

Self-Care Management in Patients Diagnosed with Diabetes Mellitus Attended Primary Health Care Facilities in Baghdad

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Abstract

Background: Diabetes Mellitus is a metabolic disorder characterized by the presence of chronic hyperglycemia accompanied by greater or lesser impairment in the metabolism of carbohydrates, lipids and proteins. **Objectives:** To study the self-care management of patients diagnosed with diabetic's mellitus and to find-out the socio-demographic characteristics among diabetes mellitus patients attended primary health care facilities in Baghdad c. **Methods:** A descriptive analytical cross-sectional study design was carried out to study the self-care management among diabetes mellitus patients attending primary health care facilities in Baghdad City. Two hundred patient's selected purposively from (6) primary health care centers throughout the use of non-probability sampling approach. Questionnaire was constructed and modified after reviewing and reading the available literature and studies, it was composed of three parts. The total number of questions for this tool was (28). The data was collected for the period from 1/12/2020 to 1/2/2021 to answer the items which was prepped for this purpose. The data was analyzed by using simple statistical analysis which included tables, frequencies and percentages to assess the results of the study. **Results:** The main important results were the majority of the studied sample were between (50-59) years old, most of the studied sample were illiterate, majority of sample stated that their monthly income were not enough, more than half of them were having history of chronic diseases (67%), more than half of the studied sample were eating high fatty food (60%), majority of the studied sample were taking care of their feet properly (93%). **Conclusions:** More than half of the studied sample were following a healthful eating plan through visiting primary health care facilities, more than half of them eating high fatty food. The highest percentages of the studied sample were not wearing a shoe for diabetes foot. The highest percentages of the studied sample under study (90%) were taking recommended diabetes medication. **Recommendations:** The study recommended a wide range of educational strategies need to be planned to correct some misconceptions toward self-care of the disease like treatment, foot care, and educational materials or programs designed to assist patients in performing the actions that reduce the burden of the condition. All diabetic patients need to focus on instructional sessions about management for diabetes mellitus patients and instructional intervention programs to be implemented at all primary health care facilities in Baghdad.

Keywords: Self-Care Management, Diabetes Mellitus

1. Introduction

Diabetes Mellitus is a metabolic disorder characterized by the presence of chronic hyperglycemia accompanied by greater or lesser impairment in the metabolism of carbohydrates, lipids and proteins. Diabetes Mellitus is probably one of the oldest diseases known to man. It was first reported in Egyptian manuscript about 3000 years ago [1]. In 1936, the distinction between type 1 and type 2 Diabetes Mellitus was clearly made [2]. Type 2 Diabetes Mellitus was first described as a component of metabolic syndrome in 1988 [3].

The origin and etiology of Diabetes Mellitus can vary greatly but always include defects in either insulin secretion or response or in both at some point in the course of disease. Mostly patients with diabetes mellitus have either type 1 diabetes (which is immune-mediated or idiopathic) type 2 Diabetes Mellitus (formerly known as non-insulin dependent Diabetes Mellitus) is the most common

form of Diabetes Mellitus characterized by hyperglycemia, insulin resistance, and relative insulin deficiency [4].

Type 2 Diabetes Mellitus results from interaction between genetic, environmental and behavioral risk factors [5, 6]. Diabetes also can be related to the gestational hormonal environment, genetic defects, other infections, and certain drugs [7].

