. Clients will begin a food journal to keep track of everything eaten to ensure that they remain within the parameters of a diabetic diet.  Student nurses will use the food journals as a way for health care providers to monitor the eating habits of clients to keep them on track with the guidelines given from the session. Goal is for client to document staying within the suggested diet at least 85% of the time.  Clients will discuss why it is important to maintain proper treatment for feet for people with diabetes, and how to do so in a home setting. This includes how to perform foot care skills and how often, but also what they are looking for during each exam. After the session, clients will create and start a foot care log to document each time foot assessments are done. At home, clients will report supportive family members (if currently living with relatives) that help out if lower extremity care is difficult for client or that keep them accountable for maintaining the foot care log. Student nurses will see clients make efforts to obtain professional foot examinations because during the short follow-up session clients should show an appoint schedule from their health care. Goal is for client to perform correct foot care observations/skills at least 85% of the time.  Clients will explain the relationship between adequate exercise and blood glucose levels. Clients will understand and identify the different levels of physical activity and which ones fit best their current lifestyle and state how they will incorporate exercise into their own lives. After the session, clients will create and start an exercise log (incorporated with the food and foot care logs) to keep track of how much and how often exercise is performed. Family members and/or spouses of clients will work together to keep client accountable for maintaining a healthier lifestyle and help client, if needed.  Student nurses will be able to assess amount of information obtained during the session through observation of client statements/demonstrations. Client logs will be used to measure the effectiveness of the program between HCP interactions and individual goal setting. |

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