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Original Article

Perception of persons with type 2 diabetes mellitus in Saudi Arabia



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ABSTRACT

Purpose: To explore how perceptions of self-efficacy, health locus of control and outcome expectancy impact the adherence of adults with type 2 diabetes mellitus in Saudi Arabia to self-care activities.

Methods: A descriptive correlation design was used to analyse self-report questionnaires completed by a convenience sample of Arabic-speaking individuals ($n = 30$) with type 2 diabetes mellitus from King Abdulaziz Medical City in Riyadh.

Results: More than half (53%) of participants reported high self-efficacy, and the majority (77%) valued health and believed that effective diabetes management was important. Although the vast majority (93%) of participants believed that their doctor influenced their diabetes management, 90% and 80% also acknowledged themselves and God, respectively, as the health locus of control. Participants who perceived that they or their doctors were in control of their health condition were more likely to adhere to self-care activities, such as follow a specific diet and perform foot care ($p < 0.05$). Furthermore, female participants reported significantly greater adherence to medication than male participants (6.91 ± 0.29 vs 5.14 ± 2.44 ; $p = 0.02$), and unmarried participants reported greater adherence to exercise than married participants (4.15 ± 2.22 vs 1.60 ± 1.43 ; $p = 0.001$). Finally, self-efficacy had a significant, positive correlation with participants' adherence to exercise ($r = 0.491$; $p = 0.006$) and performing their foot care ($r = 0.586$; $p = 0.001$).

Conclusion: Patients' perceptions of their health should be considered by healthcare providers to maximize adherence to effective self-care management.

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1. Introduction

Type 2 diabetes mellitus (T2DM) is a chronic condition currently affecting approximately 387 million persons worldwide, and is expected to affect up to 592 million persons by 2035. [1] Saudi Arabia has the seventh highest prevalence of diabetes for adults 20–79 years old [2], and the 4th highest prevalence rate of T2DM compared to other Arabic-speaking countries [3]. T2DM can be managed by adhering to self-care activities, including diet, exercise, blood glucose monitoring, foot care and medication [4], as well as with regular follow-up with health care providers [5]. Secondary health problems due to ineffective self-management of T2DM, such as diabetic foot ulcers, can potentially further diminish a patient's quality of life [6].

Perceptions and beliefs of persons with T2DM, including self-efficacy, locus of control and outcome expectancy, influence adherence to self-care activities regardless of ethnicity or age [7–9]. Individuals with T2DM and high levels of self-efficacy in relation to their health have better self-care management for their condition than those reporting low self-efficacy [10,11]. Persons who perceive an internal health locus of control also have better adherence to diabetes treatment than those who believe their health is controlled by external factors [8]. Furthermore, persons who feel responsible for managing their diabetes and put more value on their health are typically more actively engaged in performing the recommended diabetes self-care activities [12].

Cultural perspectives influence self-efficacy, illness control perception and outcome expectancy, and can affect the way individuals with T2DM manage their disease [13–15]. Therefore, studying the impact of a persons' perceptions of their level of adherence to diabetes self-care activities is necessary, especially in a society with cultural perspectives such as Saudi Arabia. The aim of this pilot study was to explore the perceptions of self-efficacy, health locus of control and outcome expectancy in adults with T2DM in Saudi Arabia. A secondary aim was to study the effects of these variables on adherence to diabetes self-care activities.

2. Materials and methods

2.1. Theoretical framework

This study used the Modified Social Learning Theory as the theoretical framework [16]. According to this theory, a person's health behaviour can be predicted by the interactions between their perceptions, such as of health locus of control, self-efficacy and value of health, and the outcome.

2.2. Participants

This research was conducted on a convenience sampling of individuals ($n = 30$) from King Abdulaziz Medical City in Riyadh, Saudi Arabia. The inclusion criteria were adults ≥ 18 years of age living in Saudi Arabia that were diagnosed with T2DM and spoke Arabic. Adults that the nursing staff identified as having additional chronic conditions that were

complex or had significant complications with their T2DM were excluded. This study was approved by the ethics review board from the University and King Abdullah International Medical Research Center.

2.3. Study design

A descriptive correlational design was used for this pilot study, with data collected in 2014 from self-reported anonymous questionnaires. Health locus of control was assessed using form C of the Multidimensional Health Locus of Control Scale [17] and the God Locus of Health Control Scale [18]. The internal consistency for the Arabic version of the God Locus of Health Control Scale was adequate (Cronbach's $\alpha = 0.855$). Additionally, the internal consistency of the Arabic version of form C of the Multidimensional Health Locus of Control Scale for this study was: internal = 0.674; chance = 0.774; doctors = 0.738; other people = 0.670.

Part III of the Multidimensional Diabetes Questionnaire [19] was used to measure self-efficacy and outcome expectancy. The reliability and validity of the Arabic version was not reported; however, in the present pilot study, the reliability of the Arabic version of self-efficacy scale was 0.866 and 0.941 for the outcome expectancy scale.

The Arabic version of the Revised and Expanded Summary of Diabetic Self-Care Activity Scale [20] was used to measure adherence to self-care activities. Participants responded to the adherence to self-care activities by identifying how many times per week they participated in the self-care activity. Scores were completed by taking the mean of the relevant items, with possible scores ranging from 0 to 7, with 0 indicating "not at all" and 7 representing "every day". The scale had a reported test–retest reliability of $r = 0.912$ and internal consistency (Cronbach's $\alpha = 0.76$). The subscales were also found to have internal consistency: diet, $\alpha = 0.89$; exercise, $\alpha = 0.83$; blood-glucose monitoring, $\alpha = 0.92$; and foot care, $\alpha = 0.77$ [20].

The Perception of Value of Health scale was developed by the authors (Albargawi and Sneathen) and pilot tested in this study to measure a person's perception of the value of health. Three content experts were used to determine a content validity index prior to using the survey, for a value of 1.00. However, when analysing the data, the reliability (Cronbach's $\alpha = -0.395$) was lower than expected. The demographic variables included age, sex, marital status, education level, years of having diabetes, having diabetic foot problems, having an additional disease and belonging to a tribe.

2.4. Data analysis

Data were analysed using SPSS software, version 22 (IBM Corp., Armonk, NY, USA). Analyses of variance (ANOVAs) were performed to examine the relationship between demographic variables and the health locus of control, self-efficacy and outcome expectancy, as well as between levels of adherence to self-care activities. Hierarchical multiple regression analysis was conducted for each of the five dimensions of health locus of control. Demographic variables significantly associated with adherence to self-care activities ($p < 0.05$) were entered in the first block. The second block for

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