The worldwide prevalence of diabetes has continued to increase dramatically. Globally, as of 2011, an estimated 366 million people had Diabetes Mellitus, with type 2 making up about (90%) of the cases [8-10]. The number of people with type 2 Diabetes Mellitus is increasing in every country with (80%) of people with Diabetes Mellitus living in low- and middle-income countries. Studies examining data trends within Africa point to evidence of a dramatic increase in prevalence in both rural and urban setting, and affecting both gender proportionally. According to the World Fact book report in 2008, in Africa the prevalence of

diabetes mellitus was (3.2%), and 40,895 persons (2.0%) was in Ethiopia [11]. Although Type 2 Diabetes Mellitus is widely diagnosed in adults, its frequency has markedly increased in the pediatric age group over the past two decades. Depending on the population studied, Type 2 Diabetes Mellitus now represents (8-45%) of all new cases of diabetes reported among children and adolescent [12]. The prevalence of Type 2 Diabetes Mellitus in the pediatric population is higher among girls than boys, just as it is higher among women than men [13]. Certain literatures also stated that type 1 Diabetes Mellitus is the most common form of diabetes in most part of the world. Wide variations exist between the incidence rates of different populations; incidence is lowest in China (0.1 per 105 per year) and highest in Finland (37 per 105 per year). In most populations girls and boys are equally affected. In general, the incidence increases with age, the incidence peak is at puberty. After the pubertal years, the incidence rate significantly drops in young women, but remains relatively high in young adult males up to the age 29-35 years [4, 14]. Type 1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin [15, 16]. The cause of type 1 diabetes is not known and it is not preventable with current knowledge. Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger, weight loss, vision changes, and fatigue. These symptoms may occur suddenly. Type 2 diabetes (formerly called non-insulin-dependent, or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises the majority of people with diabetes around the world, and is largely the result of excess body weight and physical inactivity. Symptoms may be similar to those of type 1 diabetes, but are often less marked. As a result, the disease may be diagnosed several years after onset, once complications have already arisen. Until recently, this type of diabetes was seen only in adults but it is now also occurring increasingly frequently in children. The number of people with diabetes has risen from 108 million in 1980 to 422 million in 2014 [17]. Diabetes is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation.

Diabetes is a health problem, clinical and public key emerging. According to estimates by the World Health Organization in 2007, (190) million suffered people from diabetes, and about 330 million is expectation to be diabetic by the years of 2025. It is the major cause of blindness and amputation of lower border prosthetics worldwide. With regard to mortality and adults who suffer from diabetes and many rates of stroke and death from diseases of the heart, which is about (2) to (4) times higher than adults without diabetes [18]. The commonness of Diabetes Mellitus is high among the populations in the countries of Middle East, and patients who are lack the skills and knowledge necessary to managed their own that is concerned with diabetes [19]. Successful self-care with diabetes patients depends largely on the response of patients to know they have the disease, and their awareness of their effects, and health behaviors, especially self-care behaviors such as diet, exercise, and weight loss. If patients have the ability to produce effective self-care means they are aware about their condition, this include internal and external conditions of the individual.

2. Methodology

A descriptive analytical cross-sectional study design was carried out to study the physical self-care among diabetes mellitus patients attended primary health care facilities in Baghdad City. Two hundred patients selected purposively from (6) primary health care centers throughout the use of non-probability sampling approach that include patients' who are diagnosed with diabetes mellitus. Questionnaire was constructed and modified after reviewing and reading the available literature and related studies.

The questionnaire was composed of three parts. The total number of questions for this tool was (28) questions. Questionnaire was given to (12) experts to validate the questionnaire, comments were taken into consideration.

The data was collected by interview technique for the period from 1/12/2020 to 1/2/2021 to answer the items which was prepared for this purpose. The data was analyzed by using simple statistical analysis which included tables, frequencies and percentages to assess the results of the study.

3. Results of the Study

Table (1) Distribution of the studied Sample by their Socio- demographic and Personal Characteristics

Socio-demographic & Personal Data	Frequency	Percent
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Age (years)		
30-39	14	7
40-49	38	19
50-59	60	30
60-69	56	28
70 <	32	16
Total	200	100
Gender		
Male	88	44
Female	112	56
Total	200	100
Educational status		
Illiterate	68	34
Write and read	20	10
Primary school	46	23
Secondary school	28	14
Institute and college	38	19
Total	200	100
Marital status		
Single	12	6
Married	156	78
Divorced	2	1
Widowed	30	15
Total	100	100
Occupation		
Employed	30	15
House wife	90	45
Self employed	54	27
Retired	18	9
Not working	8	4
Total	200	100
Monthly income		
Enough	58	29
Enough to some extent	60	30
Not enough	82	41
Total	200	100
Residence		
Urban	122	61
Rural	78	39
Total	200	100
Number of family members		
2 <=	10	5
3 - 5	56	28
6 - 8	80	40
9 - 11	40	20
12 and above	14	7
Total	200	100

