

Review

Factors influencing the ability to self-manage diabetes for adults living with type 1 or 2 diabetes

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ABSTRACT

Background: Diabetes mellitus is one of the most common non-communicable long-term conditions in the world and is linked to high mortality, morbidity, loss of quality of life and high social and economic cost. Diabetes presents a serious health challenge, as it is a significant cause of ill health and premature death. Identification of barriers to self-care is critical for finding ways to reduce the adverse effects of this long-term condition.

Objective: This review identified issues that influence ability to self-care for adults living with diabetes types 1 or 2.

Design: A systematic review of qualitative research studies using the Joanna Briggs Institute (JBI) approach.

Data sources: An electronic search of Health Sciences databases for primary published qualitative studies was conducted April 2011. Reference lists of included articles were reviewed to identify other potential papers.

Review methods: Studies that investigated issues identified by individuals living with diabetes type 1 or 2 that influenced ability to self-care were analysed using a process of meta-aggregation. Meta-aggregation involves the extraction of findings, the synthesis of findings through grouping or aggregating similar findings into themes and labelling with appropriate names and a statement that defines the theme and meta-aggregating the themes into overarching syntheses. Methodological quality was assessed by two reviewers against the JBI quality appraisal criteria for qualitative studies.

Results: Thirty-seven qualitative studies were reviewed. The main issues impacting on an individual's ability to self-care were 'communication', 'education', 'personal factors', 'provider issues' and 'support'. Multiple barriers were found to influence the day-to-day management of diabetes. Key issues related to communication with health care providers, an education programme that allowed for incremental knowledge gain and experiential and vicarious learning and the provision of culturally sensitive care.

Conclusions: People living with diabetes face many issues in their day-to-day management of the disease, compounded by vulnerability to wider situational, cultural and social issues. Self-care ability is a dynamic, evolutionary process that varies from person to person and involves moving from a disease focused existence to maximising life.

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What is already known about the topic?

- Diabetes is a long-term condition and glycaemic control is maintained by diet, exercise and often medication.

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- Successful management of diabetes relies on the individual's ability to control acute and chronic symptoms and complications.

What this paper adds

- The ability to self-care is influenced by many physical symptoms and the long term implications of self-care choices.
- Cultural mores influence the perceived acceptability of recommended dietary and exercise guidelines for the control of diabetes. The central role food plays in social interactions can complicate self-care ability.

1. Introduction

Individuals with diabetes mellitus commonly face the need for continuous adjustments in diet and often medication in order to live well. Glycaemic control is correlated with diet, exercise and medication (American Diabetes Association, 2002, 2004, 2008). Individuals are expected to integrate these cornerstones of diabetes treatment into their lifestyle to achieve optimal glycaemic control necessitated by the chronic nature of the condition, yet many find it difficult to reach and maintain long-term control (Polzer and Miles, 2005; Savoca et al., 2004). A recent meta-synthesis on self-management of type 2 diabetes (Gomersall et al., 2011) highlights the need to be aware of the “social and political conditions in which diabetes related experiences unfold.” (p. 853). A systematic review of qualitative research evidence using the Joanna Briggs Institute approach (JBI), was undertaken to identify issues influencing the ability of adults with diabetes mellitus to self-care. Identification of barriers to self-care is critical for finding ways to reduce the adverse effects of diabetes.

2. Methods

The JBI approach to systematic reviews was chosen because of their inclusive approach to what counts as evidence, availability of a data management programme that supported review of evidence from different qualitative sources (Joanna Briggs Institute – Qualitative Assessment and Review Instrument [JBI-QARI]), the web-based and intuitive nature of the programme and access for programme support. JBI-QARI facilitates both meta-aggregation/integration and interpretation (see Joanna Briggs Institute, 2008 pp. 29 and 36 for further explanation) and a critical assumption underlying the process is that different qualitative research methods “can be mixed in a single synthesis of qualitative studies because the synthesis is of findings and not data” (Joanna Briggs Institute, 2008, p. 36). The JBI approach requires the reviewers to outline the protocol which carefully defines each step of the review process and includes the review question, inclusion criteria, search strategy and how the studies' methodological quality will be critically appraised and then synthesised (Joanna Briggs Institute, 2008). The meta-aggregation process involves (Table 1):

Table 1

Data sources for the review.

Electronic databases:

- AMED (1985 – April 2011)
- CINAHL (via EBSCO)
- EMBASE (1947 – present)
- OVID Medline[®] (1950 to present with Daily Update)
- OVID Nursing Full Text Plus (1950 to present)
- PsycINFO (1967 – April 2011)

Search terms used:

Medical subject headings (MeSH) searched:

- Diabetes mellitus, type 1 and 2, adult, decision making, education, ethnic groups, guideline adherence, patient acceptance of health care, patient compliance, patient participation, patient satisfaction, patients, personal autonomy, self care and self efficacy.

Text words combined with MeSH terms:

- barriers and facilitators
- self-management

1. Extracting findings from retrieved studies. Findings are defined in JBI-QARI as “a conclusion reached by the researcher(s) and often presented as themes or metaphors” (Joanna Briggs Institute, 2008, p. 35).
2. Synthesis of findings achieved through grouping or aggregating similar findings into themes and then again into syntheses.
3. Meta-aggregating the syntheses into overarching syntheses with appropriate labels and definitions to define the syntheses generated by step 2 and combine the extracted findings from step 1 into a coherent whole.

2.1. Search strategy

An initial search of Medline, CINAHL and EMBASE was undertaken in March 2008 to identify the scope of studies available and to identify optimal search terms. A second extensive search was undertaken in April 2011. Reference lists were examined for other relevant studies and two further papers were identified whilst undertaking incidental reading. The full reports of papers that appeared to meet the review objective were retrieved, read and then assessed against inclusion and exclusion criteria (Fig. 1).

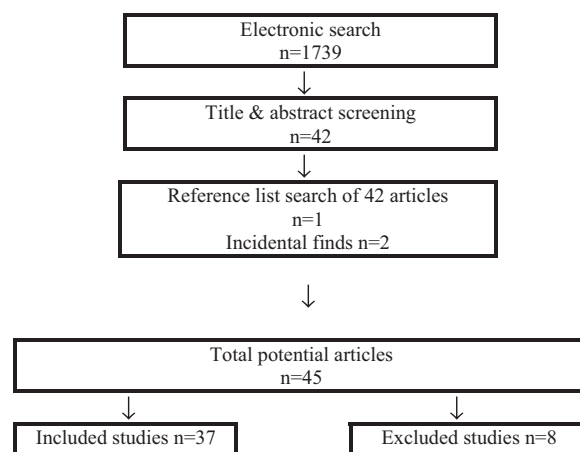


Fig. 1. Flow diagram of data collection process.

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