Table (1) showed that (30%) of the studied subjects were within (50-59) years Old, (56%) were females, (34%) were not able to read and write, (78%) were married. In addition, (45%) of the

studied sample were house wives, (41%) of their monthly income was not enough, (61%) were living in urban areas. Moreover, the result indicated that (40%) of the studied sample were having (6-8) family members.

Table (2) Distribution of the Studied Sample by Their Clinical Information

Clinical Information	Frequency	Percent
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Height / cm		
160< =	60	30
161 – 166	36	18
167 – 172	52	26
173 – 178	20	10
179 +	32	16
Total	200	100
Weight / kg		
50< =	4	2
51 – 64	18	9
65 – 78	84	42
79 – 92	62	31
93 – 106	20	10
107 +	12	6
Total	200	100
Body Mass Index		
Under weight (16-18.5) kg / m2	0	0
Normal weight (18.5- 25) kg / m2	60	30
Over weight (25- 30) kg / m2	66	33
Obese (30- 35) kg / m2	74	37
Total	200	100

Table (2) showed that (30%) of the studied subjects' height was (<=160 cm). Regarding the studied subjects weight, the results indicated that (42%) of The subjects' weight was between (65-78 kg) and (37%) of the studied sample Were obese.

Table (3) Distribution of the Sample under Study by Their Smoking Status

Variables	Yes		No	
	Frequency	(%)	Frequency	(%)
Smoking Status	28	14	172	86
Total	200			
If yes , Duration of Smoking	Frequency		Percent	
Day	0		0	
Month	0		0	
Year and more	28		14	
Total	28		14	

Table (3) stated that (86%) of the studied sample were nonsmokers. In relation to duration of smoking (14%) of the sample under study was smoking since more than one year.

Table (4) Stating the Health Status of the Sample Under Study

Health status	Frequency	Percent
Family history of diabetes mellitus		
Yes	74	37
No	126	63
Total	200	100
Disease duration		
Less than one year	28	14
One year and above	172	86
Total	200	100
Having chronic disease		
Yes	134	67
No	66	33
Total	200	100
If yes		
Hypertension	120	60
Cardiovascular disease	42	21
Total	162*	81

Family history of diabetes mellitus		
Yes	74	37
No	126	63
Total	200	100
Disease duration		
Less than one year	28	14
One year and above	172	86
Total	200	100
Having chronic disease		
Yes	134	67
No	66	33
Total	200	100
If yes		
Hypertension	120	60
Cardiovascular disease	42	21
Total	162*	81

*Some of the studied sample having more than one disease.

Table (4) showed that (63%) of the study sample were without family history Of diabetes mellitus, and (86%) of the study subjects were suffering from Diabetes since one year and above. Sixty seven percent of them were having Chronic disease previously, (60%) of them they were having hypertension and (21%) having cardiovascular disease.

Table (5) Distribution of the Studied Sample by their Self-care Management

Self-care Management	Frequency	Percent
Diet		
1- Following a healthful eat plan	140	
Yes	60	70
No		30

Total	200	100
2- Eating fruits and vegetables		
Yes	190	95
No	10	5
Total	200	100
3- Eating high-fatty foods such as red meat or full-fat dairy products		
Yes	120	60
No	80	40
Total	200	100
4- Eating carbohydrate evenly through the day		
Yes	162	81
No	38	19
Total	200	100
Exercise Participating in a specific exercises courses(such as swimming , walking , biking) or all around your home or as part of your work		
Yes	120	60
No	80	40
Total	200	100
Foot care		
1- Checking feet		
Yes	116	58
No	84	42
Total	200	100
2- Washing feet		
Yes	186	93
No	14	7
Total	200	100
3- Soaking feet		
Yes	118	59
No	82	41
Total	200	100
4- Drying between toes after wash		
Yes	92	46
No	108	54
Total	200	100
5- Exposing feet to the air most of the time		
Yes	168	84
No	32	16
Total	200	100
6- Wearing a shoe for the foot of diabetes		
Yes	24	12
No	176	88
Total	200	100
Treatment		
Taking recommended diabetes medication		
Yes	180	90
No	20	10
Total	200	100
If no , what are the reasons	8	
No money to buy medications	2	4
Forget	0	1
Fear of side effects of treatment	0	0
Fear of injection	10	0
Feeling wellness		5
Total	20	10

Table (5) regarding the question which directed to the

sample under study which is Related to their physical self-care. More than half of the studied samples' answers

Were positive toward their self-care except-eating high fatty foods such as red Meat or full-fat dairy products and the foot care specifically in regard to drying Between their toes after wash and wear a shoe for the foot of Diabetes.

4. Discussion

Table (1) showed that (30%) of the studied subjects were within (50-59) years

Old, (56%) were females, (34%) were Illiterate, (78%) were married. In addition, (45%) of the studied sample were house wives, (41%) of their monthly income was not enough, (61%) were living in urban areas. Moreover, the study indicated that (40%) of the sample under study were having (6-8) family members. This result supported in that they found that their samples' mean age was(59 years), and Anderson et al. [20] Confirmed that educating patient is an aim to strengthen his/her ability to cope with the new life-style strategies, also Al-Adsani et al. [18] who pointed that his population had a high illiteracy rate at (45%), and Maitra et al. [3] who mentioned that most of their sample were old patients, married and unable to read and write, and Saleh et al. [21] found nearly the same result as half of their respondents lived in urban areas.

Table (2) showed that (30%) of the study subjects' height was (<=160 cm), regarding the studied subjects weight, the study results indicated that (42%) of the subjects' weight was between (65-78 kg), also (37%) of the studied sample were obese. This result was contradicted with Schmitt et al. [22] when they found out that majority of their sample under study were overweight.

In regard to smoking status, results of the study showed that (86%) of the respondents were nonsmokers. In relation to duration of smoking, (14%) of the sample under study were smoking since more than one year. This result supported by who illustrated that his sample were patients with duration of disease about 1-5 years and they were not smokers.

Concerning family history of diabetes mellitus, results showed that (63%) of the sample under study were without family history of diabetes mellitus, and (86%) of the studied subjects were suffering from diabetes since (one year and above). Sixty seven percent of them were having chronic disease previously, (60%) of them they were having hypertension and (21%) of them cardiovascular disease. This is may be due to small sample size.

Regarding physical self-care, the researcher found that more than half of the studied samples' answers were positive toward their self-care except-eating high fatty foods such as red meat or full-fat dairy products and the foot care specifically in regard to drying between their toes after wash and wear a shoe for the foot of Diabetes. This result supported by who found that their sample were having good levels of self-care activities.

5. Conclusions

According to the results of the study, the researcher concluded the following

The majority of the studied sample were between (50-59)

years old, most of the studied sample were illiterate, majority of sample stated their monthly income were not enough, majority of the studied sample they were having (6-8) family

Members. Highest percentages of the sample under study were nonsmokers.

More than half of the studied sample without family history of diabetes mellitus, and more than half of them were having history of chronic diseases specifically hypertension. And followed by cardiovascular. More than half of the studied sample was following a healthful eating plan through visiting primary health care centers.

More than half of the studied samples' responses were positive toward their self-care except-eating high fatty foods such as red meat or full-fat dairy products and the foot care specifically in regard to drying between their toes after wash and wear a shoe for the foot of Diabetes. More than half of the studied sample management in patients with type 1 and type 2 diabetes mellitus were participating in a specific exercises courses (such as swimming, walking, biking) or all around home or as part work.

Majority of the studied sample were taking care of their feet properly. But the highest percentages of them were not wearing a shoe for Diabetes foot. The highest percentages of the sample under study were taking recommended diabetes medication, While only (10%) of them they were not taken (4% of them having economic problems, 5% sense of healing, 1% forgetfulness).

Recommendations

According to the results and interpretation of to study, the researcher recommended the following:

- 1- A wide range of educational strategies need to be planned to correct some misconceptions about self-care toward the disease like treatment, foot care, and educational materials or programs designed to assist patients in performing the activities that reduce the burden of the condition.
- 2- Primary health care centers need to focus on conducting instructional sessions about management for diabetes mellitus patients and instructional intervention programs to be implemented.
- 3- Health care provider's at all primary health care centers need to distribute manual for diabetes mellitus to all diabetes patients specifically newly diagnosed with diabetes.
- 4- More studies need to be conducted on a larger number of samples on the same issue.

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Appendixes

6. Appendix (1)

Administrative Approval

7. Appendix (2)

Questionnaire Form

“Physical self-care among Diabetes mellitus patients attending primary health care centers in al-Hillah city”

Demographic Data :

Age : Year

Gender : Male Female

Weight : Kg

Height : Cm

Marital Status : Single Married Divorced
Widowed

Number of family individuals : An individual

Residence : Rural Urban

Level of education : Not write and read Write and read
Primary school Secondary school
Institute and college

Occupation : Employed House wife Self employed
Retired Not working

Monthly income : Enough Enough to some extent
Not enough

Do you smoke ? Yes No

If yes, duration of smoking : Day Month Year and more

How long you have diabetes : Less than one year
One year and above

Is one of your family members with diabetes mellitus : Yes
No

Have you had a chronic disease ? Yes No

If yes : Hypertension Cardiovascular disease

Physical self-care :

1- Diet :

Do you follow a healthful eating plan ? Yes No

Do you eat fruits and vegetables ? Yes No

Do you eat high-fatty foods such as red meat or full-fat dairy products ?

Yes No

Do you eat carbohydrates evenly during the day ? Yes No

2- Exercise :

Do you Participate in a specific exercises courses (such as swimming, walking, biking) or all around your home or as part your work ?

Yes No

3- Foot care :

Do you check your feet ? Yes No

Do you wash your feet ? Yes No

Do you soak your feet ? Yes No

Do you dry between your toes after wash ? Yes No

Do you make your feet exposed to the air most of the time ?

Yes No

Do you wear shoe for the foot of Diabetes ? Yes No

4- Treatment :

Do you take the recommended treatment ? Yes No

If no, what are the reason ?

No money to buy medication

Forgetfulness

Fear of side effects of treatment

Fear of injection

Feeling wellness

8. Appendix (3)

Validity

خبراء تحكيم الاستبانة

الاختصاص	اللقب العلمي	اسم الخبير	ت
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1	د. حسن علوان بيعي	أستاذ	طب المجتمع
2	د. سجاد هاشم	أستاذ	تمريض الصحة النفسية
3	د. شذى سعدي محمد	أ. مساعد	تمريض البالغين
4	د. سحر ادهم العبيدي	أ. مساعد	تمريض البالغين
5	د. حسين جاسم الأبراهيمي	أ. مساعد	تمريض صحة المجتمع

الخلاصة

الخلفية: داء السكري هو اضطراب التمثيل الغذائي يتميز بوجود ارتفاع السكر في الدم المزمن يرافقه ضعف أكبر أو أقل في استقلاب الكربوهيدرات والدهون والبروتينات.

الهدف: دراسة معرفة الرعاية الذاتية للمرضى المشخصين بمرض السكري ومعرفة العلاقة بين البيانات الاجتماعية الديموغرافية ومعرفة الرعاية الذاتية بين مرضى داء السكري.

الطريقة: تم إجراء دراسة وصفية مستعرضة لدراسة الرعاية الذاتية الجسدية بين مرضى السكري الذين يحضرون مراكز الرعاية الصحية الأولية في مدينة الحلة. تم اختيار مائة مريض بشكل مقصود من مركزين للرعاية الصحية الأولية (الأساتذة و الجمعية) خلال استخدام أسلوب أخذ العينات غير الاحتمالي. تم بناء الاستبيان وتعديله بعد مراجعة وقراءة المؤلفات والدراسات المتاحة، وكان يتألف من ثلاثة أجزاء. كان العدد الإجمالي للأسئلة لهذه الأداة (28) الأسئلة. تم جمع البيانات للفترة من 2017/12/1 إلى 2018/2/1 للرد على العناصر التي تم إعدادها لهذا الغرض. تم تحليل البيانات باستخدام التحليل الإحصائي البسيط الذي شمل الجداول والترددات والنسب المئوية لتقييم نتائج الدراسة.

النتائج: كانت أهم النتائج الرئيسية هي أن غالبية العينة المدروسة كانت تتراوح بين (50-59) سنة، وأن معظم العينة المدروسة كانت أمية، وكانت أغلبية العينة قد ذكرت أن دخلها الشهري لم يكن كافياً، وأن أكثر من نصفهم كان لديهم مرض مزمن سابقاً (67٪)، أكثر من نصف أفراد عينة الدراسة كانوا يتناولون أطعمة غنية بالدهون (70٪)، أغلبية عينة الدراسة كانوا يعنونون بأقدامهم بشكل صحيح (93٪).

الاستنتاجات: كانت غالبية العينة المدروسة ما بين (50-59) سنة، وكانت معظم العينة المدروسة أمية، وقد ذكرت أغلبية العينة أن دخله الشهري لم يكن كافياً، وكان أكثر من نصف عينة الدراسة يتبعون خطة غذائية صحية، أغلبية عينة الدراسة كانوا يعنونون بأقدامهم بشكل صحيح. لكن أعلى النسب المئوية لم تكن ترتدي حذاءً لقدم السكري، فكانت أعلى النسب في العينة قيد الدراسة هي التأمل الموصى به لمرض السكر، في حين لم يتم أخذ (10٪) منها فقط (4٪) لا يوجد مال لشراء الدواء، 5٪ الشعور بالعافية (1٪ ننسى).

التوصيات: أوصت الدراسة بمجموعة واسعة من الاستراتيجيات التعليمية التي يمكن تخطيطها لتصحيح بعض المفاهيم الخاطئة حول الرعاية الذاتية للمرضى مثل العلاج والرعاية القدم والمواد أو البرامج التعليمية المصممة لمساعدة المرضى في تنفيذ الإجراءات التي تقلل من حمل الحالة. تحتاج جميع مراكز الرعاية الصحية الأولية لمرضى السكر في العراق إلى تركيز الجلسة التعليمية حول الإدارة لمرضى السكري وبرنامج التدخل التعليمي الذي سيتم تنفيذه في جميع مراكز الرعاية الصحية الأولية لمرضى السكري في العراق.



جمهورية العراق

وزارة التعليم العالي

والبحث العلمي

جامعة بابل

كلية التمريض

الرعاية الذاتية الجسدية بين مرضى داء السكري المراجعين

إلى المراكز الرعاية الصحية الأولية في مدينة الحلة

بحث مقدم من طلاب لنيل شهادة البكالوريوس في علم التمريض

(كلية التمريض جامعة بابل)

1 - مصطفى ثامر محمود

2 - محمد خضير عيسى

3 - كرار صباح خالد

4 - مفيدة شنشول ركبان

بإشراف

أ.د. منى عبد الوهاب خليل

شعبان 1439 نيسان 2018